

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

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

FOR LINE NUMBER: PAGE 27 OF 116

(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. Tester, Shawn, , Ms.,**

Mailing Address 425 Jones Rd

City  
East Burke

State  
VT

Zip Code  
05832-9704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northeastern Vermont Regional Hospital

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : 25248521**

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

**B. Whitney, Robin, , Ms.,**

Mailing Address 100 Madison Ave

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 Strategic Planning Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : 25248588**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Kuhn, Jeffrey, , Mr.,**

Mailing Address 1801 Richards Road

City  
Toledo

State  
OH

Zip Code  
43607-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ProMedica Health System

Occupation (for Individual)  
Chief Legal Officer and General Couns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : 25248589**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1100.00