04/18/2009 02:32

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	
1.	NAME OF COMMITTEE (in full)		FEC MAILING YPE OR PRIN	_	Example:If typover the lines				
	American Medical Group As:	sociatio	on PAC			1 1 1 1 1			
							1 1 1 1		
AD	DRESS (number and street)	39	01 Hoyt Avenu	e 					
	Check if different than previously	L I Ev	verett			<u> </u>	ı WAıı	98290 1	
2.	reported. (ACC) FEC IDENTIFICATION NUM	MDED		CITY A			L⊥L L	ZIPCOE)
۷.	FEC IDENTIFICATION NON	/IDEN		- OII 7 24			OTATE A	ZIFOOL	
	C00408120			3. IS THIS REPOR		NEW (N) OR	AM (A)	IENDED	
4.	TYPE OF REPORT (Choose One)	(k	o) Monthly Report	Feb 20 (M	12)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due On:	Mar 20 (M	13)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			X Apr 20 (M	4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	Quarterly Report(C	(1ړ	(c) 12-Day	,	Primary (12P)	General (12G)	Runoff (12R)
	July 15 Quarterly Report(Q2) October 15		PRE-Election Report for the:		Convention	on (12C)	Special (1	2G)	
	Quarterly Report(C	<i>^</i>					-	in the	
	Quarterly Report(Y	Æ)		Election on				State of	f L
	July 31 Mid-Year Report(Non-election Year Only) (MY)			Election	` '		Runoff (36	OR)	Special (30S)
	Termination Repor (TER)	t	Report	for the:				in the State of	,
5.	Covering Period 0	3	01 2	2009	throug	gh 03	3 1	2009	
l ce	ertify that I have examined this	Report	and to the bes	t of my knowledç	e and belief	it is true, correct a	and complete.		
Тур	oe or Print Name of Treasurer	_N	Mark E. Mantei						
Sig	nature of Treasurer Electro	nically	Filed by Ma	rk E. Mantei		Da	ate 04	17	2009
NO	DTE : Submission of false, erro	neous,	or incomplete	information may	subject the p	person signing this	Report to the	penalties of 2 U.S	S.C 437g.
	Office Use Only							FEC FORI	
FE	6AN026								

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Medical Group Association PAC [®] D " D 03 0 1 2009 0.3 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 33926.82 January 1 (b) Cash on Hand at 33793.39 Begining of Reporting Period 45301.00 47301.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 79094.39 81227.82 6(a) and 6(c) for Column B) 5374.38 7507.81 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 73720.01 73720.01 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed 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) Page 3

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period:

м м 0 3

From:

D D D

2009

To: 0 3 3 4

^D 3 1

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	butions (other than loans) From:		
()	han Political Committees	42801.00	44801.00
(i) Unitemized	2500.00	2500.00
(1	ii) TOTAL (add Lines 11(a)(i) and (ii)	45301.00	47301.00
(b) F	Political Party Committees	0.00	0.00
(Other Political Committees Such as PACs) otal Contributions (add Lines	0.00	0.00
	1(a)(iii),(b) and (c)) (Carry otals to Line 33, page 5)	45301.00	47301.00
	fers From Affiliated/Other	0.00	0.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receiveds To Operating Expenditures	0.00	0.00
(Carry	nds, Rebates, etc.) Totals to Line 37, page 5)ds of Contributions Made	0.00	0.00
	eral candidates and Other al Committees	0.00	0.00
	Federal Receipts ends, Interest, etc.)	0.00	0.00
	fers from Non-Federal and Levin Funds		
` '	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	45301.00	47301.00
	Federal Receipts act Line 18(c) from Line 19)	45301.00	47301.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	5000.00	7000.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
٥.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
ο.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	Than Folitical Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	374.38	507.81
Λ	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Enies 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5374.38	7507.81
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5374.38	7507.81

