

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

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

FOR LINE NUMBER: PAGE 40 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

A. AMADIO, PETER, COLBY, , MD

Mailing Address 816 9TH AVE SW

City
ROCHESTER

State
MN

Zip Code
55902-6314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAYO CLINIC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2020

Transaction ID : A1581DCC8D3384635B82

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BAILEY, ROLLIN, CLAUDE, , MD

Mailing Address 136 N 3RD ST

City
LOMPOC

State
CA

Zip Code
93436-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VALLEY MEDICAL GROUP OF LOMPOC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2020

Transaction ID : A732E2D6314184819A3E

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BISHOP, MICHAEL, DARYL, , MD

Mailing Address 3726 E VILLA GLEN CT

City
BLOOMINGTON

State
IN

Zip Code
47401-4697

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2020

Transaction ID : AA927A716EA08413C83B

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00