

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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☒ 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. MAC LEOD, BRUCE, ALAN, , MD

Mailing Address 1515 MOHICAN DR

City
PITTSBURGH

State
PA

Zip Code
15228-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ASPN

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : A18F97547C8A54E97B23

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. MACDONALD, JAMES, ATHANASIOS, , V MD

Mailing Address 3001 SANFORD PKWY

SANFORD THIEF RIVER FALLS

City

THIEF RVR FLS

State

MN

Zip Code

56701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : A365FC1C8634C42219BA

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MACELARU, DRAGOS, , , MD

Mailing Address 11668 STATE ROUTE 30

City

MALONE

State

NY

Zip Code

12953-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ALICE HYDE MEDICAL CENTER

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : AC0C03BEDBEB046CA878

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)..... ►

374.99