

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

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

FOR LINE NUMBER: PAGE 58 OF 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

**A. MILSTEIN, MARK, JOSEPH, , MD**

Mailing Address 111 E 88TH ST  
APT 4F

City  
NEW YORK

State  
NY

Zip Code  
10128-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MONTEFIORE MEDICAL CENTER

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.58

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

Transaction ID : AB8C754D476ED4BD6ACI

Amount of Each Receipt this Period

41.74

☐ Memo Item

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

**B. MONTGOMERY, JOHN, MICHAEL, , MD**

Mailing Address 2636 COUNTRY SIDE DR

City  
ORANGE PARK

State  
FL

Zip Code  
32003-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF FLORIDA JACKSONVILLE PHY

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

Transaction ID : A695F140B15C84F5CB84

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. MORE, ROBERT, CAMERON, , MD**

Mailing Address 8100 WESCOTT DR  
STE 101

City  
FLEMINGTON

State  
NJ

Zip Code  
08822-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNTERDON ORTHOPEDIC INSTITUTE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.05

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

Transaction ID : A7327E89B02B84B2990D

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.40