

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 65

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSBAHR, ALBERT, J, , III MD

Mailing Address 1106 DAISY LN

City
HICKORYState
NCZip Code
28602-9539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SPARTANBURG REGIONAL HEALTHCARE SYSTEM

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.37

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2020

Transaction ID : ACF94D520617F412786B

Amount of Each Receipt this Period

208.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POOLE, JOHN, WM, , MD

Mailing Address 240 SUNSET AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH JERSEY SURGICAL SPEC.

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.37

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2020

Transaction ID : AF3FACCCCEAD14680A45

Amount of Each Receipt this Period

208.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHTER, GARY, CULP, , MD

Mailing Address 550 PEACHTREE ST NE
STE 1750

City

ATLANTA

State

GA

Zip Code

30308-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMORY CLINIC GASTROENTEROLOGY AND DIGE

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.37

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2020

Transaction ID : A61C9E39639054632AB3

Amount of Each Receipt this Period

208.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.11