

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

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

FOR LINE NUMBER: PAGE 23 OF 53

(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. FRY, LUTHER, LEE, , MD

Mailing Address 310 E WALNUT ST

City
GARDEN CITY

State
KS

Zip Code
67846-5572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRY EYE ASSOCIATES

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 Y
02 / 08 / 2019

Transaction ID : AB912C257CD12444992B

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. MEADOWS, JOHN, ALLEN, , MD

Mailing Address 4284 LOMAC ST
ALAB

City
MONTGOMERY

State
AL

Zip Code
36106-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALABAMA ALLERGY AND ASTHMA CLINIC

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 Y
02 / 08 / 2019

Transaction ID : A63CFBA2EFB184271AF4

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. MERKITCH, KENNETH, WM, , MD

Mailing Address W5732 HEATHERWOOD PL

City
LA CROSSE

State
WI

Zip Code
54601-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GUNDERSEN LUTHERAN

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 Y
02 / 08 / 2019

Transaction ID : AA0C59B2F17DE4DA4B66

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00