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)	45301.00	47301.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	45301.00	47301.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one) X
or fo	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Medical Group Association	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>B</u> M	ull Name (Last, First, Middle Initial) arbara Alpert lailing Address 41 Pond Hill Road ity Chappaqua	State NY	Zip Code 10514	Date of Receipt 0 3 2 3 2 0 0 9 Transaction ID: SA11AI.5027 Amount of Each Receipt this Period
F fe	EC ID number of contributing deral political committee.	C	10014	250.00
_	ame of Employer ft Kisco Medical Group eceipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
3. <u>L</u>	ull Name (Last, First, Middle Initial) ouis N Aurisicchio lailing Address 11 Brian Court			Date of Receipt 0 3 1 2 2 0 0 9
<u>C</u>	carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.4962 Amount of Each Receipt this Period
f∈ N	EC ID number of contributing ederal political committee. Tame of Employer Mount Kisco Medical Group	Occupatio		500.00
_	eceipt For: Primary General Other (specify)	Physicial Aggregate	n e Year-to-Date ▼ 500.00	
. <u>E</u>	ull Name (Last, First, Middle Initial)	<u> </u>		Date of Receipt
C	lailing Address 211 Briarwood Drive	State	Zip Code	0 3 1 1 2 0 0 9 Transaction ID: SA11AI.4983
F	Somers EC ID number of contributing second political committee.	C	10589	Amount of Each Receipt this Period 250.00
N N	ame of Employer Jount Kisco Medical Group	Occupatio Physicia		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)	1		1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	for	se separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements may not be name and address	pe sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Medical Group Association	PAC		
. <u>F</u>	full Name (Last, First, Middle Initial) Russell Beckley			Date of Receipt
_	Mailing Address 2427 56th St SW	01:1:	Tr. Oada	03 23 2009
	City Everett		Zip Code 98203	Transaction ID: SA11AI.5032 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С	1 1 1	1000.00
7	lame of Employer The Everett Clinic	Occupation Physician		
F	Receipt For: Primary General Other (specify)	Aggregate Year	to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) David Berck	1		Date of Receipt
N	Mailing Address 16 Alta Lane	03 11 2009		
	City		Zip Code	Transaction ID: SA11AI.5002
	Chappaqua		10514	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1001.00
N	lame of Employer It Kisco Medical Group	Occupation Physician		
F	Receipt For: Primary General Other (specify)	Aggregate Year	to-Date ▼ 1001.00	
	rull Name (Last, First, Middle Initial) Dr. Warren Bromberd	1		Date of Receipt
N	Mailing Address 43 Evergreen Row			03 24 2009
	City		Zip Code	Transaction ID: SA11AI.5039
F	Armonk FEC ID number of contributing ederal political committee.	C	10504	Amount of Each Receipt this Period 500.00
<u> </u>	lame of Employer Nount Kisco Medical Group	Occupation Physician		
F	Receipt For: Primary General Other (specify)	Aggregate Year	to-Date ▼ 500.00	
	BTOTAL of Receipts This Page (optional)	1		2501.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/32 (check only one) X 11a 11b 11c 12 13 14 15 16 11				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Medical Group Association	on PAC					
Full Name (Last, First, Middle Initial) Michael Bukosky		Date of Receipt				
Mailing Address 602 West University						
City	State Zip Code	Transaction ID: SA11AI.5029				
<u>Urbana</u>	IL 61801	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Carle Clinic Association	Occupation Exec VP					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Lynda Rojas Carroll		Date of Receipt				
Mailing Address 180 Stebins Road						
City	State Zip Code	Transaction ID: SA11AI.5006				
<u>Carmel</u>	NY 10512	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer Mt Kisco Medical Group	Occupation Physician	7				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Alan Carter		Date of Receipt				
Mailing Address 10724 58th Ave W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11AI.5008				
<u>Mukilteo</u>	WA 98275	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer The Everett Clinic	Occupation Physician	7				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
		1250.00				
SUBTOTAL of Receipts This Page (optional	l) >	1230.00				
TOTAL This Period (last page this line numl	ber only)					

