

# **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)

**American Hospital Association PAC**

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

**A. Andres, Amy, , Ms.,**

Mailing Address 6086 Flora Villa Dr.

City  
Worthington

State  
OH

Zip Code  
43085-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Hospital Association

Occupation (for Individual)  
Senior Vice President, Quality & Data

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

11 / 10 / 2017

Transaction ID : 24172962

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

**B. Gallagher, Mary, L., Ms.,**

Mailing Address 155 East Broad Street,  
15th Floor

City  
Columbus

State  
OH

Zip Code  
43215-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Hospital Association

Occupation (for Individual)  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

11 / 10 / 2017

Transaction ID : 24172963

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

**C. Maiberger, Michael, J, Mr.,**

Mailing Address 3130 North Dixie Highway

City  
Troy

State  
OH

Zip Code  
45373-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Health Partners

Occupation (for Individual)  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 10 / 2017

Transaction ID : 24172964

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

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

2750.00