12/02/2004 14 : 30

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 ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 1101 VERMONT AVENUE, NW

12TH FLOOR

Check if different than previously reported. (ACC)

WASHINGTON | DC | 20005

2. **FEC IDENTIFICATION NUMBER** ▼ C00000422

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **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: X General (30G) Runoff (30R) Special (30S)

Election on 11 02 2004 in the State of DC

5. Covering Period 10 14 2004 through 11 22 2004

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 KEVIN WALKER

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 12 02 2004

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 14 2004 To: 11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		1881257.10
(b) Cash on Hand at Begining of Reporting Period	941617.83	
(c) Total Receipts (from Line 19)	224619.71	1896676.24
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1166237.54	3777933.34
7. Total Disbursements (from Line 31)	916232.26	3527928.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	250005.28	250005.28
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 14 2004 To: 11 22 2004

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)	199821.20	
(ii) Unitemized	22775.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	222596.20	1795104.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶	222596.20	1795104.56
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	24562.11
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	200.00	18200.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1623.51	58809.57
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))	224619.71	1896676.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	224619.71	1896676.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	1527.68	87837.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1527.68	87837.37
22. Transfers to Affiliated/Other Party Committees	0.00	59877.19
23. Contributions to Federal Candidates/Committees and Other Political Committees	160000.00	1995745.92
24. Independent Expenditure (use Schedule E)	754704.58	1382167.58
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	1850.00
(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	1850.00
29. Other Disbursements	0.00	450.00
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))	916232.26	3527928.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	916232.26	3527928.06

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)	222596.20	1795104.56
34. Total Contribution Refunds (from Line 28(d))	0.00	1850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	222596.20	1793254.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1527.68	87837.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	24562.11
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1527.68	63275.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 82
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial): HERMAN ABROMOWITZ, MD
Mailing Address: 4255 BROOKHILL LANE
City: DAYTON State: OH Zip Code: 45405
FEC ID number of contributing federal political committee: C
Name of Employer: ABROMOWITZ & ABROMS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15085
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): GREGORY JAMES AUSTIN, MD
Mailing Address: 725 RESERVOIR AVENUE
City: CRANSTON State: RI Zip Code: 02910
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 18 2004
Transaction ID: SA11A1.14917
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): RICHARD J BAGBY, MD
Mailing Address: 4138 SHORECREST DRIVE
City: ORLANDO State: FL Zip Code: 32804
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15067
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): SUSAN BENHAIM MD
Mailing Address: 3550 W HILLSBORO BLVD
City: COCONUT CREEK | State: FL | Zip Code: 33073
FEC ID number of contributing federal political committee: C
Name of Employer: DR. E. ECKERT
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 16 2004
Transaction ID: SA11A1.15059
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): ROBERT LYON BERRY, MD
Mailing Address: 980D LILE DRIVE
City: LITTLE ROCK | State: AR | Zip Code: 72205
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 08 2004
Transaction ID: SA11A1.15071
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): CYNTHIA BONVINO
Mailing Address: 206 DOE TRAIL
City: MORGANVILLE | State: NJ | Zip Code: 07751
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOUSE WIFE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15076
Amount of Each Receipt this Period: 45.45

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1045.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): ROBERT BONVINO, MD
Mailing Address: 206 DOE TRAIL
City: MORGANVILLE State: NJ Zip Code: 07751
FEC ID number of contributing federal political committee: C
Name of Employer: NEW YORK UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 459.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15076
Amount of Each Receipt this Period: 40.90

B.
Full Name (Last, First, Middle Initial): CYNTHIA RUTH BROWN, MD
Mailing Address: 350B 22ND PLACE
City: LUBBOCK State: TX Zip Code: 79410
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 11 2004
Transaction ID: SA11A1.15080
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): ELIZABETH ARS BUSSARD, MD
Mailing Address: 127 OLD YORK ROAD
City: RINGOES State: NJ Zip Code: 08551
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 504.50
Date of Receipt: 11 11 2004
Transaction ID: SA11A1.15082
Amount of Each Receipt this Period: 45.45

SUBTOTAL of Receipts This Page (optional) ..... ▶ 136.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
DONALD CHAKERES MD
Mailing Address 2274 CLUB ROAD
City: COLUMBUS State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15084
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
JOHN M COX, MD
Mailing Address PO BOX 4000
City: JOPLIN State: MO Zip Code: 64803
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14919
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
JOHN M COX, MD
Mailing Address PO BOX 4000
City: JOPLIN State: MO Zip Code: 64803
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14920
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **125.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): MICHAEL CYS
Mailing Address: 7415 SOUTH REACH DRIVE
City: FAIRFAX STATION State: VA Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15085
Amount of Each Receipt this Period: 45.45

B.
Full Name (Last, First, Middle Initial): DAVID DELLINGER, DO
Mailing Address: 1860 STATE ROAD
City: CUYAHOGA FLS State: OH Zip Code: 44223
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15087
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): MICHIGAN DOCTORS PAC
Mailing Address: PO BOX 769
City: EAST LANSING State: MI Zip Code: 48826
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 25980.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14886
Amount of Each Receipt this Period: 6410.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6505.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
MD ALAN MARK DOREMAN
Mailing Address 1417 OLD MILL LANE
City: MEADOWBROOK State: PA Zip Code: 19046
FEC ID number of contributing federal political committee: C
Name of Employer: SUBURBAN EYE ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 18 2004
Transaction ID: SA11A1.14872
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
J H DYSART, MD
Mailing Address 3303 RUFFIN ROAD
City: SAN DIEGO State: CA Zip Code: 92123
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 18 2004
Transaction ID: SA11A1.15137
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT
Mailing Address PO BOX 25834
City: RALEIGH State: NC Zip Code: 27611
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 30050.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14870
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT
Mailing Address PO BOX 25834
City: RALEIGH State: NC Zip Code: 27611
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 32600.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14892
Amount of Each Receipt this Period: 2550.00

B.
Full Name (Last, First, Middle Initial)
KENTUCKY EDUC MEDICAL PAC
Mailing Address 4965 US HIGHWAY 42
City: LOUISVILLE State: KY Zip Code: 40222
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 32890.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14869
Amount of Each Receipt this Period: 2220.00

C.
Full Name (Last, First, Middle Initial)
KENTUCKY EDUC MEDICAL PAC
Mailing Address 4965 US HIGHWAY 42
City: LOUISVILLE State: KY Zip Code: 40222
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 38800.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15038
Amount of Each Receipt this Period: 5910.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 10680.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JAMES ALLAN GOODYEAR MD
Mailing Address: 210D N BROAD STREET
City: LANSDALE | State: PA | Zip Code: 19446
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH PENN SURGICAL ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 466.60
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14896
Amount of Each Receipt this Period: 41.66

B.
Full Name (Last, First, Middle Initial): JAMES ALLAN GOODYEAR, MD
Mailing Address: 210D N BROAD STREET
City: LANSDALE | State: PA | Zip Code: 19446
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH PENN SURGICAL ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 508.28
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15089
Amount of Each Receipt this Period: 41.66

C.
Full Name (Last, First, Middle Initial): VINCENT GUALTIERI, MD
Mailing Address: 4955 VAN NOVS BLVD
City: SHERMAN OAKS | State: CA | Zip Code: 91403
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 462.50
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15091
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 95.82

