

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

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

FOR LINE NUMBER: PAGE 58 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. MIGLIORI, MICHAEL, E, , MD

Mailing Address 1 HOPPIN ST

City
PROVIDENCE

State
RI

Zip Code
02903-4141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPHTHALMIC PLASTIC SURGERY

Occupation (for Individual)
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 Y
12 / 06 / 2019

Transaction ID : AB187CCBDDFF9E42E2AB5

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. MILSTEIN, MARK, JOSEPH, , MD

Mailing Address 111 E 88TH ST
APT 4F

City
NEW YORK

State
NY

Zip Code
10128-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONTEFIORE MEDICAL CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.80

Date of Receipt

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

Transaction ID : ABD97A09559B145C08BC

Amount of Each Receipt this Period

41.74

☐ Memo Item

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

C. MONTGOMERY, JOHN, MICHAEL, , MD

Mailing Address 2636 COUNTRY SIDE DR

City
ORANGE PARK

State
FL

Zip Code
32003-4951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF FLORIDA JACKSONVILLE PHY

Occupation (for Individual)
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 Y
12 / 06 / 2019

Transaction ID : A392E36BD7DB14182BDD

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.40