

**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 16 OF 111
	<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

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

**A. Manjit Singh Randhawa DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 E Hospital Dr  
 Ste 205  
 City Angleton State TX Zip Code 77515-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRAZORIA COUNTY PAIN CENTER 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  
 03 / 13 / 2015  
**Transaction ID : 64754906**  
 Amount of Each Receipt this Period  
 500.00

**B. Sandra Adamson Fryhofer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1938 Peachtree Rd NW Ste 502  
 City Atlanta State GA Zip Code 30309-1254  
 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  
 03 / 13 / 2015  
**Transaction ID : 64754907**  
 Amount of Each Receipt this Period  
 500.00

**C. Mitchell James Giangobbe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13629 W Camino Del Sol  
 Ste 180  
 City Sun City West State AZ Zip Code 85375-1401  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754908**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	