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
MAXWELL ALAN HELFGOTT, MD
Mailing Address 4740 CONNECTICUT AVENUE NW
City: WASHINGTON State: DC Zip Code: 20008
FEC ID number of contributing federal political committee: C
Name of Employer: HELFGOTT & FINE MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 16 2004
Transaction ID: SA11A1.15081
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
W BRIGGS HOPSON, JR MD
Mailing Address 2100 HIGHWAY 61 NORTH
City: VICKSBURG State: MS Zip Code: 39183
FEC ID number of contributing federal political committee: C
Name of Employer: RIVER REGION MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15143
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
ROBERT LYNN HORNE, MD
Mailing Address 44 QUAIL RUN ROAD
City: HENDERSON State: NV Zip Code: 89014
FEC ID number of contributing federal political committee: C
Name of Employer: ROBERT LYNN HORNE MD PC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15093
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 82
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JOHN ROLAND HOUCK, MD
Mailing Address: PO BOX 26901
City: OKLAHOMA CITY | State: OK | Zip Code: 73190
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14922
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): RAJ BEHARI LAL, MD
Mailing Address: 2809 MEYERS ROAD
City: OAK BROOK | State: IL | Zip Code: 60523
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 366.66
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15095
Amount of Each Receipt this Period: 133.33

C.
Full Name (Last, First, Middle Initial): S G LANG, MD
Mailing Address: 3530 HICKORY HILL DRIVE
City: COLORADO SPRINGS | State: CO | Zip Code: 80908
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 18 2004
Transaction ID: SA11A1.15063
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 683.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 82
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JOHN CALVERT LEWIN, MD
Mailing Address: 1201 J STREET
City: SACRAMENTO State: CA Zip Code: 95814
FEC ID number of contributing federal political committee: C
Name of Employer: CALIFORNIA MEDICAL ASSOCIATION
Occupation: PHYSICIAN/EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 466.60
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14896
Amount of Each Receipt this Period: 41.66

B.
Full Name (Last, First, Middle Initial): JOHN CALVERT LEWIN, MD
Mailing Address: 1201 J STREET
City: SACRAMENTO State: CA Zip Code: 95814
FEC ID number of contributing federal political committee: C
Name of Employer: CALIFORNIA MEDICAL ASSOCIATION
Occupation: PHYSICIAN/EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 508.28
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15097
Amount of Each Receipt this Period: 41.66

C.
Full Name (Last, First, Middle Initial): ROGER W LITWILLER, MD
Mailing Address: 3001 BURNLEIGH ROAD SW
City: ROANOKE State: VA Zip Code: 22320
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14924
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 133.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 17 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): PETER LUND, MD
Mailing Address: 311 WEST 24TH STREET
City: ERIE State: PA Zip Code: 16502
FEC ID number of contributing federal political committee: C
Name of Employer: ALLIED UROLOGY ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15099
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): JOHN MAA, MD
Mailing Address: 1200 GOUGH STREET
City: SAN FRANCISCO State: CA Zip Code: 94109
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 410.00
Date of Receipt: 11 03 2004
Transaction ID: SA11A1.15101
Amount of Each Receipt this Period: 90.00

C.
Full Name (Last, First, Middle Initial): LAXMAIAH MANCHIKANTI, MD
Mailing Address: 2075 NATCHEZ LANE
City: PADUCAH State: KY Zip Code: 42001
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15139
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 640.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
JOY A MAXEY, MD
Mailing Address 3091 MAPLE DRIVE
City: ATLANTA State: GA Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 504.50
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15103
Amount of Each Receipt this Period: 45.45

B.
Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC
Mailing Address PO BOX 1900
City: MONTGOMERY State: AL Zip Code: 36102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 6800.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14894
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC
Mailing Address PO BOX 1900
City: MONTGOMERY State: AL Zip Code: 36102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 9350.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15039
Amount of Each Receipt this Period: 2550.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3595.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 19 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): ALABAMA MEDICAL PAC
Mailing Address: PO BOX 1800
City: MONTGOMERY State: AL Zip Code: 36102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 12680.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15116
Amount of Each Receipt this Period: 3330.00

B.
Full Name (Last, First, Middle Initial): ALASKA MEDICAL PAC
Mailing Address: 4107 LAUREL STREET
City: ANCHORAGE State: AK Zip Code: 99508
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14873
Amount of Each Receipt this Period: 450.00

C.
Full Name (Last, First, Middle Initial): ARKANSAS MEDICAL PAC
Mailing Address: PO BOX 55088
City: LITTLE ROCK State: AR Zip Code: 72215
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 6480.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15048
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4030.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): CALIFORNIA MEDICAL PAC
Mailing Address: 221 MAIN STREET
City: SAN FRANCISCO State: CA Zip Code: 94105
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 73962.15
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15043
Amount of Each Receipt this Period: 3870.90

B.
Full Name (Last, First, Middle Initial): CALIFORNIA MEDICAL PAC
Mailing Address: 221 MAIN STREET
City: SAN FRANCISCO State: CA Zip Code: 94105
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 77820.90
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15119
Amount of Each Receipt this Period: 3958.75

C.
Full Name (Last, First, Middle Initial): COLORADO MEDICAL PAC
Mailing Address: PO BOX 17550
City: DENVER State: CO Zip Code: 80217
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 10990.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14881
Amount of Each Receipt this Period: 3250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **11079.65**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 21 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC
Mailing Address 160 ST RONAN STREET
City: NEW HAVEN State: CT Zip Code: 06511
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 35500.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14866
Amount of Each Receipt this Period: 950.00

B.
Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC
Mailing Address 160 ST RONAN STREET
City: NEW HAVEN State: CT Zip Code: 06511
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 37850.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15047
Amount of Each Receipt this Period: 2350.00

C.
Full Name (Last, First, Middle Initial)
DELAWARE MEDICAL PAC
Mailing Address 1925 LOVERING AVENUE
City: WILMINGTON State: DE Zip Code: 19806
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15042
Amount of Each Receipt this Period: 2950.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 82
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 41210.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14857
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 50260.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15040
Amount of Each Receipt this Period: 9050.00

C.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 52290.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15044
Amount of Each Receipt this Period: 2030.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 13080.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 23 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): GEORGIA MEDICAL PAC
Mailing Address: 1330 W PEACHTREE STREET
City: ATLANTA State: GA Zip Code: 30309
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14630.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14874
Amount of Each Receipt this Period: 350.00

B.
Full Name (Last, First, Middle Initial): INDIANA MEDICAL PAC
Mailing Address: 322 CANAL WALK
City: INDIANAPOLIS State: IN Zip Code: 46202
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 55880.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14861
Amount of Each Receipt this Period: 1820.00

C.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 24800.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14882
Amount of Each Receipt this Period: 900.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3070.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 82
(check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70802
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 27810.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15036
Amount of Each Receipt this Period: 3010.00

B.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70802
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29510.00
Date of Receipt: 11 18 2004
Transaction ID: SA11A1.15114
Amount of Each Receipt this Period: 1700.00

C.
Full Name (Last, First, Middle Initial): MARYLAND MEDICAL PAC
Mailing Address: 1211 CATHEDRAL STREET
City: BALTIMORE State: MD Zip Code: 21201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 26007.50
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15055
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6210.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 25 / 82
(check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
MARYLAND MEDICAL PAC
Mailing Address 1211 CATHEDRAL STREET
City: BALTIMORE State: MD Zip Code: 21201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 28072.50
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15056
Amount of Each Receipt this Period: 2085.00

B.
Full Name (Last, First, Middle Initial)
MARYLAND MEDICAL PAC
Mailing Address 1211 CATHEDRAL STREET
City: BALTIMORE State: MD Zip Code: 21201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 28872.50
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15057
Amount of Each Receipt this Period: 800.00

C.
Full Name (Last, First, Middle Initial)
MINNESOTA MEDICAL PAC
Mailing Address PO BOX 18655
City: MINNEAPOLIS State: MN Zip Code: 55418
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 13680.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14865
Amount of Each Receipt this Period: 850.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3515.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 82
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
MINNESOTA MEDICAL PAC
Mailing Address PO BOX 18655
City: MINNEAPOLIS State: MN Zip Code: 55418
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 16110.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15117
Amount of Each Receipt this Period: 2450.00

B.
Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC
Mailing Address PO BOX 2548
City: RIDGELAND State: MS Zip Code: 39158
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 13580.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15052
Amount of Each Receipt this Period: 650.00

