

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

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

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amedisys, Inc. Political Action Committee

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

A. Muscato, Nicholas A, , ,

Mailing Address 2113 Rosecliff Dr.

City
Nashville

State
TN

Zip Code
37206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amedisys Home Health & Hospice

Occupation (for Individual)
Chief of Staff

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
04 / 23 / 2019

Transaction ID : SA11AI.8424

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Nethercutt, Aimee, , ,

Mailing Address 710 W Michigan Street

City
Hammond

State
LA

Zip Code
70401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amedisys, Inc.

Occupation (for Individual)
Vice President Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : SA11AI.8369

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction - \$20 bi-weekly

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

C. Netterville, Jake, , ,

Mailing Address 10550 United Plaza Blvd
Ste 1001

City
Baton Rouge

State
LA

Zip Code
70815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Board Member

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
04 / 24 / 2019

Transaction ID : SA11AI.8427

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)..... ►

2060.00