

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

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

FOR LINE NUMBER: PAGE 20 OF 57  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

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

**A. Riney, Robert, G, Mr.,**

Mailing Address 125 Kenwood

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

President and Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2020

**Transaction ID : 25433157**

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

**B. Webb, Kevin, C, Dr., PhD**

Mailing Address MSC-S39000

100 Madison Avenue

City

Toledo

State

OH

Zip Code

43604-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ProMedica Health System

Occupation (for Individual)

Chief Acute & Post-Acute Care Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2020

**Transaction ID : 25433159**

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**C. Yaklin, Shellee, , Mrs.,**

Mailing Address 1309 Sheldon Road

City

Grand Haven

State

MI

Zip Code

49417-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

North Ottawa Community Hospital

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2020

**Transaction ID : 25433160**

Amount of Each Receipt this Period

262.50

☐ Memo Item

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

1487.50

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