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may	, ,	n for the purpose of soliciting contributions
Any information copied from such Reports and S or for commercial purposes, other than using the	name and add	dress 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) I J Cehelsky			Date of Receipt
Mailing Address 126 South Bedford Rd			03 11 2009
City	State	Zip Code	Transaction ID: SA11AI.4979
Poundridge	NY	10576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mount Kisco Medical Group	Occupation Physician		
Receipt For:	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		\dashv
Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Chee Chan			Date of Receipt
Mailing Address One Bay Club Dr #9B			03 16 YYYYY 100 100 100 100 100 100 100 100 100 100
City	State	Zip Code	Transaction ID: SA11AI.5007
Bayside	NY	11360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt Kisco Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Dominick Chiarieri	l		Date of Receipt
Mailing Address 90 S. Bedford Road			03 12 2009
City	State	Zip Code	Transaction ID: SA11AI.4971
Mt. Kisco	NY	10549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt. Kisco Medical Group	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			2000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Medical Group Association	d Statements may not be sold or used by any perso the name and address of any political committee to on PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Marvin Chinitz Mailing Address 60 Jerome Ave City New Rochelle FEC ID number of contributing federal political committee.	State Zip Code NY 10804	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Richard Cooper Mailing Address 15512 27th Drive S	E	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5030
Mill Creek FEC ID number of contributing federal political committee.	WA 98012	Amount of Each Receipt this Period 1000.00
Name of Employer The Everett Clinic	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Louis A Corsaro		Date of Receipt
Mailing Address 355 N Salem Road		03 13 2009
City	State Zip Code	Transaction ID: SA11AI.5004
Brewster FFO ID and have for a different firm	NY 10509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Mt Kisco Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l)	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Medical Group Associati Full Name (Last, First, Middle Initial)	on PAC	Date of Descript
Harold Dash, MD Mailing Address 1928 151st. Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Mill Creek	State Zip Code WA 98012	Transaction ID: SA11AI.5042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Everett Clinic	Occupation President, Board Chairman	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Sheryl Ann Dreyer		Date of Receipt
Mailing Address 7808 171st Streer S	03 23 2009	
City	State Zip Code	Transaction ID: SA11AI.5034
Edmonds	WA 98026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Everett Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) Albert W. Fisk, M.D.		Date of Receipt
Mailing Address 1027 Marine View I	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mukilteo	State Zip Code WA 98275	Transaction ID: SA11AI.5009
FEC ID number of contributing federal political committee.	C 90275	Amount of Each Receipt this Period
Name of Employer The Everett Clinic	Occupation Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (options	J)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the				
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by e name and address of any political co	y any person for the purpose of soliciting contributions immittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Medical Group Association	PAC					
Full Name (Last, First, Middle Initial) Beverly F Frank		Date of Receipt				
Mailing Address 4 Butternut Hollow Ro		03 23 2009				
City Greenwich	State Zip Code CT 06830	Transaction ID: SA11AI.5025				
FEC ID number of contributing federal political committee.	C 06650	Amount of Each Receipt this Period 500.00				
Name of Employer Mt Kisco Medical Group	Occupation physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00				
Full Name (Last, First, Middle Initial) Jane M. Geders, MD						
Mailing Address 1 Cold Spring Court	Mailing Address 1 Cold Spring Court					
City	State Zip Code	Transaction ID: SA11AI.5024				
Mt. Kisco	NY 10549	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Mt. Kisco Medical Group	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00				
Full Name (Last, First, Middle Initial) Dr. Regina M Giuffrida		Date of Receipt				
Mailing Address 5 Reynolds Lane		03 / 12 / 2009				
City	State Zip Code	Transaction ID: SA11AI.4964				
Katonah FEC ID number of contributing federal political committee.	NY 10536	Amount of Each Receipt this Period 500.00				
Name of Employer Mt Kisco Medical Group	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00				
SUBTOTAL of Receipts This Page (optional)	1	1500.00				
TOTAL This Period (last page this line number						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one) X 11a			
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Medical Group Associa	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Dr. Jonathan Goldberg Mailing Address 255 Soundview A City	venue State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
White Plains FEC ID number of contributing federal political committee.	NY 10606	Amount of Each Receipt this Period 500.00			
Name of Employer Mount Kiisco Medical Group Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00				
Full Name (Last, First, Middle Initial) John Goodman Mailing Address 18420 Olympic V					
City	State Zip Code	0 3 2 5 2 0 0 9 Transaction ID: SA11AI.5044			
Edmonds	WA 98020	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer The Everett Clinic	Occupation physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Jacob Handszer	-	Date of Receipt			
Mailing Address 8 Brady Lane		0 3 1 1 2 0 0 9			
City	State Zip Code	Transaction ID: SA11AI.4981			
Somers FEC ID number of contributing federal political committee.	NY 10589	Amount of Each Receipt this Period 250.00			
Name of Employer Mount Kisco Medical Group	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optic	nal)	1750.00			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) a category of the I Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be solor e name and address of any	d or used by any person political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	PAC		
\ <u></u>	Full Name (Last, First, Middle Initial) Scott D. Hayworth, MD			Date of Receipt
	Mailing Address 90 South Bedford Roa			03 / 10 / Y Y Y Y Y Y Y
	City Mount Kisco	State Zip Co NY 10549		Transaction ID: SA11AI.4986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mount Disco Med. Grp.	Occupation President and CEO)	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da		
 s.	Full Name (Last, First, Middle Initial) Nilo Herrera			Date of Receipt
	Mailing Address 358 Grapehollow Roa	d		03 / 23 / 2009
	City	State Zip Co		Transaction ID: SA11AI.5022
	Holmes	NY 12531		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mt Kisco Medical Group	Occupation physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	500.00	
_	Full Name (Last, First, Middle Initial) Dr. Marc Hertz			Date of Receipt
	Mailing Address 204 Country Ridge			03 10 2009
	City	State Zip Co		Transaction ID: SA11AI.4995
	Rye Brook FEC ID number of contributing federal political committee.	NY 10573	* * * * * * * * * * * * * * * * * * * *	Amount of Each Receipt this Period 1000.00
	Name of Employer Mount kisco Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Hickey Mailing Address 12809 W Dodge Road City Omaha FEC ID number of contributing federal political committee. Name of Employer Alegent Health Receipt For: Primary General Other (specify)	State Zip Code NE 68154 C Occupation Medical Director Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Horowitz Mailing Address 545 Wellington Drive City Wychoff FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NJ 07481 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alice Huong Mailing Address 18 Noah Bridge Place City Mt. Kisco FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10549 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Medical Group Ass	orts and Statements may not be sold or used by any person using the name and address of any political committee to ociation PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Loren Ihle Mailing Address 625 9th Stree City Snohomish FEC ID number of contributing federal political committee. Name of Employer The Everett Clinic Receipt For:		Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia Marilyn Jacobowitz	,	Date of Receipt
Mailing Address 212 Sunnyrid City Harrison FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General	State Zip Code NY 10528 C Occupation Physician Aggregate Year-to-Date 500.00	Transaction ID: SA11AI.5020 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial Steve Jacobson Mailing Address 3118 139th at City Snohomish	J)	Date of Receipt 0 3
FEC ID number of contributing federal political committee. Name of Employer The Everett Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼	1000.00
SUBTOTAL of Receipts This Page (optional)	2000.00

