

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mark E. Mantei
Signature of Treasurer Electronically Filed by Mark E. Mantei Date 04 17 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33926.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	33793.39									
(c) Total Receipts (from Line 19)	45301.00	47301.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79094.39	81227.82								
7. Total Disbursements (from Line 31)	5374.38	7507.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73720.01	73720.01								
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									

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**

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42801.00	44801.00
(i) Itemized (use Schedule A)	2500.00	2500.00
(ii) Unitemized	45301.00	47301.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	45301.00	47301.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45301.00	47301.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45301.00	47301.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	374.38	507.81
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))..	5374.38	7507.81
32. 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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Barbara Alpert		Date of Receipt
	Mailing Address 41 Pond Hill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2009
	City	State	Zip Code
	Chappaqua	NY	10514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5027
Name of Employer Mt Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Louis N Aurisicchio		Date of Receipt
	Mailing Address 11 Brian Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2009
	City	State	Zip Code
	Carmel	NY	10512
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4962
Name of Employer Mount Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Elliott Barsh		Date of Receipt
	Mailing Address 211 Briarwood Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2009
	City	State	Zip Code
	Somers	NY	10589
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4983
Name of Employer Mount Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Russell Beckley

Mailing Address 2427 56th St SW

City State Zip Code
Everett WA 98203

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

Name of Employer Occupation
The Everett Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David Berck

Mailing Address 16 Alta Lane

City State Zip Code
Chappaqua NY 10514

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.5002

Amount of Each Receipt this Period
1001.00

C. Full Name (Last, First, Middle Initial)
Dr. Warren Bromberd

Mailing Address 43 Evergreen Row

City State Zip Code
Armonk NY 10504

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

Name of Employer Occupation
Mount Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2009

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2501.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Michael Bukosky

Mailing Address 602 West University Ave

City Urbana State IL Zip Code 61801

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

Name of Employer Carle Clinic Association Occupation Exec VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.5029

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Lynda Rojas Carroll

Mailing Address 180 Stebins Road

City Carmel State NY Zip Code 10512

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

Name of Employer Mt Kisco Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2009

Transaction ID: SA11AI.5006

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Alan Carter

Mailing Address 10724 58th Ave W

City Mukilteo State WA Zip Code 98275

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

Name of Employer The Everett Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2009

Transaction ID: SA11AI.5008

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
I J Cehelsky

Mailing Address 126 South Bedford Rd

City Poundridge State NY Zip Code 10576

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

Name of Employer Mount Kisco Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2009

Transaction ID: SA11AI.4979

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Chee Chan

Mailing Address One Bay Club Dr #9B

City Bayside State NY Zip Code 11360

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

Name of Employer Mt Kisco Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dominick Chiarieri

Mailing Address 90 S. Bedford Road

City Mt. Kisco State NY Zip Code 10549

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

Name of Employer Mt. Kisco Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2009

Transaction ID: SA11AI.4971

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Marvin Chinitz

Mailing Address 60 Jerome Ave

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard Cooper

Mailing Address 15512 27th Drive SE

City State Zip Code
Mill Creek WA 98012

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

Name of Employer Occupation
The Everett Clinic CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5030

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Louis A Corsaro

Mailing Address 355 N Salem Road

City State Zip Code
Brewster NY 10509

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.5004

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Harold Dash, MD
Mailing Address 1928 151st. Street SE
City Mill Creek State WA Zip Code 98012
FEC ID number of contributing federal political committee. **C**
Name of Employer The Everett Clinic Occupation President, Board Chairman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 23 / 2009
Transaction ID: SA11AI.5042
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Sheryl Ann Dreyer
Mailing Address 7808 171st Streer SW
City Edmonds State WA Zip Code 98026
FEC ID number of contributing federal political committee. **C**
Name of Employer The Everett Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 23 / 2009
Transaction ID: SA11AI.5034
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Albert W. Fisk, M.D.
Mailing Address 1027 Marine View Drive
City Mukilteo State WA Zip Code 98275
FEC ID number of contributing federal political committee. **C**
Name of Employer The Everett Clinic Occupation Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 21 / 2009
Transaction ID: SA11AI.5009
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Beverly F Frank	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 4 Butternut Hollow Road	Transaction ID: SA11AI.5025
	City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt Kisco Medical Group physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Jane M. Geders, MD	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 1 Cold Spring Court	Transaction ID: SA11AI.5024
	City State Zip Code Mt. Kisco NY 10549	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt. Kisco Medical Group Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Regina M Giuffrida	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 5 Reynolds Lane	Transaction ID: SA11AI.4964
	City State Zip Code Katonah NY 10536	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt Kisco Medical Group Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jonathan Goldberg

Mailing Address 255 Soundview Avenue

City State Zip Code
White Plains NY 10606

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

Name of Employer Occupation
Mount Kiisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.5023

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John Goodman

Mailing Address 18420 Olympic View Drive

City State Zip Code
Edmonds WA 98020

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

Name of Employer Occupation
The Everett Clinic physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: SA11AI.5044

