

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whitler, Robert, D, Mr.,

Mailing Address 5 Evergreen Drive

City
Elkview

State
WV

Zip Code
25071-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charleston Area Medical Center

Occupation (for Individual)
Vice President Government and Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2018

Transaction ID : 24528417

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crotty, Glenn, , Dr., Jr

Mailing Address 36 E. Coventry Road

City

South Charleston

State

WV

Zip Code

25309-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charleston Area Medical Center

Occupation (for Individual)
Executive Vice President and Chief Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2018

Transaction ID : 24528418

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Letnaunchyn, Joseph, M, Mr.,

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia Hospital Association

Occupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2018

Transaction ID : 24528424

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00