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Medical Group Association Full Name (Last, First, Middle Initial) Helene Kaminski Mailing Address 6 Hobby Lane	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Helene Kaminski	-	Date of Receipt
		M M / D D / Y Y Y Y
City Bedford	State Zip Code NY 10506	Transaction ID: SA11AI.5001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Evan Karas Mailing Address 5 Madison Brook Ro	aď	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5019
Katonah FEC ID number of contributing federal political committee.	NY 10536	Amount of Each Receipt this Period 1000.00
Name of Employer Mt Kisco Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jeffrey Keller		Date of Receipt
Mailing Address 30 Gedney Way		03 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chappaqua	State Zip Code NY 10514	Transaction ID: SA11AI.5013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mt Kisco Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Medical Group Association F	PAC		
Full Name (Last, First, Middle Initial) Ronald H. Kirkland, MD			Date of Receipt
Mailing Address 107 Tuckahoe Road			03 30 2009
City	State	Zip Code	Transaction ID: SA11AI.5050
<u>Jackson</u>	TN	38305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer The Jackson Clinic, P.A.	Occupation Chairman	n n of the Board	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Harvey Hugh Lederman			Date of Receipt
Mailing Address 8 Brentwood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5011
Poughkeepsie	NY	12603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mount Kisco Medical Group	Occupation MD	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James Lee			Date of Receipt
Mailing Address 12503 52nd PL W			03 24 7 2009
City	State	Zip Code	Transaction ID: SA11AI.5043
Mukilteo	WA	98275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer The Everett Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

