

**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 86 OF 102  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Janice Tildon-Burton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Glasgow Ave  
 Ste 207  
 City Newark State DE Zip Code 19702-5704  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 08 / 25 / 2015  
**Transaction ID : 67341810**  
 Amount of Each Receipt this Period 208.33

**B. Srinivas B Mukkamala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1170 Charter Dr  
 Ste F  
 City Flint State MI Zip Code 48532-3587  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 08 / 25 / 2015  
**Transaction ID : 67341811**  
 Amount of Each Receipt this Period 208.33

**C. William Eric Kobler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6729 Millbrook Dr  
 City Rockford State IL Zip Code 61108-4310  
 Name of Employer OSF MEDICAL GROUP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 08 / 25 / 2015  
**Transaction ID : 67341812**  
 Amount of Each Receipt this Period 208.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 624.99  
**TOTAL** This Period (last page this line number only)..... ▶