

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 106

(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. ARORA, HANS, CHIN, , MD

Mailing Address 1380 SLATE CT

City
CLEVELAND HTS

State
OH

Zip Code
44118-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLINIC

Occupation (for Individual)
RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2019

Transaction ID : ACCFFDFF7E2F14AD28EF

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

B. ARORA, KAVITA, SHAH, , MD

Mailing Address 1380 SLATE CT

City
CLEVELAND HTS

State
OH

Zip Code
44118-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METROHEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2019

Transaction ID : A55ED9C7E27C948A9B7B

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. ARRASCUE, JOSE, F, , MD

Mailing Address 5503 S CONGRESS AVE
STE 103

City
ATLANTIS

State
FL

Zip Code
33462-6614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTH PALM BEACH NEPHROLOGY PA

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2019

Transaction ID : A5F95E13FAA3143F7945

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)..... ►

104.15