Chappaqua FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Thomas J Lester Mailing Address 111 Bedford Road City State Zip Code NY 10536 FEC ID number of contributing federal political committee. Name of Employer Mit Kisco Medical Group Name of Employer Mit Kisco Medical Group Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Abe Levy Mailing Address 15 Sarles Road City State Zip Code Transacti	JUMBER: PAGE 19/32 one) 11b 11c 12 14 15 16 17
A. American Medical Group Association PAC Full Name (Last, First, Middle Initial) Daniel Leonard Mailing Address 16 Bessel Lane City Chappagua FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas J Lester Mailing Address 111 Bedford Road City State Zip Code NY 10536 Transacti Amount of Date of R If J 1000.00 Date of R If J 200.00 Transacti Amount of Date of R If J 3	se of soliciting contributions tions from such committee.
Date of R Mailing Address 16 Bessel Lane	
City Chappaqua NY 10514 Amount of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Fill Name (Last, First, Middle Initial) Thomas J Lester Mailing Address 111 Bedford Road City State Zip Code NY 10536 Transacti Amount of Employer Mailing Address 111 Bedford Road City State Zip Code NY 10536 Transacti Amount of Employer Minkisco Medical Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of R Date o	•
Chappaqua NY 10514 Amount of FEC ID number of contributing federal political committee. Name of Employer Microscope Mailing Address 15 Sarles Road City Name of Employer Microscope M	12 2009
FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary	ion ID: SA11AI.4972 of Each Receipt this Period
Receipt For:	1000.00
Primary General Other (specify) ▼	
Thomas J Lester Mailing Address 111 Bedford Road City Katonah FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Primary General Other (specify) ▼ C C Pagregate Year-to-Date ▼ Mailing Address 15 Sarles Road City Pound Ridge FEC ID number of contributing federal political committee. C Date of R M M 0 3 Transacti Amount of C Doccupation physician Aggregate Year-to-Date ▼ Date of R M M 0 3 Transacti Amount of C Date of R M M M 0 3 Transacti Amount of C C Date of R M M M 0 3 Transacti Amount of C Amount of C Receipt For: Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Receipt For: Primary General	
City Katonah FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify) ▼ City Pound Ridge FEC ID number of contributing federal political committee. City Pound Ridge FEC ID number of contributing federal political committee. City Fell Name (Last, First, Middle Initial) Abe Levy Mailing Address 15 Sarles Road City FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Receipt For: Primary General Occupation Medical Director & Chief Qlty Ofcr Aggregate Year-to-Date ▼	<u>'</u>
Katonah	07 2009
FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Abe Levy Mailing Address 15 Sarles Road City State Zip Code Pound Ridge NY 10576 FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Primary General C C Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ion ID: SA11Al.4994
Name of Employer Mt Kisco Medical Group Receipt For: Primary Other (specify) ▼ Pagregate Year-to-Date Pound Ridge Pound Ridge Pec ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Primary General Occupation Aggregate Year-to-Date Pound Ridge NY 10576 C C Amount of C Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	of Each Receipt this Period
Mt Kisco Medical Group Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Abe Levy Mailing Address 15 Sarles Road City Pound Ridge FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Name of Employer Mount Kisco Medical Group Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Abe Levy Mailing Address 15 Sarles Road City State Zip Code Pound Ridge NY 10576 FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Aggregate Year-to-Date ▼	
Abe Levy Mailing Address 15 Sarles Road City State Zip Code Pound Ridge NY 10576 FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Date of R M M M O 3 Crupation Medical Director & Chief Qlty Ofcr	
City Pound Ridge NY 10576 FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General State Zip Code NY 10576 Amount of C C Aggregate Year-to-Date Aggregate Year-to-Date 1000 000	leceipt
Pound Ridge FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General NY 10576 Amount of C Occupation Medical Director & Chief Qlty Ofcr	10 / 2009
FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General C Occupation Medical Director & Chief Qlty Ofcr Aggregate Year-to-Date ▼	ion ID: SA11Al.4987
Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	of Each Receipt this Period
Primary General	
Carlo (openity) •	
SUBTOTAL of Receipts This Page (optional)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark E. Lieb Mailing Address 110 Bedford Road City Mt Kisco FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10549 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Matthew Mannini Mailing Address 37 Londonderry Lane City Somers FEC ID number of contributing federal political committee. Name of Employer Mt Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10589 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt 0 3
