

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

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

FOR LINE NUMBER: PAGE 34 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. Borgstrom, Marna, P., Ms.,

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Yale New Haven Health

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : 25109808

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. Mullins, Michael, , Mr.,

Mailing Address 9 Toll House Way

City

Barboursville

State

WV

Zip Code

25504-1262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mountain Health Network

Occupation (for Individual)

President & CEO

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
07 / 17 / 2019

Transaction ID : 25109813

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Stalnaker, Avah, , Ms., MHA

Mailing Address 331 Sauls Run Road

City

Weston

State

WV

Zip Code

26452-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stonewall Jackson Memorial Hospital

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : 25109814

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

5750.00

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