

# **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)

PAGE 21 OF 171

☒ 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. Mackin, Stephen, , Mr.,**

Mailing Address 19 Clermont Ln.

City  
Saint Louis

State  
MO

Zip Code  
63124-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Hospital St. Louis

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2018

**Transaction ID : 24695418**

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

**B. Weilbacher, Robyn, G., , CENP**

Mailing Address 6476 Triple Lakes Road

City  
Millstadt

State  
IL

Zip Code  
62260-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Hospital St. Louis

Occupation (for Individual)  
Chief Nursing 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 Y  
09 / 10 / 2018

**Transaction ID : 24695420**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Grimaldi, Gerard, J, Mr.,**

Mailing Address 12206 Washington Court

City  
Kansas City

State  
MO

Zip Code  
64145-1761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Truman Medical Center-Hospital Hill

Occupation (for Individual)  
Vice President Health Policy and Gover

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2018

**Transaction ID : 24695424**

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)..... ►

1200.00