

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

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

FOR LINE NUMBER: PAGE 20 / 49

(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 (Last, First, Middle Initial)

A. NEBRASKA MEDICAL PAC

Mailing Address 233 S 13TH STREET

City State Zip Code
 LINCOLN NE 68508

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.18118

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. NEW JERSEY MEDICAL PAC

Mailing Address 2 PRINCESS ROAD

City State Zip Code
 LAWRENCEVILLE NJ 08648

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18087

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

C. OREGON MEDICAL PAC

Mailing Address 5210 SW CORBETT STREET

City State Zip Code
 PORTLAND OR 97201

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6415.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18112

Amount of Each Receipt this Period

2465.00

SUBTOTAL of Receipts This Page (optional)

3965.00

TOTAL This Period (last page this line number only)