

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. Hamilton, Ann, , Ms.,

Mailing Address 2592 Canterbury Rd

City
Columbus

State
OH

Zip Code
43221-3083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Executive Director Public and Governm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 25329039

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Remark, Christopher, , Mr.,

Mailing Address 2600 Sixth Street SW

City
Canton

State
OH

Zip Code
44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aultman Hospital

Occupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 25329040

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Johnson, Barbara, A, Ms.,

Mailing Address 55 Rippling Brook Lane

City
Springboro

State
OH

Zip Code
45066-7535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Health

Occupation (for Individual)
System Vice President and Chief Human

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID : 25329041

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1750.00