Full Name (Last, First, Middle Initial) Ronen Marmur, MD Mailing Address 446 Central Park Wes Apt. 7B City New York FEC ID number of contributing federal political committee. Name of Employer Mt. Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10025 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M J 23 2009 Transaction ID: SA11AI.5018 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULI	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X
or for commercia	copied from such Reports and S I purposes, other than using the DMMITTEE (In Full) Medical Group Association	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	st, First, Middle Initial)			Date of Receipt
	ss 90 South Bedford Roa			03 / 11 / 2009
City Mount Kisc	2	State NY	Zip Code	Transaction ID: SA11AI.4980
	er of contributing	C	10549	Amount of Each Receipt this Period 1000.00
Name of Emp Mount Kisco	loyer Medical Group	Occupatio MD	n	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La Kevin McCune Mailing Addre				Date of Receipt
				03 10 2009
City		State	Zip Code	Transaction ID: SA11AI.4990
Park Ridge FEC ID numb federal politica	er of contributing al committee.	C	60068	Amount of Each Receipt this Period 250.00
Name of Emp Advocate Hea	loyer lith	Occupation Physicial		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (La	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ss 46 Fox Den road			03 11 2009
City		State	Zip Code	Transaction ID: SA11AI.4973
Mt Kisco FEC ID numb federal politica	er of contributing al committee.	C	10549	Amount of Each Receipt this Period 500.00
Name of Emp Mt Kisco Med	loyer ical Group	Occupatio Physicia		
Receipt For: Primary Other (s	General pecify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association Full Name (Last, First, Middle Initial) Antoinette Nigro Mailing Address 90 S. Bedford Road	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt
Antoinette Nigro		Date of Receipt
City Mount Kisco	State Zip Code NY 10549	0 3 1 2 2 0 0 9 Transaction ID: SA11AI.4963
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify) ▼	Occupation MD Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Marshal D. Peris, MD Mailing Address 17 Cornel Drive		Date of Receipt 0 3 1 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.4984
Goldens Bridge FEC ID number of contributing federal political committee.	NY 10526	Amount of Each Receipt this Period 500.00
Name of Employer Mount Kisco Med. Grp.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Maxwell B Plesset		Date of Receipt
Mailing Address 7 Brevoort Place		03 26 2009
City Chappagug	State Zip Code NY 10514	Transaction ID: SA11AI.5047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mount Kisco Medical Group	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
American Medical Group Association Full Name (Last, First, Middle Initial)	tion PAC	<u> </u>
A. Emily Puntillo Mailing Address 286 Hall Avenue		Date of Receipt
City	State Zip Code	0 3 1 2 2 0 0 9 Transaction ID: SA11AI.4998
West Harrision FEC ID number of contributing federal political committee.	NY 10604	Amount of Each Receipt this Period 500.00
Name of Employer Mt Kisco Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Raffalli Mailing Address 139 Pleasantville	Road	Date of Receipt
City Pleasantville	State Zip Code NY 10570	Transaction ID: SA11AI.4976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mount Kisco Medical Group	Occupation Hospitalist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Kismore Ranade		Date of Receipt
Mailing Address 37 Griffith Lane		03 23 7 2009
City <u>Ridgefield</u>	State Zip Code CT 06877	Transaction ID: SA11AI.5017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mt Kisco Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 32 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	, ,	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Medical Group Association		riess of any political committee to	Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jill I Ratner			Date of Receipt
Mailing Address 14 Shoshone Drive			0 3 1 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.4997
<u>Katonah</u>	NY	10536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mount Kisco Medical Group	Occupation MD	n	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	35 154.6	500.00	
Full Name (Last, First, Middle Initial) Roger N Riechers			Date of Receipt
Mailing Address 250 Byram lake Road	d		03 13 2009
City	State	Zip Code	Transaction ID: SA11AI.5003
mount Kisco	NM	10549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mount Kisco Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Douglas A Roth			Date of Receipt
Mailing Address 110 Bedford Road			03 12 2009
City	State	Zip Code	Transaction ID: SA11AI.4974
Mt. Kisco	NY	10549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mt Kisco Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

