

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 56  
(check only one)  
 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)  
Mrs. Amy Huether  
Mailing Address 5730 N. Calle Mayapan  
City Tucson State AZ Zip Code 85718-3200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MICHAEL J. HUETHER, MD, PC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 15 / 2011  
Transaction ID: 39246197  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
John Phillip Williams, MD  
Mailing Address 3550 Terrace St A-1305 Scaife Hall  
City Pittsburgh State PA Zip Code 15261-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UPMC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 15 / 2011  
Transaction ID: 39246198  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Jerome Huether, MD  
Mailing Address 5980 N La Cholla Blvd  
City Tucson State AZ Zip Code 85741-3535  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MICHAEL J. HUETHER, MD, PC Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 15 / 2011  
Transaction ID: 39246200  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►