

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

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

FOR LINE NUMBER: PAGE 92 OF 153

(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. Chew, Roy, G, Dr., PhD

Mailing Address 3535 Southern Boulevard

City
KetteringState
OHZip Code
45429-1221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kettering Health NetworkOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2018

Transaction ID : 24779639

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

B. Moore-Hardy, Cynthia, , Ms., FACHE

Mailing Address 7590 Auburn Road

City
PainesvilleState
OHZip Code
44077-9176FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lake HealthOccupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2018

Transaction ID : 24779640

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

C. Maiberger, Michael, J, Mr.,

Mailing Address 3130 North Dixie Highway

City
TroyState
OHZip Code
45373-1337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier HealthOccupation (for Individual)
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2018

Transaction ID : 24779641

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

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

3750.00