

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUNRISE MEDICAL (US) LLC POLITICAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOSTAK, RITA

Mailing Address

11510 CHESTNUT HILL

City

MATTHEWS

State

NC

Zip Code

28105

FEC ID number of contributing  
federal political committee.

C00436097

Name of Employer

SUNRISE MEDICAL

Occupation

VP GOVT. RELATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11/02/2018

Amount of Each Receipt this Period

28000

Full Name (Last, First, Middle Initial)

B. DORVEE, JIM

Mailing Address

8036 JAMES CT.

City

NIWOT

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C00436097

Name of Employer

SUNRISE MEDICAL

Occupation

SENIOR DIRECTOR IT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11/06/2018

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. JOHNSTON, DAVID

Mailing Address

8 BELLEVIEW BLVD.

City

BELLAIR

State

FL

Zip Code

FEC ID number of contributing  
federal political committee.

C00436097

Name of Employer

SUNRISE MEDICAL

Occupation

AUDITOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11/06/2018

Amount of Each Receipt this Period

10500

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

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