

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

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

FOR LINE NUMBER: PAGE 27 / 73

(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 (Last, First, Middle Initial)

A. OREGON MEDICAL PAC

Mailing Address 5210 SW CORBETT STREET

City State Zip Code
 PORTLAND OR 97201

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9565.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.19078

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. OREGON MEDICAL PAC

Mailing Address 5210 SW CORBETT STREET

City State Zip Code
 PORTLAND OR 97201

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9935.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.19079

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. PENNSYLVANIA MEDICAL PAC

Mailing Address PO BOX 8820

City State Zip Code
 HARRISBURG PA 17105

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

31100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.19020

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

2020.00

TOTAL This Period (last page this line number only)