

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

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

FOR LINE NUMBER: PAGE 8 OF 37
(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. Shepherd, James, H, Mr., Jr

Mailing Address 2020 Peachtree Road NW

City
Atlanta

State
GA

Zip Code
30309-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shepherd Center

Occupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : 24911968

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Turner, Cindy, R, Ms.,

Mailing Address P O Drawer 1987

City
Alma

State
GA

Zip Code
31510-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bacon County Hospital and Health Syste

Occupation (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
02 / 06 / 2019

Transaction ID : 24911969

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Wolfe, Philip, R, Mr.,

Mailing Address 2716 Wynnton Drive

City
Duluth

State
GA

Zip Code
30097-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gwinnett Hospital System

Occupation (for Individual)
President and 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
02 / 06 / 2019

Transaction ID : 24911970

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)..... ►

3500.00