

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Medical Group Association PAC

ADDRESS (number and street) 3901 Hoyt Avenue  
 Check if different than previously reported. (ACC)  
Everett WA 98290

2. **FEC IDENTIFICATION NUMBER** C00408120  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mark E. Mantei

Signature of Treasurer Electronically Filed by Mark E. Mantei Date 09 18 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Medical Group Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		34932.01
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	83197.57									
(c) Total Receipts (from Line 19) .....	10625.00	86175.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	93822.57	121107.01								
7. Total Disbursements (from Line 31) .....	3989.22	31273.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	89833.35	89833.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9150.00	80101.00
(ii) Unitemized .....	1475.00	5074.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10625.00	85175.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10625.00	86175.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10625.00	86175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10625.00	86175.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	28500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	489.22	2773.66
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3989.22	31273.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3989.22	31273.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	10625.00	86175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10625.00	86175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)

<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

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 Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Barbe

Mailing Address 120 W. 16th Street

City State Zip Code  
Mountain Grove MO 65711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Johns Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** SA11AI.5286

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Black

Mailing Address 3641 N Grace Lane

City State Zip Code  
Bellingham WA 98226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** SA11AI.5327

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dougal Chisholm

Mailing Address 5207 123rd Avenue NE

City State Zip Code  
Lake Stevens WA 98258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2009

**Transaction ID:** SA11AI.5325

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(check only one)

<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 Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Enright

Mailing Address 12380 Double Eagle Drive

City State Zip Code  
Mukilteo WA 98275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11AI.5330

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Frank Goldstein

Mailing Address 1 Tamarack Drive

City State Zip Code  
Livingston NJ 07039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mendian Health VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2009

**Transaction ID:** SA11AI.5324

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Green

Mailing Address 4805 Belvedere Ave

City State Zip Code  
Everett WA 98201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2009

**Transaction ID:** SA11AI.5329

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

**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)	PAGE 8 / 13
	<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 Group Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Randall Huss		Date of Receipt
	Mailing Address 15655 County Road 5190		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rolla	MO	65401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5280
Name of Employer St. Johns Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald H. Kirkland, MD		Date of Receipt
	Mailing Address 107 Tuckahoe Road		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jackson	TN	38305
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5309
Name of Employer The Jackson Clinic, P.A.		Occupation Chairman of the Board	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1400.00"/>
		<input type="text" value="2400.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Mariencheck		Date of Receipt
	Mailing Address 58 Dovecrest Cv		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jackson	TN	38305
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5305
Name of Employer Jackson Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Medical Group Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Fred G McQuerary

Mailing Address 1356 S Royal Drive

City State Zip Code  
Springfield MO 65809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Saint Johns Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** SA11AI.5290

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Teresa Olsen

Mailing Address 1334 E. Delmar

City State Zip Code  
Springfield MO 65804

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St. Johns Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 21 / 2009

**Transaction ID:** SA11AI.5278

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
David R Posch

Mailing Address 1301 Medical Center Drive  
Suite 3812B TVC

City State Zip Code  
Nashville TN 37232

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Vanderbilt Medical Group Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11AI.5332

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13  
(check only one)

<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 Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
William Preston

Mailing Address 70 Dovecrest CV

City State Zip Code  
Jackson TN 38305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JHackson Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** SA11AI.5304

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
JoAnne Roberts

Mailing Address 5806 96th St SW

City State Zip Code  
Mukilteo WA 98275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009

**Transaction ID:** SA11AI.5296

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Tom Roberts

Mailing Address 20 4 Beverly

City State Zip Code  
Missoula MT 59801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Western Montana Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** SA11AI.5318

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13  
(check only one)

<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 Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Aric Sharp

Mailing Address 1025 maine Street

City State Zip Code  
Quincy IL 62301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Quincy Medical Group Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2009

**Transaction ID:** SA11AI.5320

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Donn Sorenson

Mailing Address 4299 E Cross Timbers

City State Zip Code  
Springfield MO 65809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Johns Clinic Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

**Transaction ID:** SA11AI.5270

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Raymond Whalen

Mailing Address 20620 Maplewood Drive

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Everett Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

**Transaction ID:** SA11AI.5322

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Medical Group Association PAC

A.	Full Name (Last, First, Middle Initial) <b>BRALEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5316
	Mailing Address PO Box 390	Date of Disbursement 07 / 14 / 2009
	City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPP</b>	<b>Transaction ID:</b> SB23.5298
	Mailing Address PO Box 23940	Date of Disbursement 07 / 23 / 2009
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Cash Contribution Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>	<b>Transaction ID:</b> SB23.5331
	Mailing Address PO BOX 3662	Date of Disbursement 07 / 01 / 2009
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3500.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Medical Group Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 1206  City Brea State CA Zip Code 92822-8713  Purpose of Disbursement Bank Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5333 Date of Disbursement 07 / 31 / 2009	Amount of Each Disbursement this Period 151.62
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark E. Mantei  Mailing Address 4503 - 113th Avenue SE  City Snohomish State WA Zip Code 98290  Purpose of Disbursement PAC expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5314 Date of Disbursement 07 / 16 / 2009	Amount of Each Disbursement this Period 337.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>489.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>489.22</b>