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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines California Medical Association Political Action Committee - Federal 1201 J Street, Suite 375 ADDRESS (number and street) Check if different than previously Sacramento CA 95814 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00003194 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 07 2006 CA 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thelma Korpman, MD Type or Print Name of Treasurer Electronically Filed by Thelma Korpman, MD 02 12 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name California Medical Association Political Action Committee - Federal [®] D ^b D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 122449.41 January 1 (b) Cash on Hand at 147563.17 Begining of Reporting Period 41934.44 130619.98 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 189497.61 253069.39 6(a) and 6(c) for Column B) 10474.71 74046.49 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 179022.90 179022.90 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 02/2003) Page 3

Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period:

From:

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2006

- . .

м м 1 1 ^D 2^D 7

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	21700.00	49282.50
	(ii) Unitemized	13400.00	73805.11
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	35100.00	123087.61
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35100.00	123087.61
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	6766.52	6766.52
7.	Other Federal Receipts (Dividends, Interest, etc.)	67.92	765.85
8.			
	(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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41934.44	130619.98
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	41934.44	130619.98

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
1.	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
	Transfers to Affiliated/Other Party Committees	10474.71	73625.13
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	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
9.	Other Disbursements	0.00	421.36
0.	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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10474.71	74046.49
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	10474.71	74046.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/C Expenditures	Operating	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than from Line 11(d), page 3)	′	35100.00	123087.61
34. Total Contribution Refunds (from Line 28(d))		0.00	0.00
 Net Contributions (other than I (subtract Line 34 from Line 33 	′	35100.00	123087.61
36. Total Federal Operating Experience (add Line 21(a)(i) and Line 21		0.00	0.00
37. Offsets to Operating Expendit (from Line 15, page 3)		0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36 	s)	0.00	0.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 40
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Peter Anderson			Date of Receipt
	Mailing Address 1610 W Oceanfront			11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16065
	Newport Beach	CA	92663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Peter Anderson, Med Corp	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		950.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Peter Anderson			Date of Receipt
	Mailing Address 1610 W Oceanfront			M M / D D / Y Y Y Y Y Y Y Y Y Y Z 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16066
	Newport Beach	CA	92663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Peter Anderson, Med Corp	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		950.00	1
	Other (specify)		330.00	J
_	Full Name (Last, First, Middle Initial)			
C.	Arthur Auer			Date of Receipt
	Mailing Address 3031 W March Lane, Ste	e 222W		11 14 2006
	City	State	Zip Code	Transaction ID: INC.A.16071
	Stockton	CA	95219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Los Angeles County Medical	Occupation		7
	Association	Med Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	400.00	
	Other (specify) V			1
<u></u>	UBTOTAL of Receipts This Page (optional)			1000.00
1				

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE //40
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a
An	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	c and ado	ness of any political committee to	Solicit Golffishitions from Sacri Committee.
\rangle	California Medical Association Political Act	ion Com	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) Arthur Auer			Date of Receipt
	Mailing Address 3031 W March Lane, Ste 2	22W		1 1 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16072
	Stockton	CA	95219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Los Angeles County Medical	ccupation		
	ASSOCIATION		Year-to-Date ▼	-
	Primary General Other (specify) ▼		400.00	
 3.	Full Name (Last, First, Middle Initial) Patricia Austin			Date of Receipt
	Mailing Address 217 Saint Paul Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	,	State	Zip Code	Transaction ID: INC.A.16073
	Alamo	CA	94507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Pacific Eve Center	ccupation HYSICI		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	1700.00	
<u> </u>	Full Name (Last, First, Middle Initial) Patricia Austin			Date of Receipt
	Mailing Address 217 Saint Paul Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: INC.A.16074
	Alamo	CA	94507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			900.00
	Pacific Evo Contor	ccupatior HYSICI		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1700.00	
s	UBTOTAL of Receipts This Page (optional)		>	1200.00
т.	OTAL This Period (last page this line number only)		•	

COUEDING A (FEC Form OV)			l F	FOR LINE NUMBER: PAGE 8 / 40
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸۰	y information copied from such Reports and Sta	ntomonto mo	ract be cold or used by any person	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Ronald Bangasser			Date of Receipt
	Mailing Address 12724 VALLEY VIEW L	N		11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC.A.16076
	REDLANDS	CA	92373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Ronald Bangasser MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1750.00	1
	Other (specify) ▼		1750.00	
В.	Full Name (Last, First, Middle Initial) Ronald Bangasser			Date of Receipt
	Mailing Address 12724 VALLEY VIEW L	M M / D D / Y Y Y Y		
				11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16077
	REDLANDS	CA	92373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Ronald Bangasser MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1750.00	
	Full Name (Last, First, Middle Initial)			_
C.	Edith Barnes			Date of Receipt
	Mailing Address 1229 PAJARO ST			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: INC.A.16078
	SALINAS	CA	93901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Natividad Medical Center	Occupation PHYSICI.		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3 - 10		1
	Other (specify) ▼		1700.00	
				1
	-			
ء	UBTOTAL of Receipts This Page (optional)			1850.00
\vdash	CD: CIAL OF TOOCIPIO THIS Tago (optional)			

