

# **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)

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☒ 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. Burns, Terry, M, Mr.,**

Mailing Address 1141 North Monroe Drive  
#3

City  
Xenia

State  
OH

Zip Code  
45385-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greene Memorial Hospital

Occupation (for Individual)  
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 / 24 / 2017

**Transaction ID : 24034331**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Mewhirter, Michael, , Mr.,**

Mailing Address 494 Sycamore Woods Dr

City

Miamisburg

State

OH

Zip Code

45342-5745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hamilton Hospital

Occupation (for Individual)  
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 / 24 / 2017

**Transaction ID : 24034332**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Lewis, George, , Mr.,**

Mailing Address 3965 Southern Blvd

City

Kettering

State

OH

Zip Code

45429-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kettering Health Network

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 / 24 / 2017

**Transaction ID : 24034333**

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)..... ►

1500.00