

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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<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. POND, WILLIAM, WALTER, , MD

 Mailing Address 10315 DAWSONS CREEK BLVD
 STE A

 City
 FORT WAYNE

 State
 IN

 Zip Code
 46825-1912

 FEC ID number of contributing
 federal political committee.

Name of Employer (for Individual)

ASSOCIATED ANESTHESIOLOGISTS FORT WAYN

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
06	08	2019

Transaction ID : A92B3E25BC6F640B8814

Amount of Each Receipt this Period

☐ Memo Item

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

B. RAMSAY, ALEXANDER, WM, , MD

 Mailing Address 1470 TOBIAS GADSON BLVD
 STE 201

 City
 CHARLESTON

 State
 SC

 Zip Code
 29407-4925

 FEC ID number of contributing
 federal political committee.

Name of Employer (for Individual)

LOWCOUNTRY UROLOGY SPECIALISTS

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
06	08	2019

Transaction ID : A96D18CE2DEA144FABAB

Amount of Each Receipt this Period

☐ Memo Item

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

C. REAVES, LARRY, EARL, , MD

Mailing Address 2736 COLONIAL PKWY

 City
 FORT WORTH

 State
 TX

 Zip Code
 76109-1211

 FEC ID number of contributing
 federal political committee.

Name of Employer (for Individual)

TEXAS HEALTH CARE PLLC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
06	08	2019

Transaction ID : A81666055D9D24D15A8C

Amount of Each Receipt this Period

☐ Memo Item

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

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