## 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) PAGE OF

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

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NAME OF COMMITTEE (In Full)
SUNRISE MEDICAL (US) LLC POLITICAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)
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: 09 / 30 / 2018
Amount of Each Receipt this Period: 6,000.00

**B.** Full Name (Last, First, Middle Initial)
DORVEE, JIM
Mailing Address
80316 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: / /
Amount of Each Receipt this Period:

**C.** Full Name (Last, First, Middle Initial)
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: 09 / 30 / 2018
Amount of Each Receipt this Period: 9,000.00

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

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

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