

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 80
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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, , MDMailing Address 1048 GOODLETTE RD N
STE 101City
NAPLESState
FLZip Code
34102-5491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PHYSICIANS LIFE CENTERS, LLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	06	2019

Transaction ID : AB65A4C914E7D42848ED

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. IMBEAU, STEPHEN, ALAN, , MDMailing Address 800 E CHEVES ST
STE 420City
FLORENCEState
SCZip Code
29506-2649FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLERGY ASTHMA & SINUS CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.03

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	06	2019

Transaction ID : ACD1195F3238145CCA9E

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. INGRAM, JOHN, JACKSON, , III MD

Mailing Address 266 JOULE ST

City
ALCOAState
TNZip Code
37701-2422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EAST TENNESSEE MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	06	2019

Transaction ID : AB28C33D6D46D4CC7884

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

374.99

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