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В.

C.

			FOR LINE NUMBER DAGE OF 105
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 32 (check only one)
ITEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements may	v not he sold or used by any nerso	
or for commercial purposes, other than using the	name and add	dress 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) Jeffrey Schachne			Date of Receipt
Mailing Address 17 Mohawk Trail			03 24 2009
City	State	Zip Code	Transaction ID: SA11AI.5040
Katonah	NY	10536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt Kisco Medical Group	Occupatio physiciar		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) John Scott	•		Date of Receipt
Mailing Address 9 Deer Creek Lane			03 11 2009
City	State	Zip Code	Transaction ID: SA11AI.4978
Mt. Kisco	NY	10549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mount Kisco Medical Group	Occupatio Physicia		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Daniel E Shapiro	1		Date of Receipt
Mailing Address 41 Weavers Hill			03 / 24 / 2009
City	State	Zip Code	Transaction ID: SA11AI.5041
Mount Kisco	NY	10549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt Kisco Medical Group	Occupatio physiciar		
Receipt For:	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date V	
Primary General		500.00	1
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 26 / 32 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Medical Group Associated	g the name and address of any p	or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Skubic Mailing Address 20.40 Mar. 1 Mailing Address			Date of Receipt
Mailing Address 3648 Mount Verno City Woodbury	n Lane State Zip Cod MN 58129	le	Transaction ID: SA11AI.4993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Park Nicollet Receipt For:	Occupation Administrator		
Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) Shawn L. Slack Mailing Address 5132 27th Avenue	W.		Date of Receipt 0 3
City	State Zip Cod	le	Transaction ID: SA11AI.5048
Everett	WA 98203		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer The Everett Clinic	Occupation MD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Chester A. Speed	I		Date of Receipt
Mailing Address 6004 Cobalt Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11Al.4991
Bethesda FEC ID number of contributing federal political committee.	MD 20816		Amount of Each Receipt this Period 1000.00
Name of Employer American Medical Grp. Assoc.	Occupation Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	
SUBTOTAL of Receipts This Page (option	al)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jodi A Sutton Mailing Address 6 Pipity Brook Lane City Bedford FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General	State Zip Code NY 10506 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ronald Wallach Mailing Address 39 Laurelton Road City Mt Kisco FEC ID number of contributing federal political committee. Name of Employer	1 1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mt Kisco Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael S Wein	Physician Aggregate Year-to-Date ▼	Date of Receipt
Mailing Address 71 Harris Road City Katonah FEC ID number of contributing federal political committee.	State Zip Code NY 10536	Transaction ID: SA11AI.4982 Amount of Each Receipt this Period 250.00
Name of Employer Mount Kisco Medical Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional) .	1	1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 32 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Gary Wenick			Date of Receipt
	Mailing Address 2050 route 22			03 / 12 / 2009
	City	State NJ	Zip Code	Transaction ID: SA11AI.4967
	Brewster FEC ID number of contributing federal political committee.	C	10509	Amount of Each Receipt this Period 1000.00
	Name of Employer Mt Kisco Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) David J Yasgur	1		Date of Receipt
	Mailing Address 11 Katonah Crossing			03 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.4970
	Katanah	NY	10536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mt Kisco Medical Group	Occupation Physican	1	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Roy Yawn			Date of Receipt
	Mailing Address 826 19th St NE			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4985
	Rochester	MN	55906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Olmstead Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

A.

FOR LINE NUMBER: PAGE 29/32 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Association PAC Full Name (Last, First, Middle Initial) Maria Linda Zapson Date of Receipt Mailing Address 111 Bedford Road 03 12 2009 City State Zip Code Transaction ID: SA11AI.4969 Katanah NY 10536 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Mt Kisco Medical Group Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	42801.00

