

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)

PAGE 79 OF 120

☒ 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. Haffner, John, , Mr.,

Mailing Address 6600 Madison Street

City

New Port Richey

State

FL

Zip Code

34652-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BayCare Health System

Occupation (for Individual)

Chief Medical Officer-North Bay Hospit

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 : 25049501

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Harding, Scott, , Mr.,

Mailing Address 1219 SW 48th Terrace
Unit 107

City

Cape Coral

State

FL

Zip Code

33914-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BayCare Health System

Occupation (for Individual)

Vice President of Facilities and Const

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 : 25049502

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Inzina, Thomas, P., Mr.,

Mailing Address 405 Buttonwood Lane

City

Largo

State

FL

Zip Code

33770-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BayCare Health System

Occupation (for Individual)

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : 25049510

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

3250.00