

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

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

FOR LINE NUMBER: PAGE 29 OF 70

(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. FOUIGNER, ARTHUR, CHRISTIAN, , MD

Mailing Address 25024 41ST RD

City
LITTLE NECK

State
NY

Zip Code
11363-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWELL HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2020

Transaction ID : ABABD3E5DFDE04B779E1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. FRYHOFFER, SANDRA, ADAMSON, , MD

Mailing Address 3290 NORTHSIDE PKWY NW
STE 840

City
ATLANTA

State
GA

Zip Code
30327-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2020

Transaction ID : A4E23CF00C8C54205865

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. GLASSTETTER, MICHAEL, , MR.,

Mailing Address 912 N. DRURY LANE

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004-5759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATION

Occupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2020

Transaction ID : A09287F22C1BA4E44ADD

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4000.00