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jacob Handszer

Mailing Address 8 Brady Lane

City State Zip Code
Somers NY 10589

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

Name of Employer Occupation
Mount Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.4981

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Scott D. Hayworth, MD

Mailing Address 90 South Bedford Road

City State Zip Code
Mount Kisco NY 10549

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

Name of Employer Mount Disco Med. Grp. Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: SA11AI.4986
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Nilo Herrera

Mailing Address 358 Grapehollow Road

City State Zip Code
Holmes NY 12531

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

Name of Employer Mt Kisco Medical Group Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 23 / 2009
Transaction ID: SA11AI.5022
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Marc Hertz

Mailing Address 204 Country Ridge

City State Zip Code
Rye Brook NY 10573

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

Name of Employer Mount kisco Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: SA11AI.4995
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Martin Hickey

Mailing Address 12809 W Dodge Road

City State Zip Code
Omaha NE 68154

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

Name of Employer Occupation
Alegent Health Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5038

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael Horowitz

Mailing Address 545 Wellington Drive

City State Zip Code
Wychoff NJ 07481

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

Name of Employer Occupation
Mount Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.4965

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Alice Huong

Mailing Address 18 Noah Bridge Place

City State Zip Code
Mt. Kisco NY 10549

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5021

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Loren Ihle

Mailing Address 625 9th Street

City State Zip Code
Snohomish WA 98290

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Everett Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.5035

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Marilyn Jacobowitz

Mailing Address 212 Sunnyridge Road

City State Zip Code
Harrison NY 10528

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Steve Jacobson

Mailing Address 3118 139th ave SE

City State Zip Code
Snohomish WA 98290

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Everett Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.5036

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Helene Kaminski		Date of Receipt	
	Mailing Address 6 Hobby Lane		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5001
	Bedford	NY	10506	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Evan Karas		Date of Receipt	
	Mailing Address 5 Madison Brook Road		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5019
	Katonah	NY	10536	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Jeffrey Keller		Date of Receipt	
	Mailing Address 30 Gedney Way		M M / D D / Y Y Y Y Y 03 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5013
	Chappaqua	NY	10514	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ronald H. Kirkland, MD

Mailing Address 107 Tuckahoe Road

City State Zip Code
Jackson TN 38305

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

Name of Employer Occupation
The Jackson Clinic, P.A. Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.5050

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Harvey Hugh Lederman

Mailing Address 8 Brentwood Drive

City State Zip Code
Poughkeepsie NY 12603

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

Name of Employer Occupation
Mount Kisco Medical Group MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2009

Transaction ID: SA11AI.5011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James Lee

Mailing Address 12503 52nd PL W

City State Zip Code
Mukilteo WA 98275

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

Name of Employer Occupation
The Everett Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2009

Transaction ID: SA11AI.5043

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel Leonard		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 16 Bessel Lane		Transaction ID: SA11AI.4972		
	City Chappaqua	State NY	Zip Code 10514	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mount Kisco Medical Group	Occupation MD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Thomas J Lester		Date of Receipt MM / DD / YYYY 03 / 07 / 2009		
	Mailing Address 111 Bedford Road		Transaction ID: SA11AI.4994		
	City Katonah	State NY	Zip Code 10536	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mt Kisco Medical Group	Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Abe Levy		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 15 Sarles Road		Transaction ID: SA11AI.4987		
	City Pound Ridge	State NY	Zip Code 10576	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mount Kisco Medical Group	Occupation Medical Director & Chief Qlty Ofcr	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark E. Lieb		Date of Receipt
	Mailing Address 110 Bedford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2009
	City	State	Zip Code
	Mt Kisco	NY	10549
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4966
Name of Employer Mt Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Matthew Mannini		Date of Receipt
	Mailing Address 37 Londonderry Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2009
	City	State	Zip Code
	Somers	NY	10589
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5010
Name of Employer Mt Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Ronen Marmor, MD		Date of Receipt
	Mailing Address 446 Central Park West Apt. 7B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2009
	City	State	Zip Code
	New York	NY	10025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5018
Name of Employer Mt. Kisco Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Timothy D Mattison

Mailing Address 90 South Bedford Road

City State Zip Code
Mount Kisco NY 10549

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

Name of Employer Occupation
Mount Kisco Medical Group MD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Transaction ID: SA11AI.4980

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Kevin McCune

Mailing Address 1775 Dempster

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Occupation
Advocate Health Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Transaction ID: SA11AI.4990

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Deborah M Mollo

Mailing Address 46 Fox Den road

City State Zip Code
Mt Kisco NY 10549

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Transaction ID: SA11AI.4973

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Antoinette Nigro
Mailing Address 90 S. Bedford Road
City State Zip Code
Mount Kisco NY 10549
FEC ID number of contributing federal political committee. **C**
Name of Employer Mount Kisco Medical Group Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.4963
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Marshal D. Peris, MD
Mailing Address 17 Cornel Drive
City State Zip Code
Goldens Bridge NY 10526
FEC ID number of contributing federal political committee. **C**
Name of Employer Mount Kisco Med. Grp. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 11 / 2009
Transaction ID: SA11AI.4984
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Maxwell B Plesset
Mailing Address 7 Brevoort Place
City State Zip Code
Chappaqu NY 10514
FEC ID number of contributing federal political committee. **C**
Name of Employer Mount Kisco Medical Group Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.5047
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Emily Puntillo

