

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. Whiteaker, Chelene, , Ms.,

Mailing Address 300 Elliott Avenue West, Suite 300

City
Seattle

State
WA

Zip Code
98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington State Hospital Association

Occupation (for Individual)
Senior Vice President, Government Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2019

Transaction ID : 25111163

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Hering, John, , Dr., MD

Mailing Address 1013 Hart Boulevard

City
Monticello

State
MN

Zip Code
55362-8575

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CentraCare Health-Monticello

Occupation (for Individual)
Chief Medical 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 Y
07 / 30 / 2019

Transaction ID : 25111169

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Lang, John, Christopher, Mr., FACHE

Mailing Address 1517 Deer Path

City
Raymore

State
MO

Zip Code
64083-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cass Regional Medical Center

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2019

Transaction ID : 25111174

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

800.00