for each category of the Detailed Summary Page for each category of the Detailed Summary Page for each category of the Detailed Summary Page 21b	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address BOX 586 City Senate President Other (specify) ▼ Category' Type Office Sought: X House Senate Purpose of Disbursement cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Candidate Name Office Sought: X House Senate Purpose of Disbursement Candidate Name Office Sought: X House Senate Purpose of Disbursement Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Senate Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Note Purpose of Disbursement Cash contribution Candidate Name Office Sought: X House Note Purpose of Disbursement For: 2010 X Primary General Other (specify) ▼ State: WA District: 00 Disbursement For: 2010 X Primary General Other (specify) ▼ Office Sought: X House President State WA District: 00 Disbursement For: 2010 Disburs	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address BOX 586 City HELENA MT 59624 Purpose of Disbursement Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento CA 95841 Purpose of Disbursement Candidate Name Office Sought: X House Sacramento CA 95841 Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento CA 95841 Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento Candidate Name Office Sought: X House President State: CA District: 01 Full Name (Last, First, Middle Initial) Mixed (Last, First				
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Office Sought:			Cotonomi	1000.00
Senate President State: District: Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento CA 95841 Purpose of Disbursement cash contribution Candidate Name Office Sought: X House President President State Zip Code Senate President State Zip Code Senate President State Senate President State President State Zip Code SEATTLE WA 98124 Amount of Each Disbursement this Period Disbursement For: 2010 Transaction ID: SB23.5057 Date of Disbursement M3 1 1 9 1 9 1		ment For: 2014		
Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento CA 95841 Purpose of Disbursement cash contribution Candidate Name Office Sought: X House Persident State: CA District: 01 Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City SEATTLE WA 98124 Purpose of Disbursement Cash Contribution Candidate Name Category/ Type Transaction ID: SB23.5057 Date of Disbursement this Period Category/ Type Transaction ID: SB23.5054 Date of Disbursement this Period Transaction ID: SB23.5054 Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Transaction ID: SB23.5054 Date of Disbursement Other (specify) Transaction ID: SB23.5054 Date of Disbursement ID: SB23.5054 Date of Disbursement Other (specify) Transaction ID: SB23.5054 Date of Disbursement ID: SB23.5054 Date of Disbursement Other (specify) Transaction ID: SB23.5054 Date of Disbursement ID: SB23.5054 Date of Disburs	Senate X President	Primary General		
City Secret Middle Initial Period CA 95841 Purpose of Disbursement Cash contribution Candidate Name Category/ Type	Full Name (Last, First, Middle Initial)			
Sacramento CA 95841 Purpose of Disbursement cash contribution Candidate Name Office Sought:	Mailing Address 5429 Madison Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
Candidate Name Office Sought:				Amount of Each Disbursement this Period
Office Sought:	cash contribution			1500.00
Senate President Other (specify) ▼ State: CA District: 01 Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City State Zip Code SEATTLE WA 98124 Purpose of Disbursement Cash contribution Candidate Name Office Sought: House X Senate President State: WA District: 00 State: WA District: 00 Transaction ID: SB23.5054 Date of Disbursement Date of Dis		-		
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City State Zip Code SEATTLE WA 98124 Purpose of Disbursement Cash contribution Candidate Name Office Sought: House X Senate President President State: WA District: 00 Date of Disbursement Date of Disbursement Amount of Each Disbursement this Periox Category/ Type Office Sought: Aprimary General Other (specify) ▼ State: WA District: 00	Senate X President	Primary General		
City State Zip Code WA 98124 Purpose of Disbursement Cash contribution Candidate Name Office Sought: House X Senate President President State: WA District: 00 State Zip Code WA 98124 Amount of Each Disbursement this Period Category/ Type Category/ Type Other (specify) ▼		ATE CAMPAIGN		Date of Disbursement
SEATTLE WA 98124 Purpose of Disbursement Cash contribution Candidate Name Category/ Type Office Sought: House X Senate President President State: WA District: 00 NAME OF THE PROPERTY OF	Mailing Address PO BOX 3662			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
Cash contribution Candidate Name Category/ Type Office Sought: House				
Office Sought: House X Senate President Other (specify) ▼ State: WA District: 00	Cash contribution			1500.00
State: WA District: 00	X Senate X	Primary General	туре	
SUBTOTAL of Disbursements This Page (optional)	State: WA District: 00			
	SUBTOTAL of Disbursements This Page (optional)		<u>Þ</u>	4000.00

S	CHEDULE B (FEC Form 3)	X) Use separate schedule(s)	FOR LINE	NUMBER: PAGE 31/32
IT	EMIZED DISBURSEMENT		(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports ar for commercial purposes, other than using	•		· · ·
\rangle	NAME OF COMMITTEE (In Full) American Medical Group Associati	on PAC		
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address PO BOX 3498			Transaction ID: SB23.5056 Date of Disbursement O 3 D 2 D Y Y Y Y O Y 9
	City PORTLAND Purpose of Disbursement	State Zip Code OR 97208		Amount of Each Disbursement this Period 1000.00
	Candidate Name		Category/ Type	
	Office Sought: House X Senate President	Disbursement For: 2010 X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)		5000.00

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President District:

ugo# =000100=101		
SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 32 / 32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Medical Group Association PAC		
Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 1206		Transaction ID: SB29.4900 Date of Disbursement O 3 D D D D D D D D D D D D D D D D D D
•	State Zip Code CA 92822-8713	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		54.36
Candidate Name	Cate Ty	• ,
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Chester A. Speed		Transaction ID: SB29.5051 Date of Disbursement
Mailing Address 6004 Cobalt Road		03
	State Zip Code MD 20816	Amount of Each Disbursement this Period
Purpose of Disbursement postage reimbursement		320.02
Candidate Name	Cate Ty	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	

		074.00
SUBTOTAL of Disbursements This Page (optional)	>	374.38
TOTAL This Period (last page this line number only)	•	374.38

State: