

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)

HOSPAC - FEDERAL THE POLITICAL ACTION COMMITTEE OF THE TEXAS HOSPITAL ASSOCIATION

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

A. Hankins, Charles, , DR,

Mailing Address 333 N Santa Rosa St

City
San Antonio

State
TX

Zip Code
78207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Childrens Hosp of San Antonio

Occupation (for Individual)

President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2019

Transaction ID : SA11AI.6583

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Haralson, Gregory, L, Mr,

Mailing Address 6411 Fannin St

City
Houston

State
TX

Zip Code
77030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hermann Texas Medical

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Harvey, Paul, , Mr,

Mailing Address 115 Airport Rd

City
Sulphur Springs

State
TX

Zip Code
75482

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHRISTUS Mother Frances Hospital - Sul

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA11AI.6389

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00