C.
Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC
Mailing Address PO BOX 2548
City: RIDGELAND State: MS Zip Code: 39158
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 22800.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15053
Amount of Each Receipt this Period: 9220.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **12320.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): MISSISSIPPI MEDICAL PAC
Mailing Address: PO BOX 2548
City: RIDGELAND State: MS Zip Code: 39158
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 23100.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15054
Amount of Each Receipt this Period: 900.00

B.
Full Name (Last, First, Middle Initial): MISSOURI MEDICAL PAC
Mailing Address: PO BOX 1402
City: JEFFERSON CITY State: MO Zip Code: 65102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 24310.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14859
Amount of Each Receipt this Period: 1500.00

C.
Full Name (Last, First, Middle Initial): MISSOURI MEDICAL PAC
Mailing Address: PO BOX 1402
City: JEFFERSON CITY State: MO Zip Code: 65102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 36210.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14880
Amount of Each Receipt this Period: 11900.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **13700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): NEBRASKA MEDICAL PAC
Mailing Address: 233 S 13TH STREET
City: LINCOLN State: NE Zip Code: 68508
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5227.50
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14858
Amount of Each Receipt this Period: 800.00

B.
Full Name (Last, First, Middle Initial): NEBRASKA MEDICAL PAC
Mailing Address: 233 S 13TH STREET
City: LINCOLN State: NE Zip Code: 68508
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5727.50
Date of Receipt: 11 18 2004
Transaction ID: SA11A1.15112
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): NEVADA MEDICAL PAC
Mailing Address: 3860 BAKER LANE
City: RENO State: NV Zip Code: 89509
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4145.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14879
Amount of Each Receipt this Period: 2645.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3945.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
NEVADA MEDICAL PAC
Mailing Address 3660 BAKER LANE
City: RENO State: NV Zip Code: 89509
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 9170.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15041
Amount of Each Receipt this Period: 5025.00

B.
Full Name (Last, First, Middle Initial)
NEVADA MEDICAL PAC
Mailing Address 3660 BAKER LANE
City: RENO State: NV Zip Code: 89509
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 9420.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15113
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
NEW HAMPSHIRE MEDICAL PAC
Mailing Address 4 PARK STREET
City: CONCORD State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2560.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14860
Amount of Each Receipt this Period: 795.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6070.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): NEW JERSEY MEDICAL PAC
Mailing Address: 2 PRINCESS ROAD
City: LAWRENCEVILLE State: NJ Zip Code: 08648
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 8850.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14875
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): NEW JERSEY MEDICAL PAC
Mailing Address: 2 PRINCESS ROAD
City: LAWRENCEVILLE State: NJ Zip Code: 08648
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 9500.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14884
Amount of Each Receipt this Period: 550.00

C.
Full Name (Last, First, Middle Initial): NEW JERSEY MEDICAL PAC
Mailing Address: 2 PRINCESS ROAD
City: LAWRENCEVILLE State: NJ Zip Code: 08648
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 10800.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15118
Amount of Each Receipt this Period: 1300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
OHIO MEDICAL PAC
Mailing Address 3401 MILL RUN DRIVE
City: HILLIARD State: OH Zip Code: 43206
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 35400.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15046
Amount of Each Receipt this Period: 10370.00

B.
Full Name (Last, First, Middle Initial)
OKLAHOMA MEDICAL PAC
Mailing Address PO BOX 54520
City: OKLAHOMA CITY State: OK Zip Code: 73154
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 33660.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14890
Amount of Each Receipt this Period: 1980.00

C.
Full Name (Last, First, Middle Initial)
OREGON MEDICAL PAC
Mailing Address 5210 SW CORBETT STREET
City: PORTLAND State: OR Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29090.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15037
Amount of Each Receipt this Period: 3335.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 15685.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
OREGON MEDICAL PAC
Mailing Address 521 D SW CORBETT STREET
City: PORTLAND State: OR Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 37160.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15051
Amount of Each Receipt this Period: 8070.00

B.
Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 48650.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14878
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 51750.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14888
Amount of Each Receipt this Period: 3100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **11420.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 33 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 52700.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14893
Amount of Each Receipt this Period: 950.00

B.
Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 63350.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15049
Amount of Each Receipt this Period: 10650.00

C.
Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188
City: COLUMBIA State: SC Zip Code: 29211
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 11510.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14864
Amount of Each Receipt this Period: 2800.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **14400.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188
City: COLUMBIA State: SC Zip Code: 29211
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14810.00
Date of Receipt: 11 12 2004
Transaction ID: SA11A1.15050
Amount of Each Receipt this Period: 3900.00

B.
Full Name (Last, First, Middle Initial)
SOUTH DAKOTA MEDICAL PAC
Mailing Address 1323 S MINNESOTA AVENUE
City: SIOUX FALLS State: SD Zip Code: 57105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 12550.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14862
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
SOUTH DAKOTA MEDICAL PAC
Mailing Address 1323 S MINNESOTA AVENUE
City: SIOUX FALLS State: SD Zip Code: 57105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 12950.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14885
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): TEXAS MEDICAL PAC
Mailing Address: 401 W 15TH STREET
City: AUSTIN State: TX Zip Code: 78701
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 235070.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14866
Amount of Each Receipt this Period: 1340.00

B.
Full Name (Last, First, Middle Initial): TEXAS MEDICAL PAC
Mailing Address: 401 W 15TH STREET
City: AUSTIN State: TX Zip Code: 78701
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 247510.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14876
Amount of Each Receipt this Period: 12440.00

C.
Full Name (Last, First, Middle Initial): TEXAS MEDICAL PAC
Mailing Address: 401 W 15TH STREET
City: AUSTIN State: TX Zip Code: 78701
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 252270.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14891
Amount of Each Receipt this Period: 4760.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 18540.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
VIRGINIA MEDICAL PAC
Mailing Address 4205 DOVER ROAD
City: RICHMOND State: VA Zip Code: 23221
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 39150.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14877
Amount of Each Receipt this Period: 6650.00

B.
Full Name (Last, First, Middle Initial)
VIRGINIA MEDICAL PAC
Mailing Address 4205 DOVER ROAD
City: RICHMOND State: VA Zip Code: 23221
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 45650.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15115
Amount of Each Receipt this Period: 6500.00

C.
Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC
Mailing Address 2033 SIXTH AVENUE
City: SEATTLE State: WA Zip Code: 98121
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 48750.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14887
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 13500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC
Mailing Address 2033 SIXTH AVENUE
City: SEATTLE State: WA Zip Code: 98121
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 49000.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15045
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
WISCONSIN PHYSICIANS MEDICAL PAC
Mailing Address PO BOX 2595
City: MADISON State: WI Zip Code: 53701
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 15802.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14883
Amount of Each Receipt this Period: 850.00

C.
Full Name (Last, First, Middle Initial)
INDEPENDENT MEDICINES PAC
Mailing Address PO BOX 120909
City: NASHVILLE State: TN Zip Code: 37212
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 31100.00
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14889
Amount of Each Receipt this Period: 1100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
RANDALL JON MORGAN, MD
Mailing Address 345 N HILLSIDE STREET
City: WICHITA State: KS Zip Code: 67214
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOCIATES IN WOMENS HEALTH
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 08 2004
Transaction ID: SA11A1.15069
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MARIETTA NELSON, MD
Mailing Address 2500 N TWAYA
City: LAS VEGAS State: NV Zip Code: 89128
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15105
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
ND COMMISSION ON MED POL ACTION
Mailing Address PO BOX 5538
City: BISMARK State: ND Zip Code: 58501
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3200.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14863
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 82
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): SUSAN PADDACK
Mailing Address: 500 SE COUNTRY ROAD
City: ADA State: OK Zip Code: 74820
FEC ID number of contributing federal political committee: C
Name of Employer: OK FOUNDATION FOR EXCELLENCE
Occupation: DIRECTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 425.00
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14899
Amount of Each Receipt this Period: 37.50

