

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

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

FOR LINE NUMBER: PAGE 68 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. Palmer, Justin, , Mr.,

Mailing Address 1250 Eye Street, NW
Suite 700

City
Washington

State
DC

Zip Code
20005-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
District of Columbia Hospital Associat

Occupation (for Individual)
Director of Government Relations

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 / 25 / 2019

Transaction ID : 25287816

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Adams, Nancy, D., Mrs., MBA, RN

Mailing Address 374 Lakefront Links Drive

City
Swanton

State
MD

Zip Code
21561-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Maryland Regional Medical Cent

Occupation (for Individual)
Senior Vice President and Chief Opera

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2019

Transaction ID : 25287834

Amount of Each Receipt this Period

255.00

☐ Memo Item

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

C. Cochran, Daniel, , Mr.,

Mailing Address 335 Ziegler Road

City
Leesport

State
PA

Zip Code
19533-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Adventist Healthcare Shady Grove Medic

Occupation (for Individual)
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2019

Transaction ID : 25287860

Amount of Each Receipt this Period

510.00

☐ Memo Item

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

1265.00

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