

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

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

FOR LINE NUMBER: PAGE 54 OF 105

(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. LUND, PETER, SCOTT, , MD**

Mailing Address 7538 WILSON DR

 City  
 FAIRVIEW

 State  
 PA

 Zip Code  
 16415-1421

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 ALLIED UROLOGY ASSOCIATES

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : AC7FBEDC91C694AC4B75

Amount of Each Receipt this Period

☐ Memo Item

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

**B. MAC LEOD, BRUCE, ALAN, , MD**

Mailing Address 1515 MOHICAN DR

 City  
 PITTSBURGH

 State  
 PA

 Zip Code  
 15228-1615

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 ASPN

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : A1E0CB05176F741E6BCD

Amount of Each Receipt this Period

☐ Memo Item

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

**C. MACDONALD, JAMES, ATHANASIOS, , V MD**

 Mailing Address 3001 SANFORD PKWY  
 SANFORD THIEF RIVER FALLS

 City  
 THIEF RVR FLS

 State  
 MN

 Zip Code  
 56701

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : ADBB5B114860844A2A7B

Amount of Each Receipt this Period

☐ Memo Item

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

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