

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

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

FOR LINE NUMBER: PAGE 49 OF 106

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

**A. HOWARD, COREY, LEE, , MD**

Mailing Address 1048 GOODLETTE RD N  
STE 101

City  
NAPLES

State  
FL

Zip Code  
34102-5491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHYSICIANS LIFE CENTERS, LLC

Occupation (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 Y  
07 / 07 / 2019

Transaction ID : AC36DCD840FF64891ACD

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. HURWITZ, EUGENE, STANLEY, , MD**

Mailing Address 690 DALLAS HWY  
STE 101

City  
VILLA RICA

State  
GA

Zip Code  
30180-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTER FOR ALLERGY AND ASTHMA

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.70

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2019

Transaction ID : A2BEEBB6C37A640E1A65

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. IMBEAU, STEPHEN, ALAN, , MD**

Mailing Address 800 E CHEVES ST  
STE 420

City  
FLORENCE

State  
SC

Zip Code  
29506-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLERGY ASTHMA & SINUS CENTER

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1458.35

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2019

Transaction ID : AFB63663F5D9C4747AC4

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

333.32