

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

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

FOR LINE NUMBER: PAGE 20 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

A. Wenstrom, Gene, , Mr.,

Mailing Address 720 Starlight Drive

City
SartellState
MNZip Code
56377-4525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prairie Ridge Hospital and Health Serv

Occupation (for Individual)

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2019

Transaction ID : 24918064

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Mastro, Mary Lou, , Ms., FACHE, MS,

Mailing Address 155 East Brush Hill Road

City
ElmhurstState
ILZip Code
60126-5658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Edward-Elmhurst Healthcare

Occupation (for Individual)

System Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2019

Transaction ID : 24918065

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Hansen, Thomas, H., Mr.,

Mailing Address 19065 Hickory Creek Drive
Suite 300City
MokenaState
ILZip Code
60448-8599FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advocate Health Care

Occupation (for Individual)

Chief Academic 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
02 / 26 / 2019

Transaction ID : 24918066

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)..... ►

1700.00