

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

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

FOR LINE NUMBER: PAGE 9 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. Gitney, Nicole, , Ms.,

Mailing Address 10025 Bentley Way

City
TampaState
FLZip Code
33626-5142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BayCare Health SystemOccupation (for Individual)
Director of Nursing

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 : 25470605

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Jumonville, Lydia, , Ms.,

Mailing Address 500 Eldorado Boulevard, Suite 100-

City
BroomfieldState
COZip Code
80021-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCL HealthOccupation (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 Y
03 / 12 / 2020

Transaction ID : 25470817

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Inzina, Thomas, P., Mr.,

Mailing Address 405 Buttonwood Lane

City
LargoState
FLZip Code
33770-4060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BayCare Health SystemOccupation (for Individual)
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Transaction ID : 25470835

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

3750.00