

# **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. Willbarger, Dawn, , Ms.,**

Mailing Address 350 North Wall Street

City  
Kankakee

State  
IL

Zip Code  
60901-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverside Medical Center

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 14 / 2019

Transaction ID : 25055467

Amount of Each Receipt this Period

280.00

☐ Memo Item

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

**B. Born, Michael, J, Dr., MD, MBA, C**

Mailing Address 5352 Woodland Pond Ln

City  
Loves Park

State  
IL

Zip Code  
61111-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SwedishAmerican - A Division of UW Hea

Occupation (for Individual)  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 14 / 2019

Transaction ID : 25055468

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

**C. Ikenberry, Steven, , Mr.,**

Mailing Address 2121 Harlem Blvd

City  
Rockford

State  
IL

Zip Code  
61103-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SwedishAmerican Health System

Occupation (for Individual)  
Director of the Endoscopy Lab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 14 / 2019

Transaction ID : 25055469

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

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

1320.00