B.
Full Name (Last, First, Middle Initial): SUSAN PADDACK
Mailing Address: 500 SE COUNTRY ROAD
City: ADA State: OK Zip Code: 74820
FEC ID number of contributing federal political committee: C
Name of Employer: OK FOUNDATION FOR EXCELLENCE
Occupation: DIRECTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 462.50
Date of Receipt: 11 17 2004
Transaction ID: SA11A1.15106
Amount of Each Receipt this Period: 37.50

C.
Full Name (Last, First, Middle Initial): ROBERT NORMAN PAGE, MD
Mailing Address: 315 ERIN DRIVE
City: KNOXVILLE State: TN Zip Code: 37919
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 439.39
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14901
Amount of Each Receipt this Period: 60.62

SUBTOTAL of Receipts This Page (optional) ..... ▶ **135.62**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 82
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): ROBERT NORMAN PAGE MD
Mailing Address: 315 ERIN DRIVE
City: KNOXVILLE State: TN Zip Code: 37919
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.01
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15108
Amount of Each Receipt this Period: 60.62

B.
Full Name (Last, First, Middle Initial): DONALD J PALMISANO, MD
Mailing Address: 4417 LONNO STREET
City: METAINE State: LA Zip Code: 70006
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14926
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): JOHN STEVEN POLSLEY, MD
Mailing Address: 182 NEW HAVEN DRIVE
City: URBANA State: OH Zip Code: 43078
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15110
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 160.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 82
(check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): STEVEN LEE POWELL MD
Mailing Address: 221 CASE STREET
City: NORWICH State: CT Zip Code: 06360
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15141
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): JAMES CARROLL QUIGLEY, MD
Mailing Address: PO BOX 2923
City: SHAWNEE MSN State: KS Zip Code: 66201
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14903
Amount of Each Receipt this Period: 55.00

C.
Full Name (Last, First, Middle Initial): JAMES CARROLL QUIGLEY, MD
Mailing Address: PO BOX 2923
City: SHAWNEE MSN State: KS Zip Code: 66201
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 495.00
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15121
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **610.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 82
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
NESTOR A RAMIREZ-LOPEZ, MD
Mailing Address 800 E CARPENTER STREET
City: SPRINGFIELD State: IL Zip Code: 62769
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 494.40
Date of Receipt: 11 02 2004
Transaction ID: SA11A1.15123
Amount of Each Receipt this Period: 55.55

B.
Full Name (Last, First, Middle Initial)
SANJEEV DHARI RAVIPUDI, MD
Mailing Address 1605 E BROADWAY
City: COLUMBIA State: MO Zip Code: 65201
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14928
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
SANJEEV DHARI RAVIPUDI, MD
Mailing Address 1605 E BROADWAY
City: COLUMBIA State: MO Zip Code: 65201
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.14929
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 155.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 82
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
KRISHNA K SAWHNEY, MD
Mailing Address 361 B WALBRI
City: BLOOMFIELD HILLS State: MI Zip Code: 48304
FEC ID number of contributing federal political committee: C
Name of Employer: HENRY FORD CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 459.00
Date of Receipt: 11 11 2004
Transaction ID: SA11A1.15125
Amount of Each Receipt this Period: 40.90

B.
Full Name (Last, First, Middle Initial)
C RICHARD SCHOTT, MD
Mailing Address 10 TODMORDEN DRIVE
City: ROSE VALLEY State: PA Zip Code: 19086
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14905
Amount of Each Receipt this Period: 41.66

C.
Full Name (Last, First, Middle Initial)
C RICHARD SCHOTT, MD
Mailing Address 10 TODMORDEN DRIVE
City: ROSE VALLEY State: PA Zip Code: 19086
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 458.26
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15127
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ..... ▶ **124.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 82
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
JENNIFER M SINCAVAGE
Mailing Address 3144 N STREET NW
City: WASHINGTON State: DC Zip Code: 20007
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: INTERN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15128
Amount of Each Receipt this Period: 45.45

B.
Full Name (Last, First, Middle Initial)
MEDICAL SOC OF THE ST OF NY PAC
Mailing Address ONE COMMERCE PLAZA
City: ALBANY State: NY Zip Code: 12210
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 147690.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14867
Amount of Each Receipt this Period: 3560.00

C.
Full Name (Last, First, Middle Initial)
LYLE SHELDON THORSTENSON, MD
Mailing Address PO BOX 632020
City: NACOGDOCHES State: TX Zip Code: 75963
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15073
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4105.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 82
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): ROY W VANDIVER, MD
Mailing Address: 3562 PIEDMONT ROAD
City: ATLANTA State: GA Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: MAG MUTUAL
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 354.14
Date of Receipt: 10 29 2004
Transaction ID: SA11A1.14907
Amount of Each Receipt this Period: 72.92

B.
Full Name (Last, First, Middle Initial): WILLIAM JAMES VASILEFF, MD
Mailing Address: 525 SOUTHFIELD ROAD
City: BIRMINGHAM State: MI Zip Code: 48009
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14931
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): KEVIN WALKER
Mailing Address: 10635 CANTERBERRY ROAD
City: FAIRFAX STATION State: VA Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60
Date of Receipt: 10 15 2004
Transaction ID: SA11A1.14908
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ..... ▶ 164.58

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 82
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
KEVIN WALKER
Mailing Address 10635 CANTERBERRY ROAD
City: FAIRFAX STATION State: VA Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 458.26
Date of Receipt: 11 15 2004
Transaction ID: SA11A1.15129
Amount of Each Receipt this Period: 41.66

B.
Full Name (Last, First, Middle Initial)
TIMOTHY HOWARD WARD, MD
Mailing Address 185 FEATHER GRASS LANE
City: THOMASVILLE State: GA Zip Code: 79106
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 409.05
Date of Receipt: 10 19 2004
Transaction ID: SA11A1.14910
Amount of Each Receipt this Period: 45.45

C.
Full Name (Last, First, Middle Initial)
TIMOTHY HOWARD WARD, MD
Mailing Address 185 FEATHER GRASS LANE
City: THOMASVILLE State: GA Zip Code: 79106
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 11 19 2004
Transaction ID: SA11A1.15131
Amount of Each Receipt this Period: 45.45

SUBTOTAL of Receipts This Page (optional) ..... ▶ **132.56**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 47 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JEFFREY ALAN WEINSTEIN, MD
Mailing Address: 11 ANTHONY AVENUE
City: EDISON State: NJ Zip Code: 08820
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1150.00
Date of Receipt: 11 10 2004
Transaction ID: SA11A1.15133
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): LEO ALLEN WHITESIDE, MD
Mailing Address: 10 BARNES WEST DRIVE
City: ST LOUIS State: MO Zip Code: 63141
FEC ID number of contributing federal political committee: C
Name of Employer: MISSOURI BONE AND JOINT CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 16 2004
Transaction ID: SA11A1.15075
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): SCOTT WORMAN, MD
Mailing Address: 2201 MISSION AVENUE
City: OCEANSIDE State: CA Zip Code: 92054
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 272.21
Date of Receipt: 10 14 2004
Transaction ID: SA11A1.14912
Amount of Each Receipt this Period: 138.89

SUBTOTAL of Receipts This Page (optional) ..... ▶ 738.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 48 / 82
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SCOTT WORMAN, MD

Mailing Address 2201 MISSION AVENUE

City: OCEANSIDE State: CA Zip Code: 92054

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 411.10

Date of Receipt: 11 05 2004
Transaction ID: SA11A1.15135
Amount of Each Receipt this Period: 138.89

