

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

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

FOR LINE NUMBER: PAGE 9 OF 111

(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 (Last, First, Middle Initial)

A. Mr. Joe Mayer

Mailing Address 3421 Highwood Dr. SE

City  
Washington

State Zip Code  
DC 20020-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN MEDICAL ASSOCIATION

Occupation  
AMA Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : 64699050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Josephine Chu Mcallister MD

Mailing Address 2333 N Triphammer Rd Ste 203  
Dermatologist

City  
Ithaca

State Zip Code  
NY 14850-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERT T HORN JR. MEDICAL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : 64699051

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Annette Williams Reda MD

Mailing Address 885 Kempsville Rd  
Ste 101

City  
Norfolk

State Zip Code  
VA 23502-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA OPHTHALOMOLOGY ASSOCIATES

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : 64699057

Amount of Each Receipt this Period

1000.00

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

1500.00

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