PAGE 1 / 11

Image# 201601199004523063

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI	SA Fo	r Other Tha	n An Authori	zed Committ	ee		Office Use Only	
1. NAME OF COMMITTE		PE OR PRINT	•	Example: If typo over the lines.	ng, type	12FE4M5		
American	Medical Group	Associati	on PAC					1
ADDRESS (num	nber and street)	1202 Medical (Center Lane					
	if different							
	ed. (ACC)	Wilmington				NC	28401	
2. FEC IDEN	ITIFICATION NUM	IBER ▼	CITY			STATE A	ZIP C	ODE 🛦
C coo	0408120		3. IS TH REPC	~	NEW (N) OR	AN (A)	IENDED	
4. TYPE OF (Choose Or	REPORT	(b) Monthly Report Due On:	Feb 20 (May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarte	erly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	(Non-Election Year Only)
	pril 15		Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10) ×	Jan 31 (YE)
	luarterly Report (Q1) uly 15	(C) 12-D		Primary (12	2)	General	(12G)	Runoff (12R)
L Q	uarterly Report (Q2)		-Election ort for the:	Convention	(12C)	Special (12S)	
	ctober 15 uarterly Report (Q3)							
	anuary 31 ear-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y	in the State	
R	uly 31 Mid-Year eport (Non-election ear Only) (MY)		Day ST-Election ort for the:	General (30	G)	Runoff (3	60R)	Special (30S)
	ermination Report	пер	on tor the.	M = M /	D D /	Y = Y = Y = Y	in the	
(.			Election on				State	
5. Covering P	Period 12	01	2015	through	M M 12	31	2015	
I certify that I h	ave examined this	Report and to	the best of my	knowledge and	belief it is tru	e, correct and	d complete.	
Type or Print N	ame of Treasurer	Chasity Chace)					
Signature of Tre	easurer Chasity	Chace		[Electronical	ly Filed] □	rate 01	/ D D /	2016
J								
NOTE: Submissi	on of false, erroneou	us, or incomple	te information ma	y subject the pe	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use							FEC FOI	
Only							Rev. 12/	2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name American Medical Group Association PAC 12 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 89850.56 January 1, 2015 (b) Cash on Hand at 92808.64 Beginning of Reporting Period..... 36694.00 4125.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 96933.64 126544.56 6(a) and 6(c) for Column B)..... 5170.08 34781.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 91763.56 91763.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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. 06/2004)

Write or Type Committee Name

American Medical Group Association PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		0004400
(i) Itemized (use Schedule A)	4000.00	30214.00
(ii) Unitemized	125.00	1480.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4125.00	31694.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	5000.00
	7	
·		
11(a)(iii), (b), and (c)) (Carry	4125.00	36694.00
Totals to Line 33, page 5)	7120.00	7
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Leaves Described	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
· _	7	7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill I ulius (IIoIII Schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Total Transition (add To(a) and To(b))		0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	4125.00	36694.00
. , , , , , , , , , , , , , , , , , , ,		7
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4125.00	36694.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo Totlou	Calendal Teal-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	5.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	170.08	14281.00		
(c) Total Operating Expenditures	170.00	7		
(add 21(a)(i), (a)(ii), and (b)) ▶	170.08	14281.00		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	5000.00	20500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Law Born and Mark	0.00	2.22		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other		0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c)) ▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Cutor Biobardomonie	3.00			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
	200	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5170.08	34781.00		
Total Federal Disbursements	7 - 7 - 1 - 1 - 1			
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	5170.08	34781.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	4125.00	36694.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4125.00	36694.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	170.08	14281.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	170.08	14281.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LIN	IE NUI	MBER:	:	PAGE	:	6	OF	11	
(check o	nly on	e)							
X 11a		11b		11c		12			
13		14		15		16		17	

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
American Medical Group Assoc	iation PAC	
Full Name (Last, First, Middle Initial) Meghan McCullers		Date of Receipt
Mailing Address 3512 NW 17th Ave		12 01 2015
City	State Zip Code	Transaction ID : A95300D0D74504819B8D
Camas	WA 98607-4106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
The Vancouver Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Susan Terry		Date of Receipt
Mailing Address 127 S 500 E		M = M / D = D / Y = Y = Y
Ste 140	State Zip Code	12 10 2015 The second of 1750 440
City Salt Lake City	State Zip Code UT 84102-2076	Transaction ID : A9A09F98397C54753A18
· · · · · · · · · · · · · · · · · · ·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University Of Utah	Md	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Joseph Bisordi		Date of Receipt
Mailing Address 1514 Jefferson Hwy		12 10 2015
City	State Zip Code	Transaction ID : A49DCEC6AF38A40FD922
New Orleans	LA 70121-2429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Ochsner Health System	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) Jerry Penso Date of Receipt Mailing Address 400 Madison Street Apt 2206 2015 City State Zip Code Transaction ID: AFDD599E8091B4141AF7 VA Alexandria 22314-1736 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **AMGA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey Bailet Date of Receipt Mailing Address 3000 W Montana St 12 18 2015 City State Zip Code Transaction ID: A3356CE40A7264FD3A6B WI Milwaukee 53215-3628 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Aurora Health Care Physician Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronald Kirkland Date of Receipt Mailing Address 107 Tuckahoe Road 22 2015 City Zip Code State Transaction ID: A0ED4B06F17014E74A46 TN Jackson 38305-8864 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

