

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 137
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mrs. Barbara Boom
Full Name (Last, First, Middle Initial)

Mailing Address 1428 Phillips Ln
Ste 102

City San Luis Obispo State CA Zip Code 93401-2564

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015
Transaction ID : 66237497

Amount of Each Receipt this Period
500.00

B. Richard Lee Stennes MD
Full Name (Last, First, Middle Initial)

Mailing Address 2533 Calle Del Oro

City La Jolla State CA Zip Code 92037-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015
Transaction ID : 66237498

Amount of Each Receipt this Period
500.00

C. Charles Jos Hickey MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 97

City Mechanicsburg State OH Zip Code 43044-0097

FEC ID number of contributing federal political committee. **C**

Name of Employer COLUMBUS OPHTHALMOLOGY ASSOCIATE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015
Transaction ID : 66237499

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	