

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. CARPENTER, MARY, SUSAN, , MD**

Mailing Address PO BOX 769

City  
WINNER

State  
SD

Zip Code  
57580-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FAMILY PRACTICE ASSOC OF WINNER PLLC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 16 / 2018

Transaction ID : ABBA1D18E6B3A457CBD

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. COX, GEORGE, E., MR.,**

Mailing Address 10308 FLEMING AVE

City  
BETHESDA

State  
MD

Zip Code  
20814-2136

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 ▼

249.99

Date of Receipt

03 / 16 / 2018

Transaction ID : A4513821E11D6403FB5D

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. DAVISON, JAMES, ARTHUR, , MD**

Mailing Address 309 E CHURCH ST

City  
MARSHALLTOWN

State  
IA

Zip Code  
50158-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WOLFE CLINIC PC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 16 / 2018

Transaction ID : AE3F7DD78265743C0921

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)..... ►

666.66