

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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☒ 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 (Last, First, Middle Initial)

A. Robyn Mc Cullem MD

Mailing Address 4605 Maple Leaf Dr

City
Columbia

State
MO

Zip Code
65201-7235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson City Medical Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 49637117

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randall Frank Randazzo MD

Mailing Address 1800 Durham Dr

City
Inverness

State
IL

Zip Code
60067-4420

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOODFIELD UROLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 49637118

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rajendra Khetsi Tanna MD

Mailing Address 1000 College Ave

City
Fort Worth

State
TX

Zip Code
76104-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 49637119

Amount of Each Receipt this Period

500.00

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

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

1250.00