SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 41
(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)
CALIFORNIA MEDICAL PAC
Mailing Address 221 MAIN STREET
City: SAN FRANCISCO State: CA Zip Code: 94105
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 35595.00
Date of Receipt: 04 15 2005
Transaction ID: SA11A1.16049
Amount of Each Receipt this Period: 8350.00

B.
Full Name (Last, First, Middle Initial)
COLORADO MEDICAL PAC
Mailing Address PO BOX 17550
City: DENVER State: CO Zip Code: 80217
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2890.00
Date of Receipt: 04 11 2005
Transaction ID: SA11A1.16026
Amount of Each Receipt this Period: 1600.00

C.
Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC
Mailing Address 180 ST RONAN STREET
City: NEW HAVEN State: CT Zip Code: 06511
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 19940.00
Date of Receipt: 04 26 2005
Transaction ID: SA11A1.16076
Amount of Each Receipt this Period: 7720.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **17670.00**

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