

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

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

FOR LINE NUMBER: PAGE 14 OF 102

(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. Hauer, Melissa, , Ms.,

Mailing Address 1622 E. Interstate Ave

City  
BismarckState  
NDZip Code  
58503-0512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Dakota Hospital AssociationOccupation (for Individual)  
General Counsel

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  
07 / 17 / 2019

Transaction ID : 25106278

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Patten, William, D., Mr., Jr.

Mailing Address 1397 Weimer Road

City  
TaosState  
NMZip Code  
87571-6253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holy Cross HospitalOccupation (for Individual)  
Chief Executive 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 Y  
07 / 05 / 2019

Transaction ID : 25106317

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Clark, Troy, , Mr.,

Mailing Address P O Box 26666

City  
AlbuquerqueState  
NMZip Code  
87125-6666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dr. Dan C. Trigg Memorial HospitalOccupation (for Individual)  
Interim Administrator

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  
07 / 05 / 2019

Transaction ID : 25106318

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00