

# **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. Byas, Kim, C., Mr., Sr., PhD,**

Mailing Address 155 North Wacker Drive, Suite 400

City  
Chicago

State  
IL

Zip Code  
60606-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Hospital Association-Chicago

Occupation (for Individual)  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2019

**Transaction ID : 24944985**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Zangerle, Claire, M, Ms., DNP, RN, M**

Mailing Address 7615 Westcot Lane

City  
Russell

State  
OH

Zip Code  
44072-9409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allegheny Health Network

Occupation (for Individual)  
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2019

**Transaction ID : 24947217**

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**C. Knodel, Linda, J, Ms., MHA, MSN,**

Mailing Address 209 Willowbrook Lane

City  
Moraga

State  
CA

Zip Code  
94556-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Foundation Hospitals

Occupation (for Individual)  
Chief Nurse Executive and Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2019

**Transaction ID : 24947309**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2350.00