

**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 93 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Stephen Alan Imbeau MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 E Cheves St Ste 420  
 Allergy Asthma and Sinus Ctr  
 City Florence State SC Zip Code 29506-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69115338**  
 Amount of Each Receipt this Period  
**208.33**

**B. William Eric Kobler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6729 Millbrook Dr  
 City Rockford State IL Zip Code 61108-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSF MEDICAL GROUP Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69115341**  
 Amount of Each Receipt this Period  
**208.33**

**C. Robert Puchalski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 520  
 City Lugoff State SC Zip Code 29078-0520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTH CAROLINA ENT Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69115343**  
 Amount of Each Receipt this Period  
**416.66**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>833.32</b>
<b>TOTAL</b> This Period (last page this line number only).....	