

**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 OF

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

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NAME OF COMMITTEE (In Full)

**SUNRISE MEDICAL (US) LLC POLITICAL COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **HOSTAK, RITA**

Mailing Address

**11510 CHESTNUT HILL**

City

**MATTHEWS**

State

**NC**

Zip Code

**28105**

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**VP GOVT. RELATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**12 / 31 / 2018**

Amount of Each Receipt this Period

**280.00**

Full Name (Last, First, Middle Initial)

B. **DORVEE, JIM**

Mailing Address

**8036 JAMES CT.**

City

**NIWOT**

State

**CO**

Zip Code

**80503**

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**SENIOR DIRECTOR IT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**12 / 31 / 2018**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. **JOHNSTON, DAVID**

Mailing Address

**8 BELLEVIEW BLVD.**

City

**BELLAIR**

State

**FL**

Zip Code

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**AUDITOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**12 / 31 / 2018**

Amount of Each Receipt this Period

**105.00**

SUBTOTAL of Receipts This Page (optional).....▶

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