

# **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. Boley, Eric, , Mr.,**

Mailing Address 2005 Warren Avenue

City  
Cheyenne

State  
WY

Zip Code  
82001-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyoming Hospital Association

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2019

**Transaction ID : 25215806**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Buttlare, Stuart, , Dr.,**

Mailing Address 1950 Franklin Street  
4th Floor

City  
Oakland

State  
CA

Zip Code  
94612-5190

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Foundation Hospitals

Occupation (for Individual)  
Regional Dir of Inpatient Psychiatry

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 / 20 / 2019

**Transaction ID : 25215809**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Schley, Kurt, , Mr.,**

Mailing Address 900 E Broadway Ave

City  
Bismarck

State  
ND

Zip Code  
58501-4520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHI St. Alexius Health

Occupation (for Individual)  
Market Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2019

**Transaction ID : 25215810**

Amount of Each Receipt this Period

330.00

☐ Memo Item

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

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

1080.00