

# **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 20 OF 153

☒ 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. Kibby, Rosalinda, , Ms.,**

Mailing Address 200 Nat Washington Way

City  
Ephrata

State  
WA

Zip Code  
98823-1982

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia Basin Hospital

Occupation (for Individual)  
Superintendent and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : 24766320**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Curry, Rhonda, , Ms.,**

Mailing Address 999 Third Avenue, Suite 1400

City  
Seattle

State  
WA

Zip Code  
98104-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Washington State Hospital Association

Occupation (for Individual)  
VP Membership and Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : 24766324**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

**C. Anderson, Matthew, L, Mr., JD**

Mailing Address 2550 University Avenue W.

City  
Saint Paul

State  
MN

Zip Code  
55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Hospital Association

Occupation (for Individual)  
SVP of Policy & Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2018

**Transaction ID : 24766367**

Amount of Each Receipt this Period

403.90

☐ Memo Item

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

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

1103.90