

# **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. Wilgis, John, , Mr.,**

Mailing Address 307 Park Lake Circle

City  
Orlando

State  
FL

Zip Code  
32803-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Florida Hospital Association

Occupation (for Individual)  
Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

**Transaction ID : 25022013**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

**B. Allore, Gary, , Mr.,**

Mailing Address 1500 East Sherman Boulevard

City  
Muskegon

State  
MI

Zip Code  
49444-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Health Hackley Campus

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : 25022107**

Amount of Each Receipt this Period

420.00

☐ Memo Item

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

**C. Bohen, Mark, , Mr.,**

Mailing Address 4901 Susans Way

City  
Bloomfield Hills

State  
MI

Zip Code  
48302-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beaumont Health

Occupation (for Individual)  
Chief Marketing&Communications Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : 25022110**

Amount of Each Receipt this Period

262.50

☐ Memo Item

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

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

1882.50