

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 146
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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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. BRABSON, LEONARD, ALLISON, , MDMailing Address 939 EMERALD AVE
STE 806City
KNOXVILLEState
TNZip Code
37917-4502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMEN'S HEALTH SPECIALISTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 0 | 6 | | 2 | 0 | 1 | 9 | | |

Transaction ID : A4C4F71A1B1354BC2A8F

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. BREEN, TERRANCE, WM, , MD

Mailing Address 4243 JACKDAW ST

City
SAN DIEGOState
CAZip Code
92103-1333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMGOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 0 | 6 | | 2 | 0 | 1 | 9 | | |

Transaction ID : AD3DDB70BE3F145D4B31

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. BREGMAN, ZACHARY, , , MDMailing Address 149 E 18TH ST
APT 2City
NEW YORKState
NYZip Code
10003-2480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWELL HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.04

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 0 | 6 | | 2 | 0 | 1 | 9 | | |

Transaction ID : A836768507756401FB18

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

174.99

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