

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Patrick A Schlenker, FACHE

Mailing Address P O Box 889

City State Zip Code
Chipley FL 32428-0889

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Florida Community Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	1	1

Transaction ID: 19326550

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms Kathi Sengin

Mailing Address 502 South Fremont Ave, Apt. 3

City State Zip Code
Tampa FL 33606-2068

FEC ID number of contributing federal political committee. **C**

Name of Employer Tampa General Hospital
Occupation Senior VP/ CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	1	1

Transaction ID: 19326552

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Deborah Tedder

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Regional Hospital
Occupation Chief Operating Officer and Chief Nurs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	1	1

Transaction ID: 19326559

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►