B. Full Name (Last, First, Middle Initial)
ROBERTO ZAMBON, MD

Mailing Address 250 W 75TH STREET

City: NEW YORK State: NY Zip Code: 10023

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 550.00

Date of Receipt: 10 19 2004
Transaction ID: SA11A1.14914
Amount of Each Receipt this Period: 550.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 688.89

TOTAL This Period (last page this line number only) ..... ▶ 199821.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 82
(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

A. Full Name (Last, First, Middle Initial)
GREEN FOR CONGRESS

Mailing Address PO BOX 12571

City: GREEN BAY
State: WI
Zip Code: 54307

FEC ID number of contributing federal political committee. C C00327874

Name of Employer

Occupation

Receipt For: 2004
X Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
11 19 2004

Transaction ID: SA16.15111

Amount of Each Receipt this Period
200.00

2004 PRIMARY REFUND-12/2/-2003 CONT.

SUBTOTAL of Receipts This Page (optional) ..... ▶ 200.00

TOTAL This Period (last page this line number only) ..... ▶ 200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 50 / 82
(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

A. Full Name (Last, First, Middle Initial)
RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address PO BOX 96211

City: WASHINGTON
State: DC
Zip Code: 20090

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
58809.57

Date of Receipt
10 31 2004

Transaction ID: SA17.14915

Amount of Each Receipt this Period
1823.51

INTEREST

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1823.51

TOTAL This Period (last page this line number only) ..... ▶ 1823.51

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City: OMAHA | State: NE | Zip Code: 68197

Purpose of Disbursement: CREDIT CARD BANK CHARGES

Candidate Name

Category/Type: 001

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.15032
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: 73.74

B.
Full Name (Last, First, Middle Initial)
RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address PO BOX 96211

City: WASHINGTON | State: DC | Zip Code: 20090

Purpose of Disbursement: BANK CHARGES

Candidate Name

Category/Type: 001

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.15034
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: 1014.00

C.
Full Name (Last, First, Middle Initial)
RIGGS NATIONAL BANK

Mailing Address PO BOX 1912

City: WASHINGTON | State: DC | Zip Code: 20074

Purpose of Disbursement: BANK CHARGES

Candidate Name

Category/Type: 001

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.15035
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: 439.94

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1527.68**

TOTAL This Period (last page this line number only) ..... ▶ **1527.68**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): A LOT OF PEOPLE FOR DAVE OBEY
Mailing Address: PO BOX 1322
City: WAUSAU State: WI Zip Code: 54402
Purpose of Disbursement: 2004 GENERAL
Candidate Name: DAVID R OBEY
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 07
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.1494B
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): ANDREWS FOR CONGRESS COMMITTEE
Mailing Address: 215 FOURTH AVENUE
City: HADDON HEIGHTS State: NJ Zip Code: 08035
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ROBERT E ANDREWS
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 01
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.15001
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): ANNA ESHOO FOR CONGRESS
Mailing Address: 555 Capitol Mall Suite 1425
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ANNA G ESHOO
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 14
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14963
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): BAKER FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 1694
City: BATON ROUGE State: LA Zip Code: 70821
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RICHARD HUGH BAKER
Category/Type: 011
Office Sought: X House / Senate / President
State: LA District: 06
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14999
Date of Disbursement: 10/25/2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): BARNEY FRANK FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 260
City: NEWTONVILLE State: MA Zip Code: 02160
Purpose of Disbursement: 2004 GENERAL
Candidate Name: BARNEY FRANK
Category/Type: 011
Office Sought: X House / Senate / President
State: MA District: 04
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14994
Date of Disbursement: 10/22/2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): BARRETT FOR CONGRESS
Mailing Address: PO BOX 869
City: WESTMINSTER State: SC Zip Code: 29693
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JAMES GRESHAM BARRETT
Category/Type: 011
Office Sought: X House / Senate / President
State: SC District: 03
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15016
Date of Disbursement: 10/26/2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6500.00

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): BARTLETT FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 280
City: BUCKEYSTOWN State: MD Zip Code: 21717
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ROSCOE G JR BARTLETT
Category/Type: 011
Office Sought: X House / Senate / President
State: MD District: 08
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14989
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): BASS VICTORY COMMITTEE
Mailing Address: PO BOX 3451
City: CONCORD State: NH Zip Code: 03302
Purpose of Disbursement: 2004 GENERAL
Candidate Name: CHARLES F BASS
Category/Type: 011
Office Sought: X House / Senate / President
State: NH District: 02
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14939
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): BEN CARDIN FOR CONGRESS
Mailing Address: 100 EAST PRATT STREET
City: BALTIMORE State: MD Zip Code: 21202
Purpose of Disbursement: 2004 GENERAL
Candidate Name: BENJAMIN L CARDIN
Category/Type: 011
Office Sought: X House / Senate / President
State: MD District: 03
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14988
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): BILL SPADEA FOR CONGRESS
Mailing Address: PO BOX 47
City: LITTLE SILVER State: NJ Zip Code: 07739
Purpose of Disbursement: 2004 GENERAL
Candidate Name: BILL SPADEA
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 12
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.15009
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): BOB MATSUI FOR CONGRESS COMMITTEE
Mailing Address: 8665 WILSHIRE BOULEVARD
City: BEVERLY HILLS State: CA Zip Code: 90211
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ROBERT MATSUI
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 05
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14965
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): BRADY FOR CONGRESS
Mailing Address: PO BOX 8277
City: WOODLANDS State: TX Zip Code: 77387
Purpose of Disbursement: 2004 GENERAL
Candidate Name: KEVIN PATRICK BRADY
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 08
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14951
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8500.00

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Mailing Address 98 East Avenue Rear Building

City NORWALK | State CT | Zip Code 06851

Purpose of Disbursement
2004 GENERAL

Candidate Name
CHRISTOPHER SHAYS

011 Category/Type

Office Sought: X House / Senate / President
State: CT District: 04

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.14980
Date of Disbursement
10 / 21 / 2004

Amount of Each Disbursement this Period
3000.00

B.
Full Name (Last, First, Middle Initial)
CITIZENS FOR TOM PETRI

Mailing Address PO BOX 270

City FOND DU LAC | State WI | Zip Code 54936

Purpose of Disbursement
2004 GENERAL

Candidate Name
THOMAS E PETRI

011 Category/Type

Office Sought: X House / Senate / President
State: WI District: 06

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.14947
Date of Disbursement
10 / 14 / 2004

Amount of Each Disbursement this Period
2000.00

C.
Full Name (Last, First, Middle Initial)
COBURN FOR SENATE COMMITTEE

Mailing Address PO BOX 977

City MUSKOGEE | State OK | Zip Code 74401

Purpose of Disbursement
2004 GENERAL

Candidate Name
THOMAS A COBURN

011 Category/Type

Office Sought: House / X Senate / President
State: OK District: 00

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.14958
Date of Disbursement
10 / 15 / 2004

Amount of Each Disbursement this Period
1500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6500.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
COMMITTEE TO REELECT CONGRESSMAN CHRIS SMITH

Mailing Address P.O. Box 3184

City: Hamilton | State: NJ | Zip Code: 08619

Purpose of Disbursement: 2004 GENERAL

Candidate Name: CHRISTOPHER H SMITH

Category/Type: 011

Office Sought: X House / Senate / President

State: NJ District: 04

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.15002
Date of Disbursement: 10 / 25 / 2004

Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial)
COMMITTEE TO REELECT CONGRESSMAN DANA ROHRABACHER

Mailing Address PO BOX 823

City: HUNTINGTON BEACH | State: CA | Zip Code: 02648

Purpose of Disbursement: 2004 GENERAL

Candidate Name: DANA ROHRABACHER

Category/Type: 011

Office Sought: X House / Senate / President

State: CA District: 46

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.14959
Date of Disbursement: 10 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
COMMITTEE TO REELECT LORETTA SANCHEZ

