

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

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

FOR LINE NUMBER: PAGE 25 OF 124

(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. Loud, Keith, , Dr.,

Mailing Address One Medical Center Drive

City
Lebanon

State
NH

Zip Code
03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital at Dartmouth

Occupation (for Individual)
Chair, Pediatrics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2017

Transaction ID : 24134604

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Grimaldi, Gerard, J, Mr.,

Mailing Address 12206 Washington Court

City
Kansas City

State
MO

Zip Code
64145-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Truman Medical Center-Hospital Hill

Occupation (for Individual)
Vice President Health Policy and Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : 24134605

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mackin, Stephen, , Mr.,

Mailing Address 19 Clermont Ln.

City
Saint Louis

State
MO

Zip Code
63124-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Hospital St. Louis

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 24134606

Amount of Each Receipt this Period

1100.00

☐ Memo Item

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

1700.00

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