Mailing Address 286 Hall Avenue

City State Zip Code
West Harrison NY 10604

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.4998

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John Raffalli

Mailing Address 139 Pleasantville Road

City State Zip Code
Pleasantville NY 10570

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

Name of Employer Occupation
Mount Kisco Medical Group Hospitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.4976

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kismore Ranade

Mailing Address 37 Griffith Lane

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jill I Ratner

Mailing Address 14 Shoshone Drive

City State Zip Code
Katonah NY 10536

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

Name of Employer Mount Kisco Medical Group Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2009

Transaction ID: SA11AI.4997

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Roger N Riechers

Mailing Address 250 Byram lake Road

City State Zip Code
mount Kisco NM 10549

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

Name of Employer Mount Kisco Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2009

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Douglas A Roth

Mailing Address 110 Bedford Road

City State Zip Code
Mt. Kisco NY 10549

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

Name of Employer Mt Kisco Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2009

Transaction ID: SA11AI.4974

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Schachne

Mailing Address 17 Mohawk Trail

City State Zip Code
Katonah NY 10536

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

Name of Employer Mt Kisco Medical Group Occupation physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John Scott

Mailing Address 9 Deer Creek Lane

City State Zip Code
Mt. Kisco NY 10549

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

Name of Employer Mount Kisco Medical Group Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Daniel E Shapiro

Mailing Address 41 Weavers Hill

City State Zip Code
Mount Kisco NY 10549

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

Name of Employer Mt Kisco Medical Group Occupation physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.5041

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Skubic		Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 3648 Mount Vernon Lane		Transaction ID: SA11AI.4993
	City Woodbury	State MN	Zip Code 58129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Park Nicollet	Occupation Administrator	Aggregate Year-to-Date 250.00

B.	Full Name (Last, First, Middle Initial) Shawn L. Slack		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 5132 27th Avenue W.		Transaction ID: SA11AI.5048
	City Everett	State WA	Zip Code 98203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer The Everett Clinic	Occupation MD	Aggregate Year-to-Date 500.00

C.	Full Name (Last, First, Middle Initial) Chester A. Speed		Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 6004 Cobalt Road		Transaction ID: SA11AI.4991
	City Bethesda	State MD	Zip Code 20816
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer American Medical Grp. Assoc.	Occupation Vice President	Aggregate Year-to-Date 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

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

FOR LINE NUMBER: PAGE 27 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jodi A Sutton

Mailing Address 6 Pipity Brook Lane

City State Zip Code
Bedford NY 10506

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

Name of Employer Mount Kisco Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 39 Laurelton Road

City State Zip Code
Mt Kisco NY 10549

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

Name of Employer Mt Kisco Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.5015

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael S Wein

Mailing Address 71 Harris Road

City State Zip Code
Katonah NY 10536

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

Name of Employer Mount Kisco Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.4982

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Gary Wenick

Mailing Address 2050 route 22

City State Zip Code
Brewster NJ 10509

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.4967

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
David J Yasgur

Mailing Address 11 Katonah Crossing

City State Zip Code
Katonah NY 10536

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

Name of Employer Occupation
Mt Kisco Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.4970

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roy Yawn

Mailing Address 826 19th St NE

City State Zip Code
Rochester MN 55906

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

Name of Employer Occupation
Olmstead Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2009

Transaction ID: SA11AI.4985

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Maria Linda Zapson		Date of Receipt																					
	Mailing Address 111 Bedford Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	2		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.4969																			
	Katanah	NY	10536																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Mt Kisco Medical Group		Occupation Physician		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="42801.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address BOX 586 City HELENA State MT Zip Code 59624 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5055 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00
B.	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 cash contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01	Transaction ID: SB23.5057 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City SEATTLE State WA Zip Code 98124 Purpose of Disbursement Cash contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 00	Transaction ID: SB23.5054 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00

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)

PAGE 31 / 32

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

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

A.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Transaction ID: SB23.5056

Date of Disbursement

Mailing Address PO BOX 3498

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		2	3		2	0	0	9

City PORTLAND State OR Zip Code 97208

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

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

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

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 1206 <hr/> City Brea State CA Zip Code 92822-8713 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4900 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period 54.36
B. Full Name (Last, First, Middle Initial) Chester A. Speed <hr/> Mailing Address 6004 Cobalt Road <hr/> City Bethesda State MD Zip Code 20816 <hr/> Purpose of Disbursement postage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5051 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2009
	Amount of Each Disbursement this Period 320.02

SUBTOTAL of Disbursements This Page (optional) ►

374.38

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

374.38