

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

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

FOR LINE NUMBER: PAGE 60 OF 130

(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. Pape, Becky, A, Ms., MPA, RN

Mailing Address P O Box 739

City
Lebanon

State
OR

Zip Code
97355-0739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Regional Medical Center

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2019

Transaction ID : 25184126

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Burke, Dennis, E, Mr.,

Mailing Address 610 NW 11th Street

City
Hermiston

State
OR

Zip Code
97838-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Shepherd Health Care System

Occupation (for Individual)
President and 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 Y
08 / 21 / 2019

Transaction ID : 25184127

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Cole-Plasker, Gina, , Ms,

Mailing Address 17555 NW Waltuck Ct

City
Portland

State
OR

Zip Code
97229-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Legacy Health

Occupation (for Individual)
Director, Government Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2019

Transaction ID : 25184128

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00