

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

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

FOR LINE NUMBER: PAGE 7 OF 35

(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. Faus, Doug, , Mr., FACHE

Mailing Address 255 North 30th Street

City
LaramieState
WYZip Code
82072-5140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Iverson Memorial HospitalOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2020

Transaction ID : 25464627

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Solie, Carol, M., Dr., MD

Mailing Address 1570 Blue Spruce Dr

City
CasperState
WYZip Code
82609-3526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyoming Medical CenterOccupation (for Individual)
Vice President, Quality and Medical Sa

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
03 / 03 / 2020

Transaction ID : 25464628

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Myers, Adam, L., Dr.,

Mailing Address 23549 Stanford Rd

City
Shaker HeightsState
OHZip Code
44122-2612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
SVP/Chief Medical Officer

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
03 / 10 / 2020

Transaction ID : 25470479

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1100.00

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