# 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name (Last, First, Middle Initial): Victoria Maxine Gerken MD
Mailing Address: PO Box 7436
City: Visalia State: CA Zip Code: 93290-7436
FEC ID number of contributing federal political committee: C
Name of Employer: KAWEAH DELTA HEALTHCARE
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09/25/2015
Transaction ID : 67770529
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial): Craig Michael Morgan MD
Mailing Address: 1611 13th Ave
City: Huntington State: WV Zip Code: 25701-3811
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: 09/25/2015
Transaction ID : 67770533
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial): William Clayton Stafford MD
Mailing Address: 110 Metker Trl
Stanford Immidiate Care
City: Stanford State: KY Zip Code: 40484-1020
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: 263.60
Date of Receipt: 09/30/2015
Transaction ID : 67936585
Amount of Each Receipt this Period: 26.36

**SUBTOTAL** of Receipts This Page (optional) ▶ 1026.36

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