

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

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

FOR LINE NUMBER: PAGE 63 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. Monfredi, Lisa, , Ms.,

Mailing Address 1980 Mary Beth Court

City

Scotch Plains

State

NJ

Zip Code

07076-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Atlantic Health System

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : 25111209

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

B. Schwartz, Stephanie, L, Ms., FACHE, MA

Mailing Address 10 Black Oak Lane

City

Kinnelon

State

NJ

Zip Code

07405-2180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Chilton Medical Center

Occupation (for Individual)

Vice President AHS and President CM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : 25111217

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

C. Simon, Valerie, , Ms.,

Mailing Address 102 Sutton Drive

City

Berkeley Heights

State

NJ

Zip Code

07922-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Atlantic Health System

Occupation (for Individual)

Chief, Marketing

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : 25111220

Amount of Each Receipt this Period

227.50

☐ Memo Item

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

877.50

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