

# **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)

PAGE 6 OF 12

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

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NAME OF COMMITTEE (In Full)

**MEMORIALHEALTHPAC**

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

**A. Breece, Dan, , ,**

Mailing Address 451 James Road

City  
Fleming

State  
OH

Zip Code  
45729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marietta Memorial Hospital

Occupation (for Individual)  
CMO/VP Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 15 / 2020

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

350.00

☐ Memo Item

Quarterly Contribution

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

**B. Breece, Dan, , ,**

Mailing Address 451 James Road

City  
Fleming

State  
OH

Zip Code  
45729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marietta Memorial Hospital

Occupation (for Individual)  
CMO/VP Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

200.00

☐ Memo Item

Pyrrl Deduct

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

**C. Bullman, Jody, L, ,**

Mailing Address 3168 Low Creek Rd.

City  
St. Marys

State  
WV

Zip Code  
26170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marietta Memorial Hospital

Occupation (for Individual)  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 15 / 2020

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

350.00

☐ Memo Item

Quarterly Contribution

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

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

900.00