

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. BOZYK, PAUL, DOUGLAS, , MD**

Mailing Address 31926 ROBINHOOD DR

City  
BEVERLY HILLSState  
MIZip Code  
48025-3539FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEAUMONT HOSPITALOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M	D D	Y Y Y Y
07	07	2019

Transaction ID : A7F3FFDF9F2E549F2B67

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. BRABSON, LEONARD, ALLISON, , MD**Mailing Address 939 EMERALD AVE  
STE 806City  
KNOXVILLEState  
TNZip Code  
37917-4502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WOMEN'S HEALTH SPECIALISTSOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M	D D	Y Y Y Y
07	07	2019

Transaction ID : AAC77BA1EE2004B769EF

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. BREEN, TERRANCE, WM, , MD**

Mailing Address 4243 JACKDAW ST

City  
SAN DIEGOState  
CAZip Code  
92103-1333FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ASMGOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
07	07	2019

Transaction ID : AF702107A1F3A46EFA19

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

216.66

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