

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 106  
(check only one)

<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. POHL, DIETER, , MD**

Mailing Address 34 EAMES ST

City  
PROVIDENCEState  
RIZip Code  
02906-3304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RHODE ISLAND SURGEONSOccupation (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 : ABEED9652236D4A4D83E

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. POLIFRONI, NICHOLAS, V, , MD**Mailing Address 761 MAIN AVE  
STE 115City  
NORWALKState  
CTZip Code  
06851-1080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COASTAL ORTHOPAEDICSOccupation (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 : A5B5B2AE5E85A4F3581A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. POOLE, JOHN, WM, , MD**

Mailing Address 240 SUNSET AVE

City  
RIDGEWOODState  
NJZip Code  
07450-2421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTH JERSEY SURGICAL SPEC.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
07	07	2019

Transaction ID : A7B7FE76525B84898B57

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

374.99

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