

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

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

FOR LINE NUMBER: PAGE 14 OF 108

(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. BRABSON, LEONARD, ALLISON, , MD

Mailing Address 939 EMERALD AVE
STE 806

City
KNOXVILLE

State
TN

Zip Code
37917-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMEN'S HEALTH SPECIALISTS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2019

Transaction ID : AE0D442B893744097BDE

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. BREEN, TERRANCE, WM, , MD

Mailing Address 4243 JACKDAW ST

City
SAN DIEGO

State
CA

Zip Code
92103-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMG

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2019

Transaction ID : A00331F96A7614FA8B5F

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. BREGMAN, ZACHARY, , , MD

Mailing Address 149 E 18TH ST
APT 2

City
NEW YORK

State
NY

Zip Code
10003-2480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWELL HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2019

Transaction ID : A75FD17F5207648D8832

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

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

174.99