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

FOR LI	NE NU	MBER	:	PAGE	8	OF	11
(check	only or	ne)					
X 11	а	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 Group Ass	ociation PAC				
Full Name (Last, First, Middle Initial) Loran Yehudai	Loran Yehudai				
Mailing Address 937 NW Glisan St Unit 933					
City Portland	State Zip Code OR 97209-3262	12 28 2015 Transaction ID : AC4D1CBD7379441F7912			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	250.00			
Name of Employer	Occupation				
The Vancouver Clinic Receipt For:	Md				
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) 3.		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)		250.00			
TOTAL This Period (last page this line numb	er only)	4000.00			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 O		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		_
	Detailed Summary Page	X 21b		23 24 25 26
	, ,	27		28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
	e and address of any politica	ii committee to	SOIICIT CONTINDU	nions from such committee.
NAME OF COMMITTEE (In Full)	DAC			
American Medical Group Association	on PAC			
Full Name (Last, First, Middle Initial)				
A. Bank Of America			Date of Dist	bursement
Mailing Address PO Box 1206			12	15 / 2015
City	State Zip Code			
	CA 92822-1206		Transaction	on ID : BF7FA599736314C179E4
Purpose of Disbursement				
Bank Fees			Amount of E	Each Disbursement this Period
Candidate Name		Category/		21.83
		Type		21.03
Office Sought: House Disbursem				
	Primary General			
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disl	bursement
			M - M /	D D / Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
r dipose of bisbursement			Amount of F	Each Disbursement this Period
Candidate Name		0.1	7 11110 01111 01 1	
		Category/ Type		
Office Sought: House Disbursem	nent For:	71		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disl	
Mailing Address			M M /	D D / Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name				Each Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	nent For:	Type		
	Primary General			
	Other (specify) ▼			
State: District:	• • • •			
SUBTOTAL of Disbursements This Page (optional)			L	21.83
, , , , , , , , , , , , , , , , , , ,				
TOTAL This Period (last page this line number only).				21.83

SCHEDULE B (FEC Form 3X)	Han anniette i 1 1 1 1 1 1	FOR LINE NUMBER: PAGE 10		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)	,	
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Paperts and States	aanta may not ba gold or u			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
American Medical Group Associati	on PAC			
/ / imerican weardar Greap / leecolati	0111710			
Full Name (Last, First, Middle Initial)				
A. Levin for Congress			Date of Disbursem	nent
Mailing Address PO Box 37			12 23	2015
Mailing Address PO Box 37			12 23	2015
City	State Zip Code			
Roseville	MI 48066		Transaction ID :	BB7F7640142074F1A9CF
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/		1000.00
Office County		Туре		1000.00
Office Sought: House Disburser Senate	nent For: 2015			
President	Primary General Other (specify) ▼			
State: District:	Other (specify) • Other 2015			
Full Name (Last, First, Middle Initial)				
B. PALLONE FOR CONGRESS			Date of Disbursem	nent
TALLONE FOR CONCRECO			M = M / D = D	/
Mailing Address PO BOX 3176			12 23	2015
•	State Zip Code		Transaction ID:	B9B8C18910AC845CCA4
LONG BRANCH Purpose of Disbursement	NJ 07740			
Turpose of Disbursement			Amount of Fach D	Disbursement this Period
Candidate Name		0.1	760	
Rep. Frank Pallone JR		Category/ Type		1500.00
	nent For: 2015	71	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: NJ District: 06	Other2015			
Full Name (Last, First, Middle Initial)				
C. Kind For Congress Committee			Date of Disbursem	nent
Mailing Address 205 Q at 5t A			M M / D D	
Mailing Address 205 South 5th Ave Suite 428			12 23	2015
	State Zip Code			
La Crosse	WI 54601		Transaction ID :	BD7DD97A465F545FBA83
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/		1000.00
Office Sought: House Disburser	nent For: 2015	Туре		1.55.00
Senate Disburser	Primary General			
President	Other (specify)			
State: District:	Other2015			
	2			
SUBTOTAL of Disbursements This Page (optional)				3500.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 11 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
 	Detailed Summary Page	21b	22 🗙 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam	e and address of any politica	ai committee to	Solicit contributions	s from such committee.
NAME OF COMMITTEE (In Full)	D.4.0			
American Medical Group Association	on PAC			
Full Name (Last, First, Middle Initial)				
A. TIBERI FOR CONGRESS			Date of Disburse	ement
Mallian Address Cook E Display C Daniel E Door			M M / D	
Mailing Address 2931 E DUBLIN GRANVILLE ROAI SUITE 190)		12 2	2015
	State Zip Code			
	OH 43231		Transaction ID	: B196F7FC82AD24DF1B84
Purpose of Disbursement				
			Amount of Each	Disbursement this Period
Candidate Name		Category/		1500.00
Rep. Patrick J Tiberi		Type		1300.00
	nent For: 2015			
	Primary General Other (specify) ▼			
State: OH District: 12	Other (specify) The Other 2015			
Full Name (Last, First, Middle Initial)	011012010			
B.			Date of Disburse	ement
			M M / D	
Mailing Address				
City	State Zip Code			
Durnage of Dishursament				
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name			Amount of Edon	Dispursement this 1 ched
		Category/ Type		
Office Sought: House Disbursem	nent For:	71	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disburse	ement
Mailing Address			M M / D	D / Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Condidate Name			Amount of Each	Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	nent For:	Туре		
	Primary General			
	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				
SUBTOTAL of Disbursements This Page (optional)				1500.00
		<u> </u>		500.00
TOTAL This Period (last page this line number only).				5000.00