

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

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

FOR LINE NUMBER: PAGE 48 OF 120

(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. Webb, Kevin, C, Dr., PhD

Mailing Address MSC-S39000

100 Madison Avenue

City

Toledo

State

OH

Zip Code

43604-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ProMedica Health System

Occupation (for Individual)

Chief Acute & Post-Acute Care Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : 25022140

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Barkholz, Amy, , Mrs.,

Mailing Address 905 Sanctuary Dr.

City

Mason

State

MI

Zip Code

48854-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michigan Health & Hospital Association

Occupation (for Individual)

General Counsel

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
05 / 01 / 2019

Transaction ID : 25022234

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

C. Boyd, Mary, , Mrs.,

Mailing Address 4165 Dunes Parkway

City

Muskegon

State

MI

Zip Code

49441-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Trinity Health

Occupation (for Individual)

Vice President, Regional Network & Sys

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2019

Transaction ID : 25022236

Amount of Each Receipt this Period

525.00

☐ Memo Item

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

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

1050.00