

# **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. Thompson, Elaine, C, Dr., PhD**

Mailing Address P O Box 95448

City  
Lakeland

State  
FL

Zip Code  
33804-5448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lakeland Regional Health Medical Cente

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

**Transaction ID : 25049994**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**B. Antonucci, Lawrence, , Dr., MD, MBA**

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cape Coral Hospital

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 25049995**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Baer, Douglas, M, Mr.,**

Mailing Address 3599 University Boulevard South

City

Jacksonville

State

FL

Zip Code

32216-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brooks Rehabilitation Hospital

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 25049996**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3500.00