

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. 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 ▼

1666.68

Date of Receipt

08 / 06 / 2019

Transaction ID : AD065A2EFF31C4FA9A63

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

**B. RIDGE, FREDERICK, RAY, , JR MD**

Mailing Address 210 9TH ST NE

City  
LINTON

State  
IN

Zip Code  
47441-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREENE COUNTY HEALTH, INC.

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

08 / 06 / 2019

Transaction ID : A4D6F2A9E141641F0A8A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. RING, BRANDI, NICOLE, , MD**

Mailing Address 6831 MONTVIEW BLVD

City  
DENVER

State  
CO

Zip Code  
80207-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLSPAN YORK HOSPITAL

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 06 / 2019

Transaction ID : AC20F68332CDB44D2831

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)..... ►

333.32