

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

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

FOR LINE NUMBER: PAGE 72 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. Manchur, Richard, , Mr.,

Mailing Address 144 Beckworth Way

City
Springboro

State
OH

Zip Code
45066-9479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grandview Medical Center

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 25328993

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. James, Eric, , Mr.,

Mailing Address 124 Fallis Rd

City
Columbus

State
OH

Zip Code
43214-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Hospital Association

Occupation (for Individual)
Chief Information 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
12 / 30 / 2019

Transaction ID : 25328994

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Dodds, Rick, A., Mr.,

Mailing Address 2690 North Point Court

City
Spring Valley

State
OH

Zip Code
45370-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greene Memorial Hospital

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 25328995

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00