

# **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 Health Care Association Political Action Committee**

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

**A. Field, Dirken, Lee, ,**

Mailing Address 1201 Pacific Ave  
Suite 450

City  
Tacoma

State  
WA

Zip Code  
98402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Services of America

Occupation (for Individual)  
CEO

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  
01 / 23 / 2019

**Transaction ID : C3841640**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Fogg, Angie, , ,**

Mailing Address 4560 SE International Way

City

Portland

State  
OR

Zip Code  
97222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
It's Just Therapy

Occupation (for Individual)  
Licensed Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2019

**Transaction ID : C3841119**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Fogg, Phil, , , Jr.**

Mailing Address 4560 SE International Way  
Suite 100

City

Portland

State  
OR

Zip Code  
97222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marquis Companies

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2019

**Transaction ID : C3841118**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

10500.00