

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

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

FOR LINE NUMBER: PAGE 25 OF 50

(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. WHITE, FREDERICK, J, , III MD**

Mailing Address 444 EVANGELINE PL

City  
SHREVEPORT

State  
LA

Zip Code  
71106-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIS-KNIGHTON CARDIOLOGY

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2019

Transaction ID : AC4DCEC970A9548D7990

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. MINORE, WILLIAM, STEPHEN, , MD**

Mailing Address 2202 HARLEM RD

City  
LOVES PARK

State  
IL

Zip Code  
61111-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROCKFORD ANESTHESIOLOGISTS ASSOCIATED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 15 / 2019

Transaction ID : AE62999AA71CE488AB12

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. ROGI, CAROLINE, , , MD**

Mailing Address 3939 W PINE BLVD  
APT 205

City  
SAINT LOUIS

State  
MO

Zip Code  
63108-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASHINGTON UNIVERSITY IN ST. LOUIS

Occupation (for Individual)  
RESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2019

Transaction ID : A4B5F875A123A45EBB84

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

3250.00