

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

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

FOR LINE NUMBER: PAGE 37 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. Besst, Kara, , Ms.,

Mailing Address 700 South Main Street

City
Moscow

State
ID

Zip Code
83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gritman Medical Center

Occupation (for Individual)
President and Chief Executive 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 / 07 / 2019

Transaction ID : 25248955

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Taylor, Jeff, , Mr.,

Mailing Address 190 East Bannock

City
Boise

State
ID

Zip Code
83712-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Luke's Regional Medical Center

Occupation (for Individual)
Vice President Finance

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 / 07 / 2019

Transaction ID : 25248956

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Thomas, Christina, , Mrs., MHA, RN, F

Mailing Address PO Box 660

City
Soda Springs

State
ID

Zip Code
83276-0660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caribou Memorial Hospital and Living C

Occupation (for Individual)
Chief Executive 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 / 07 / 2019

Transaction ID : 25248957

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)..... ►

750.00