Mailing Address 601 S GLENOAKS BOULEVARD

City: BURBANK | State: CA | Zip Code: 91502

Purpose of Disbursement: 2004 GENERAL

Candidate Name: LORETTA SANCHEZ

Category/Type: 011

Office Sought: X House / Senate / President

State: CA District: 47

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.14968
Date of Disbursement: 10 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): COMMITTEE TO REELECT RON PAUL
Mailing Address: 837 WEST PLANTATION DRIVE
City: CLUTE State: TX Zip Code: 77531
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RONALD E PAUL
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 14
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14952
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE
Mailing Address: 8665 WILSHIRE BOULEVARD
City: BEVERLY HILLS State: CA Zip Code: 90211
Purpose of Disbursement: 2004 GENERAL
Candidate Name: HENRY A WAXMAN
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 30
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14961
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): DALE SCHULTZ FOR CONGRESS
Mailing Address: 125 NORTH LOCUST STREET
City: REEDSBURG State: WI Zip Code: 53959
Purpose of Disbursement: 2004 GENERAL
Candidate Name: DALE W SCHULTZ
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 03
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14943
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): DOGGETT FOR US CONGRESS COMMITTEE
Mailing Address: PO BOX 5843
City: AUSTIN | State: TX | Zip Code: 78763
Purpose of Disbursement: 2004 GENERAL
Candidate Name: LLOYD DOGGETT
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 10
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15013
Date of Disbursement: 10/25/2004
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): DONALD A MANZULLO FOR CONGRESS
Mailing Address: PO BOX 7783
City: ROCKFORD | State: IL | Zip Code: 61125
Purpose of Disbursement: 2004 GENERAL
Candidate Name: DONALD A MANZULLO
Category/Type: 011
Office Sought: X House / Senate / President
State: IL District: 16
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14975
Date of Disbursement: 10/20/2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): DUNCAN FOR CONGRESS
Mailing Address: PO BOX 2646
City: KNOXVILLE | State: TN | Zip Code: 37901
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JOHN JAMES JR DUNCAN
Category/Type: 011
Office Sought: X House / Senate / President
State: TN District: 02
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14972
Date of Disbursement: 10/20/2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): DUTCH RUPPERSBERGER FOR CONGRESS
Mailing Address: 22 WEST PADONIA ROAD
City: TIMONIUM State: MD Zip Code: 21093
Purpose of Disbursement: 2004 GENERAL
Candidate Name: C.A. DUTCH RUPPERSBERGER
Category/Type: 011
Office Sought: X House / Senate / President
State: MD District: 02
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14987
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): EDDIE BERNICE JOHNSON FOR CONGRESS
Mailing Address: 2501 CEDAR SPRINGS AVENUE
City: DALLAS State: TX Zip Code: 75201
Purpose of Disbursement: 2004 GENERAL
Candidate Name: EDDIE BERNICE JOHNSON
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 30
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14956
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): FERGUSON FOR CONGRESS
Mailing Address: PO BOX 225
City: COLONIA State: NJ Zip Code: 07067
Purpose of Disbursement: 2004 GENERAL
Candidate Name: MIKE FERGUSON
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 06
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.15017
Date of Disbursement: 10 / 28 / 2004
Amount of Each Disbursement this Period: 3500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): FRELINGHUYSEN FOR CONGRESS
Mailing Address: 19 CATTANO AVENUE
City: MORRISTOWN State: NJ Zip Code: 07960
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RODNEY P FRELINGHUYSEN
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 11
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.15007
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF LOIS CAPPS
Mailing Address: PO Box 23940
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: 2004 GENERAL
Candidate Name: LOIS CAPPS
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 23
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14962
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF RAY LAHOOD
Mailing Address: 4238 N KNOXVILLE AVE
City: PEORIA State: IL Zip Code: 61614
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RAY LAHOOD
Category/Type: 011
Office Sought: X House / Senate / President
State: IL District: 18
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14976
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): FRIENDS OF TIM JOHNSON
Mailing Address: PO BOX 17097
City: URBANA State: IL Zip Code: 61820
Purpose of Disbursement: 2004 GENERAL
Candidate Name: TIMOTHY V JOHNSON
Category/Type: 011
Office Sought: X House / Senate / President
State: IL District: 15
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14974
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF ZACH WAMP
Mailing Address: 651 E. Fourth St. Suite 200
City: CHATTANOOGA State: TN Zip Code: 37403
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ZACH WAMP
Category/Type: 011
Office Sought: X House / Senate / President
State: TN District: 03
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14973
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): HALL FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 711
City: ROCKWALL State: TX Zip Code: 75087
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RALPH M HALL
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 04
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14950
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): HENRY E BROWN JR FOR CONGRESS
Mailing Address: PO BOX 61886
City: NORTH CHARLESTON State: SC Zip Code: 29419
Purpose of Disbursement: 2004 GENERAL
Candidate Name: HENRY E JR. BROWN
Category/Type: 011
Office Sought: X House / Senate / President
State: SC District: 01
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15015
Date of Disbursement: 10 / 26 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): ISSA FOR CONGRESS
Mailing Address: PO BOX 760
City: VISTA State: CA Zip Code: 02085
Purpose of Disbursement: 2004 GENERAL
Candidate Name: DARRELL E ISSA
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 49
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14949
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): JEFFERSON COMMITTEE
Mailing Address: 650 POYDRAS STREET
City: NEW ORLEANS State: LA Zip Code: 70130
Purpose of Disbursement: 2004 GENERAL
Candidate Name: WILLIAM JENNINGS JEFFERSON
Category/Type: 011
Office Sought: X House / Senate / President
State: LA District: 02
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14996
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6000.00

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JUDD GREGG COMMITTEE
Mailing Address: PO BOX 1812
City: CONCORD State: NH Zip Code: 03302
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JUDD ALAN GREGG
Category/Type: 011
Office Sought: House / X Senate / President
State: NH District: 00
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.1493B
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): KIRK FOR CONGRESS
Mailing Address: PO BOX 8
City: WINNETKA State: IL Zip Code: 60093
Purpose of Disbursement: 2004 GENERAL
Candidate Name: MARK STEVEN KIRK
Category/Type: 011
Office Sought: X House / Senate / President
State: IL District: 10
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.1497D
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): KOBACH FOR CONGRESS
Mailing Address: 8819 HAUSER
City: LENEXA State: KS Zip Code: 66215
Purpose of Disbursement: 2004 GENERAL
Candidate Name: KRIS KOBACH
Category/Type: 011
Office Sought: X House / Senate / President
State: KS District: 03
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14985
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12500.00**

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

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)

21b	22	X 23	24	25	26
27	28a	28b	28c	29	30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): LANGEVIN FOR CONGRESS
Mailing Address: 181A KNIGHT STREET
City: WARWICK State: RI Zip Code: 02886
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JAMES R LANGEVIN
Category/Type: 011
Office Sought: X House / Senate / President
State: RI District: 02
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14980
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): LARSON FOR CONGRESS
Mailing Address: 29 RUFF CIRCLE
City: GLASTONBURY State: CT Zip Code: 06033
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JOHN B LARSON
Category/Type: 011
Office Sought: X House / Senate / President
State: CT District: 01
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14979
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): LOBIONDO FOR CONGRESS
Mailing Address: PO BOX 775
City: MARMORA State: NJ Zip Code: 08223
Purpose of Disbursement: 2004 GENERAL-VOID 6/23/04 CHK
Candidate Name: FRANK A LOBIONDO
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 02
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15011
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: -3000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **-1000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): LOBIONDO FOR CONGRESS
Mailing Address: PO BOX 775
City: MARMORA | State: NJ | Zip Code: 08223
Purpose of Disbursement: 2004 GENERAL
Candidate Name: FRANK A LOBIONDO
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 02
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.15012
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): MARSHA BLACKBURN FOR CONGRESS
Mailing Address: PO BOX 682185
City: FRANKLIN | State: TN | Zip Code: 37068
Purpose of Disbursement: 2004 GENERAL
Candidate Name: MARSHA BLACKBURN
Category/Type: 011
Office Sought: X House / Senate / President
State: TN District: 07
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14971
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 3500.00

