

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

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

FOR LINE NUMBER: PAGE 77 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. Amin, Mahesh, , Mr.,

Mailing Address 1802 Nottingham Lane

City  
ClearwaterState  
FLZip Code  
33764-6411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BayCare Health SystemOccupation (for Individual)  
Trustee

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  
05 / 17 / 2019

Transaction ID : 25049487

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bomstein, Alan, , Mr.,

Mailing Address 620 Drew St

City  
ClearwaterState  
FLZip Code  
33755-4108FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BayCare Health SystemOccupation (for Individual)  
Trustee

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  
05 / 17 / 2019

Transaction ID : 25049490

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Costello, Robert, , Mr.,

Mailing Address 601 Main Street

City  
DunedinState  
FLZip Code  
34698-5848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mease Dunedin HospitalOccupation (for Individual)  
Director Strategic Planning

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  
05 / 17 / 2019

Transaction ID : 25049493

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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