

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

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

FOR LINE NUMBER: PAGE 54 OF 146

(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. Towner, Chad, , Mr.,

Mailing Address 2520 East Dupont Road

City

Fort Wayne

State

IN

Zip Code

46825-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Saint Joseph Health System

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019

Transaction ID : 25328364

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Varner, Ann, , Ms.,

Mailing Address 527 Ironwood Drive

City

O'Fallon

State

MO

Zip Code

46260-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St. Vincent Health

Occupation (for Individual)

Chief Mission Integration Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019

Transaction ID : 25328365

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Chulick, Michele, , Ms.,

Mailing Address 5230 Waterford St

City

Casper

State

WY

Zip Code

82609-3394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wyoming Medical Center

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : 25328367

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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