C.
Full Name (Last, First, Middle Initial): MCCRERY FOR CONGRESS
Mailing Address: PO BOX 52956
City: SHREVEPORT | State: LA | Zip Code: 71135
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JAMES O III MCCRERY
Category/Type: 011
Office Sought: X House / Senate / President
State: LA District: 04
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14997
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 4500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): MENENDEZ FOR CONGRESS
Mailing Address: PO BOX 848
City: UNION CITY | State: NJ | Zip Code: 07087
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ROBERT MENENDEZ
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 13
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.1501D
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): MIKE CRAPO FOR US SENATE
Mailing Address: PO BOX 1948
City: BOISE | State: ID | Zip Code: 83701
Purpose of Disbursement: 2004 GENERAL
Candidate Name: MICHAEL D CRAPO
Category/Type: 011
Office Sought: House / X Senate / President
State: ID District: 00
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14981
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): MIKE THOMPSON FOR CONGRESS
Mailing Address: 5429 MADISON AVENUE
City: SACRAMENTO | State: CA | Zip Code: 95841
Purpose of Disbursement: 2004 GENERAL
Candidate Name: C MICHAEL THOMPSON
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 01
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14966
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): MOORE FOR CONGRESS
Mailing Address: PO BOX 16646
City: MILWAUKEE State: WI Zip Code: 53216
Purpose of Disbursement: 2004 GENERAL
Candidate Name: GWENDOLYNNE MOORE
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 04
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14945
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): NANCY PELOSI FOR CONGRESS
Mailing Address: 235 MONTGOMERY STREET
City: SAN FRANCISCO State: CA Zip Code: 94104
Purpose of Disbursement: 2004 GENERAL
Candidate Name: NANCY PELOSI
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 05
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14964
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 3000.00

C.
Full Name (Last, First, Middle Initial): OTTER FOR IDAHO
Mailing Address: PO BOX 1456
City: BOISE State: ID Zip Code: 83071
Purpose of Disbursement: 2004 GENERAL
Candidate Name: C L BUTCH OTTER
Category/Type: 011
Office Sought: X House / Senate / President
State: ID District: 01
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14982
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): PASCRELL FOR CONGRESS
Mailing Address: 17 VERNON COURT
City: WEST PATERSON State: NJ Zip Code: 07424
Purpose of Disbursement: 2004 GENERAL
Candidate Name: WILLIAM J JR PASCRELL
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 08
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15005
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): PETE STARK REELECTION COMMITTEE
Mailing Address: PO BOX 8331
City: FREMONT State: CA Zip Code: 94537
Purpose of Disbursement: 2004 GENERAL
Candidate Name: FORTNEY PETE STARK
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 13
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14960
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): PIPKIN FOR US SENATE
Mailing Address: PO BOX 100
City: STEVENSVILLE State: MD Zip Code: 21666
Purpose of Disbursement: 2004 GENERAL
Candidate Name: E J PIPKIN
Category/Type: 011
Office Sought: House / X Senate / President
State: MD District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15014
Date of Disbursement: 10 / 26 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): REELECT MCGOVERN COMMITTEE
Mailing Address: PO BOX 60405
City: WORCESTER State: MA Zip Code: 01606
Purpose of Disbursement: 2004 GENERAL
Candidate Name: JAMES P MCGOVERN
Category/Type: 011
Office Sought: X House / Senate / President
State: MA District: 03
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14992
Date of Disbursement: 10 / 22 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): RODNEY ALEXANDER FOR CONGRESS
Mailing Address: PO BOX 367
City: QUITMAN State: LA Zip Code: 71268
Purpose of Disbursement: 2004 GENERAL
Candidate Name: RODNEY ALEXANDER
Category/Type: 011
Office Sought: X House / Senate / President
State: LA District: 05
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14998
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): RYAN FOR CONGRESS
Mailing Address: PO BOX 1918
City: JANESVILLE State: WI Zip Code: 53547
Purpose of Disbursement: 2004 GENERAL
Candidate Name: PAUL D RYAN
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 01
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14940
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8500.00

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): SCHIFF FOR CONGRESS
Mailing Address: 777 S. FIGUEROA STREET
City: LOS ANGELES State: CA Zip Code: 90017
Purpose of Disbursement: 2004 GENERAL
Candidate Name: ADAM SCHIFF
011 Category/Type
Office Sought: X House / Senate / President
State: CA District: 27
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14967
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): SCOTT GARRETT FOR CONGRESS
Mailing Address: PO BOX 905
City: NEWTON State: NJ Zip Code: 07860
Purpose of Disbursement: 2004 GENERAL
Candidate Name: E SCOTT GARRETT
011 Category/Type
Office Sought: X House / Senate / President
State: NJ District: 05
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15004
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): SHEILA JACKSON LEE FOR CONGRESS
Mailing Address: 4412 ALMEDA ROAD
City: HOUSTON State: TX Zip Code: 77004
Purpose of Disbursement: 2004 GENERAL
Candidate Name: SHEILA JACKSON LEE
011 Category/Type
Office Sought: X House / Senate / President
State: TX District: 18
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14955
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): SIMPSON FOR CONGRESS
Mailing Address: 1487 PARKWAY DRIVE
City: BLACKFOOT State: ID Zip Code: 83211
Purpose of Disbursement: 2004 GENERAL
Candidate Name: MICHAEL K SIMPSON
Category/Type: 011
Office Sought: X House / Senate / President
State: ID District: 02
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14983
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): STEVE ROTHMAN FOR CONGRESS
Mailing Address: PO BOX 714
City: HACKENSACK State: NJ Zip Code: 07602
Purpose of Disbursement: 2004 GENERAL
Candidate Name: STEVEN R ROTHMAN
Category/Type: 011
Office Sought: X House / Senate / President
State: NJ District: 09
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.15006
Date of Disbursement: 10 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): SUSAN DAVIS FOR CONGRESS
Mailing Address: 144 WEST D STREET
City: ENCINITAS State: CA Zip Code: 92024
Purpose of Disbursement: 2004 GENERAL
Candidate Name: SUSAN A DAVIS
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 53
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.14969
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): TAMMY BALDWIN FOR CONGRESS
Mailing Address: PO BOX 696
City: MADISON State: WI Zip Code: 53701
Purpose of Disbursement: 2004 GENERAL
Candidate Name: TAMMY BALDWIN
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 02
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14941
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): TANONAKA FOR CONGRESS
Mailing Address: 725 KAPIOLANI BOULEVARD
City: HONOLULU State: HI Zip Code: 06813
Purpose of Disbursement: 2004 GENERAL
Candidate Name: DALTON ICHIRO TANONAKA
Category/Type: 011
Office Sought: X House / Senate / President
State: HI District: 01
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14985
Date of Disbursement: 10 / 22 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): TEXANS FOR HENRY BONILLA
Mailing Address: PO BOX 17282
City: SAN ANTONIO State: TX Zip Code: 78217
Purpose of Disbursement: 2004 GENERAL
Candidate Name: HENRY BONILLA
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 23
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14954
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): THE SENSENBRENNER COMMITTEE
Mailing Address: PO BOX 575
City: BROOKFIELD State: WI Zip Code: 53008
Purpose of Disbursement: 2004 GENERAL
Candidate Name: FRANK JAMES JR SENSENBRENNER
Category/Type: 011
Office Sought: X House / Senate / President
State: WI District: 09
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14946
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): TOM DELAY CONGRESSIONAL COMMITTEE
Mailing Address: 7002 RIVERBROOK DRIVE
City: SUGARLAND State: TX Zip Code: 77479
Purpose of Disbursement: 2004 GENERAL
Candidate Name: THOMAS DALE DELAY
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 22
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14953
Date of Disbursement: 10 / 15 / 2004
Amount of Each Disbursement this Period: 4000.00

