

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 Hospital Association PAC

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

A. McMillan, Douglas, A, Mr.,

Mailing Address 707 Sheridan Avenue

City
Cody

State
WY

Zip Code
82414-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Park Hospital

Occupation (for Individual)

Administrator and Chief Executive Offi

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
04 / 20 / 2020

Transaction ID : 25517673

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gehle, Sean, , Mr.,

Mailing Address 1828 Boston Blvd

City
Lansing

State
MI

Zip Code
48910-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. John Providence Health System

Occupation (for Individual)
Vice President Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2020

Transaction ID : 25518648

Amount of Each Receipt this Period

437.50

☐ Memo Item

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

C. Hattem-Schiffman, Marita, , Ms.,

Mailing Address 5407 Willow Bend

City
Alma

State
MI

Zip Code
48801-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidMichigan Medical Center-Gratiot

Occupation (for Individual)
President

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
04 / 20 / 2020

Transaction ID : 25518649

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

1287.50