

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. Cadwell, Maureen, K, Ms.,

Mailing Address 1124 Washington Boulevard

City
Newcastle

State
WY

Zip Code
82701-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Weston County Health Services

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2019

Transaction ID : 25058971

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bowens, Jacqueline, D, Ms.,

Mailing Address 111 Michigan Avenue NW

City
Washington

State
DC

Zip Code
20010-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
District of Columbia Hospital Associat

Occupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2019

Transaction ID : 25059473

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Barwis, Kurt, A, Mr., FACHE

Mailing Address P O Box 977

City
Bristol

State
CT

Zip Code
06011-0977

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Hospital

Occupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2019

Transaction ID : 25059496

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00