

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2016

**Transaction ID : 70640807**

Amount of Each Disbursement this Period

5000.00

Memo Item  
2016 Primary

Full Name (Last, First, Middle Initial)

**B. Richmond For Congress**

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mr. Cedric Richmond**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2016

**Transaction ID : 70640808**

Amount of Each Disbursement this Period

2000.00

Memo Item  
2016 Primary

Full Name (Last, First, Middle Initial)

**C. Ralph Abraham For Congress**

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Ralph Abraham MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2016

**Transaction ID : 70640810**

Amount of Each Disbursement this Period

3000.00

Memo Item  
2016 Primary

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

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