

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Bilicki, Julia, , Ms.,

Mailing Address 145 Granby St #416

City
NorfolkState
VAZip Code
23510-1658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bon Secours-Richmond Community Hospita

Occupation (for Individual)

Vice President, Bon Secours Hampton I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	22	/	2019

Transaction ID : 24893545

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Kern, Howard, P, Mr.,

Mailing Address 6015 Poplar Hall Drive

City
NorfolkState
VAZip Code
23502-3819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara HealthcareOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	22	/	2019

Transaction ID : 24893546

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

C. Lembersky, Rae, , Ms,

Mailing Address 2175 SUnset Avenue SW

City
SeattleState
WAZip Code
98116-2146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Swedish Health ServicesOccupation (for Individual)
Board of Governors

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	24	/	2019

Transaction ID : 24893551

Amount of Each Receipt this Period

600.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

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