

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

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

FOR LINE NUMBER: PAGE 85 / 180  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
Georgia Medical Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Thomas E. Kahl			Date of Receipt M / D / Y 09 / 15 / 2003	
Mailing Address 310 Hospital Dr #200			Transaction ID: SA11A1.8802	
City	State	Zip Code	Amount of Each Receipt this Period	
Macon	GA	31217-8024	250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Self Employed		Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lee Ameen Kelley			Date of Receipt M / D / Y 01 / 18 / 2004	
Mailing Address 2001 Peachtree Rd NE #705			Transaction ID: SA11A1.8803	
City	State	Zip Code	Amount of Each Receipt this Period	
Atlanta	GA	30309-1476	250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Peachtree Orthopaedic Clinic		Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert E. Kelley, Jr.			Date of Receipt M / D / Y 12 / 18 / 2003	
Mailing Address 1270 Prince Ave Suite 2D1			Transaction ID: SA11A1.8804	
City	State	Zip Code	Amount of Each Receipt this Period	
Athens	GA	30606-2762	250.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Athens Women's Clinic		Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

750.00

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