

**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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<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. STERNSTEIN, MICHAELA, , MS.,**

 Mailing Address 330 N WABASH AVE  
 STE 39300

 City  
 CHICAGO

 State  
 IL

 Zip Code  
 60611-5885

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 AMERICAN MEDICAL ASSOCIATION

 Occupation (for Individual)  
 AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : ABC3D9DFD272F4E178A1

Amount of Each Receipt this Period

☐ Memo Item

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

**B. SUBLETT, JAMES, LEE, , MD**

 Mailing Address 500 W JEFFERSON ST  
 STE 160

 City  
 LOUISVILLE

 State  
 KY

 Zip Code  
 40202-2866

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 FAMILY ALLERGY & ASTHMA

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : A2C74832C11D34483A3D

Amount of Each Receipt this Period

☐ Memo Item

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

**C. SULLIVAN, THOMAS, EDWARD, , MD**

Mailing Address 6 BRACKENBURY LN

 City  
 BEVERLY

 State  
 MA

 Zip Code  
 01915-3822

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : AB67949B0D37947C5B57

Amount of Each Receipt this Period

☐ Memo Item

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

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