

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

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

FOR LINE NUMBER: PAGE 32 OF 163

(check only one)

☒ 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. Carlson, Lisa, , Mrs.,

Mailing Address 87 Sunbury Rd

City
Chillicothe

State
OH

Zip Code
45601-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Adena Health System

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2019

Transaction ID : 25215213

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lennartz, Randal, P, Mr., CPA, MBA

Mailing Address 1275 North High Street

City
Hillsboro

State
OH

Zip Code
45133-8273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland District Hospital

Occupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2019

Transaction ID : 25215214

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gabis, John, A, Mr.,

Mailing Address 22 Yaples Orchard Drive

City
Chillicothe

State
OH

Zip Code
45601-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Adena Medical Center

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2019

Transaction ID : 25215218

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00