

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

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

FOR LINE NUMBER: PAGE 53 OF 111

(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. Letnaunchyn, Joseph, M, Mr.,

Mailing Address 225 Ariel Heights

City
Charleston

State
WV

Zip Code
25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia Hospital Association

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
07 / 28 / 2017

Transaction ID : 24034284

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Stalnaker, Avah, , Ms., MHA

Mailing Address 331 Sauls Run Road

City
Weston

State
WV

Zip Code
26452-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stonewall Jackson Memorial Hospital

Occupation (for Individual)
Chief Executive 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
07 / 28 / 2017

Transaction ID : 24034286

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Miller, Richard, L., Mr.,

Mailing Address #4 Stony Point Road

City
Charleston

State
WV

Zip Code
25314-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia Hospital Association

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2017

Transaction ID : 24034287

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)..... ►

1250.00