C.
Full Name (Last, First, Middle Initial): TOM FEENEY FOR CONGRESS
Mailing Address: 1420 ALAFAYA TRAIL
City: OVEIDO State: FL Zip Code: 32765
Purpose of Disbursement: 2004 GENERAL
Candidate Name: TOM FEENEY
Category/Type: 011
Office Sought: X House / Senate / President
State: FL District: 24
Disbursement For: 2004 / Primary / X General / Other (specify)
Transaction ID: SB23.14937
Date of Disbursement: 10 / 14 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11500.00**

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
TOM FEENEY FOR CONGRESS

Mailing Address 1420 ALAFAYA TRAIL

City: OVEIDO
State: FL
Zip Code: 32765

Purpose of Disbursement: 2004 PRIMARY-VOID 7/23/2004 CHK

Candidate Name: TOM FEENEY

Category/Type: 011

Office Sought: X House / Senate / President
State: FL District: 24

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.1501B
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: -2500.00

B.
Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 5458

City: SPRINGFIELD
State: IL
Zip Code: 62705

Purpose of Disbursement: 2004 GENERAL

Candidate Name: JOHN M SHIMKUS

Category/Type: 011

Office Sought: X House / Senate / President
State: IL District: 19

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.14977
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	160000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN & ASSOCIATES

Date
10 21 2004

Mailing Address
222 W ONTARIO STREET

Amount
74700.00

City: CHICAGO
State: IL
Zip Code: 60610

Transaction ID: SE24.14813

Office Sought: X House State: ND
Senate District: 00
Presidential

Purpose of Expenditure
TV

Category/Type 004

Check One: X Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
EARL RALPH POMEROY

Disbursement For: Primary X General 2004
Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 91200.00

Full Name (Last, First, Middle, Initial) of Payee
ADVANCED MAILING

Date
10 18 2004

Mailing Address
14970 FARM CREEK DRIVE

Amount
14423.14

City: WOODBRIDGE
State: VA
Zip Code: 22191

Transaction ID: SE24.14686

Office Sought: X House State: PA
Senate District: 13
Presidential

Purpose of Expenditure
POSTAGE

Category/Type 004

Check One: X Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Disbursement For: Primary X General 2004
Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 31323.14

(a) **SUBTOTAL** of Itemized Independent Expenditures **89123.14**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
ADVANCED MAILING

Mailing Address
14970 FARM CREEK DRIVE

City: WOODBRIDGE State: VA Zip Code: 22191

Purpose of Expenditure
POSTAGE-MAILING

Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Calendar Year-To-Date Per Election for Office Sought: 53854.58

Date: 10 / 22 / 2004

Amount: 8551.44

Transaction ID: SE24.14817

Office Sought: X House Senate Presidential State: PA District: 13

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
ADVANCED MAILING

Mailing Address
14970 FARM CREEK DRIVE

City: WOODBRIDGE State: VA Zip Code: 22191

Purpose of Expenditure
POSTAGE

Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Calendar Year-To-Date Per Election for Office Sought: 100719.58

Date: 10 / 28 / 2004

Amount: 22570.00

Transaction ID: SE24.14823

Office Sought: X House Senate Presidential State: PA District: 13

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

(a) **SUBTOTAL** of Itemized Independent Expenditures **31121.44**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
NMB RESEARCH

Mailing Address
128 SOUTH ROYAL STREET

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: POLL
Category/Type: 005

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B VITTER

Calendar Year-To-Date Per Election for Office Sought: 17500.00

Date: 10 / 20 / 2004
Amount: 17500.00
Transaction ID: SE24.14801

Office Sought: X House Senate Presidential
State: LA District: 01

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
ST. CLAIRE COMMUNICATIONS

Mailing Address
601 KING STREET, SUITE 402

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: PRODUCTION COSTS
Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Calendar Year-To-Date Per Election for Office Sought: 45303.14

Date: 10 / 18 / 2004
Amount: 13980.00
Transaction ID: SE24.14687

Office Sought: X House Senate Presidential
State: PA District: 13

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

(a) **SUBTOTAL** of Itemized Independent Expenditures **31480.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

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Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
ST. CLAIRE COMMUNICATIONS

Mailing Address
601 KING STREET, SUITE 402

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure
MAILING PRODUCTION

Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Calendar Year-To-Date Per Election for Office Sought: 60884.58

Date: 10 / 22 / 2004

Amount: 7030.00

Transaction ID: SE24.14816

Office Sought: X House Senate Presidential State: PA District: 13

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
ST. CLAIRE COMMUNICATIONS

Mailing Address
601 KING STREET, SUITE 402

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure
MAILING PRODUCTION

Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
MELISSA BROWN

Calendar Year-To-Date Per Election for Office Sought: 78149.58

Date: 10 / 28 / 2004

Amount: 17265.00

Transaction ID: SE24.14822

Office Sought: X House Senate Presidential State: PA District: 13

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

(a) **SUBTOTAL** of Itemized Independent Expenditures **24295.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Date
10 14 2004

Mailing Address
201 NORTH UNION STREET
SUITE 400

Amount
115000.00

Transaction ID: SE24.14677

City: ALEXANDRIA State: VA Zip Code: 22314

Office Sought: House State: AK
X Senate District: 00
Presidential

Purpose of Expenditure
TV/RADIO

Category/Type 004

Check One: X Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
LISA MURKOWSKI

Disbursement For: Primary X General 2004
Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 132500.00

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Date
10 14 2004

Mailing Address
201 NORTH UNION STREET
SUITE 400

Amount
170000.00

Transaction ID: SE24.14678

City: ALEXANDRIA State: VA Zip Code: 22314

Office Sought: House State: SC
X Senate District: 00
Presidential

Purpose of Expenditure
TV

Category/Type 004

Check One: X Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JAMES W DEMINT

Disbursement For: Primary X General 2004
Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 187500.00

(a) **SUBTOTAL** of Itemized Independent Expenditures **285000.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Mailing Address
201 NORTH UNION STREET
SUITE 400

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: TV
Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B VITTER

Calendar Year-To-Date Per Election for Office Sought: 282196.00

Date: 10 / 21 / 2004

Amount: 264696.00

Transaction ID: SE24.14807

Office Sought: X House Senate Presidential
State: LA District: 01

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Mailing Address
201 NORTH UNION STREET
SUITE 400

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: TV
Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B VITTER

Calendar Year-To-Date Per Election for Office Sought: 290645.00

Date: 10 / 29 / 2004

Amount: 8449.00

Transaction ID: SE24.14831

Office Sought: X House Senate Presidential
State: LA District: 01

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify): _____

(a) **SUBTOTAL** of Itemized Independent Expenditures **273145.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER
C C00000422

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Mailing Address
201 NORTH UNION STREET
SUITE 400

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: TV
Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
JAMES W DEMINT

Calendar Year-To-Date Per Election for Office Sought: 196060.00

Date: 10 29 2004

Amount: 8560.00

Transaction ID: SE24.14832

Office Sought: House State: SC
X Senate District: 00
Presidential

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
STEVENS REED CURCIO & COMPANY

Mailing Address
201 NORTH UNION STREET
SUITE 400

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Expenditure: TV & RADIO
Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
LISA MURKOWSKI

Calendar Year-To-Date Per Election for Office Sought: 144480.00

Date: 10 29 2004

Amount: 11980.00

Transaction ID: SE24.14833

Office Sought: House State: AK
X Senate District: 00
Presidential

Check One: X Support Oppose

Disbursement For: Primary X General 2004
Other (specify) : _____

(a) **SUBTOTAL** of Itemized Independent Expenditures **20540.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures **754704.58**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M D D Y Y Y Y