

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. Wyman, William, , Mr.,

Mailing Address 100 Potash Hill Rd

City

Tyngsboro

State

MA

Zip Code

01879-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lowell General Hospital

Occupation (for Individual)

Director of Revenue Cycle

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 23894106

Amount of Each Receipt this Period

262.50

☐ Memo Item

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

B. Moore, Edward, H, Mr., MBA

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harrington Hospital

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 23894163

Amount of Each Receipt this Period

562.50

☐ Memo Item

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

C. Sullivan, Thomas, , Mr.,

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harrington Hospital

Occupation (for Individual)

Vice President Fiscal Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 23894164

Amount of Each Receipt this Period

562.50

☐ Memo Item

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

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

1387.50