

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

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

FOR LINE NUMBER: PAGE 43 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. BISHOP, MICHAEL, DARYL, , MD

Mailing Address 3726 E VILLA GLEN CT

City
BLOOMINGTON

State
IN

Zip Code
47401-4697

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

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 / 15 / 2019

Transaction ID : A4D6DEA07B94E4DBBA95

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BROWN, CYNTHIA, , MRS.,

Mailing Address 1405 HUNTER MILL RD

City
VIENNA

State
VA

Zip Code
22182-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATION

Occupation (for Individual)
AMA EXECUTIVE

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
02 / 15 / 2019

Transaction ID : AFA1576B36D064BF2A41

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. KUMAR, BHARAT, , , MD

Mailing Address 95 VANDELLO DR

City
NORTH LIBERTY

State
IA

Zip Code
52317-9127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF IOWA HOSPITALS & CLINICS

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 / 15 / 2019

Transaction ID : A4F66A1708B9543838D3

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)..... ►

2000.00