

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 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. Perez, Marta, Brito, Ms.,

Mailing Address 1212 Fallsmead Way

City
PotomacState
MDZip Code
20854-5533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Adventist HealthCareOccupation (for Individual)
Vice President Human Resources

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 : 25287866

Amount of Each Receipt this Period

255.00

☐ Memo Item

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

B. Townsend, Pegeen, A., Ms.,

Mailing Address 5 Park Pl. Unit 609

City
AnnapolisState
MDZip Code
21401-3455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar HealthOccupation (for Individual)
Vice President Government Relations

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 : 25287869

Amount of Each Receipt this Period

255.00

☐ Memo Item

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

C. Richardson, Irene, , Ms.,

Mailing Address P O Box 1359

City
Rock SpringsState
WYZip Code
82902-1359FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital of Sweetwater CountyOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2019

Transaction ID : 25288053

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

860.00

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