

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

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

FOR LINE NUMBER: PAGE 67 OF 146

(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. POLIFRONI, NICHOLAS, V, , MD

Mailing Address 761 MAIN AVE
 STE 115

City
 NORWALK

State
 CT

Zip Code
 06851-1080

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 COASTAL ORTHOPAEDICS

Occupation (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
 06 / 06 / 2019

Transaction ID : A86ED6FA29A79432E91B

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. POOLE, JOHN, WM, , MD

Mailing Address 240 SUNSET AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450-2421

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 NORTH JERSEY SURGICAL SPEC.

Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2019

Transaction ID : AE9DBCCFF917A4D8E87A

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. PORTER, BURDETT, R, , MD

Mailing Address 61 MYSTIC DR

City

SAYRE

State

PA

Zip Code

18840-2843

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 GUTHRIE HEALTH

Occupation (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
 06 / 06 / 2019

Transaction ID : AA38670CF8156452C97D

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

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

333.32