

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

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

FOR LINE NUMBER: PAGE 24 OF 112

(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

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

A. Pleiman, Diane, L., Ms., CNMT, RT(N)

Mailing Address One Wyoming Street

City
DaytonState
OHZip Code
45409-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Miami Valley Hospital

Occupation (for Individual)

Business Manager, Hospital Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2019

Transaction ID : 25285043

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Johnson, Barbara, A, Ms.,

Mailing Address 55 Rippling Brook Lane

City
SpringboroState
OHZip Code
45066-7535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Health

Occupation (for Individual)

System Vice President and Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2019

Transaction ID : 25285044

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Englehart, Michael, , Mr.,

Mailing Address 12840 Sycamore

City
Palos HeightsState
ILZip Code
60463-1939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Carmel

Occupation (for Individual)

Interim President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2019

Transaction ID : 25285045

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).....▶

1250.00