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any or fo	information copied from such Reports and Stater commercial purposes, other than using the na	ements may ame and add	y 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.	
1	AME OF COMMITTEE (In Full) California Medical Association Political A	Action Con	nmittee - Federal		
A. EN C S F F E	ull Name (Last, First, Middle Initial) idith Barnes flailing Address 1229 PAJARO ST iity SALINAS EC ID number of contributing ederal political committee. lame of Employer latividad Medical Center leccipt For: Primary General Other (specify)	State CA C Occupation PHYSICI Aggregate		Date of Receipt M M M / 22 / 2006 Transaction ID: INC.A.16079 Amount of Each Receipt this Period 50.00	
3. <u>⊪</u> ∨	Full Name (Last, First, Middle Initial) B. Ilena Blicker Mailing Address 435 ARDEN AVE STE 540			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
<u>C</u> F	ity GLENDALE EC ID number of contributing ederal political committee.	State CA	Zip Code 91203	Transaction ID: INC.A.16090 Amount of Each Receipt this Period 50.00	
_	lame of Employer ena Blicker, MD leceipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate			
C. <u>⊪</u>	ull Name (Last, First, Middle Initial) ena Blicker failing Address 435 ARDEN AVE STE 54	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y			
<u>G</u> F	ity GLENDALE EC ID number of contributing ederal political committee.	State CA	Zip Code 91203	Transaction ID: INC.A.16091 Amount of Each Receipt this Period 200.00	
_	lame of Employer ena Blicker, MD lecceipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate			
SUE	BTOTAL of Receipts This Page (optional)			300.00	
TO	FAL This Period (last page this line number on	lv)			

2	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 10 / 40
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and State	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political A	ction Con	nmittee - Federal	
١	Full Name (Last, First, Middle Initial) Richard Butcher			Date of Receipt
٦.	Mailing Address 292 EUCLID AVE STE 2	10		M M / D D / Y Y Y Y
				11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16105
	SAN DIEGO	CA	92114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Richard Butcher, MD	Occupation		7
		Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	350.00	
	Other (specify) ▼	1 1		
_	Full Name (Last, First, Middle Initial)			Data of Bassint
э.	Richard Butcher Mailing Address 292 EUCLID AVE STE 2	10		Date of Receipt
	Walling Address 292 EUCLID AVE STE 2	10		11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16106
	SAN DIEGO	CA	92114	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer	Occupation	n	-
	Name of Employer Richard Butcher, MD	Physician		
	Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		350.00	
_	Full Name (Last, First, Middle Initial)			
۶.	J Cassidy			Date of Receipt
	Mailing Address 3929 South Bristol, Suite	202		11 14 2006
	City	State	Zip Code	Transaction ID: INC.A.16112
	Santa Ana	CA	92704	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		30.00
	Name of Employer J Cassidy, MD	Occupation		7
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General		1850.00	
	Other (specify) ▼			
_	THE			300.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number on	ly))	

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 11 / 40
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δ,	ny information copied from such Reports and Sta	atomonto mo	, not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) J Cassidy			Date of Receipt
	Mailing Address 3929 South Bristol, Suit	e 202		1 1 1 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16113
	Santa Ana	CA	92704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		950.00
	Name of Employer J Cassidy, MD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1850.00	
— В.	Full Name (Last, First, Middle Initial) Amber Chatwin			Date of Receipt
	Mailing Address 979 N Gem St			1 1 2 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16118
	Tulare	CA	93274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer Orthopaedic Assn Med Clin- ic	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Amber Chatwin			Date of Receipt
	Mailing Address 979 N Gem St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16119
	Tulare	CA	93274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Orthopaedic Assn Med Clin- ic	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			1700.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 40 (check only one) X 11a
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Gene Cleaver			Date of Receipt
	Mailing Address 1208B N OLD STAGE	RD		11 22 2006
	City MOUNT SHASTA	State CA	Zip Code 96067	Transaction ID: INC.A.16127 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Gene Cleaver, MD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
В.	Full Name (Last, First, Middle Initial) Gene Cleaver			Date of Receipt
	Mailing Address 1208B N OLD STAGE			11 22 7 2006
	City	State	Zip Code	Transaction ID: INC.A.16128
	MOUNT SHASTA FEC ID number of contributing federal political committee.	CA	96067	Amount of Each Receipt this Period 50.00
	Name of Employer Gene Cleaver, MD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
<u> </u>	Full Name (Last, First, Middle Initial) Stephen Follansbee			Date of Receipt
	Mailing Address 2238 GEARY BLVD			1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC.A.16156
	SAN FRANCISCO FEC ID number of contributing	CA	94115	Amount of Each Receipt this Period 50,00
	federal political committee.	C		30.00
	Name of Employer KAISER SAN FRANCISCO	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Fo	rm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/40
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such R	eports and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other th	an using the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full California Medical Associati	•	nmittee - Federal	
Full Name (Last, First, Middle Init A. Stephen Follansbee	tial)		Date of Receipt
Mailing Address 2238 GEAR	Y BLVD		11 22 2006
City	State	Zip Code	Transaction ID: INC.A.16157
SAN FRANCISCO	CA	94115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer KAISER SAN FRANCISCO	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Init Appannagari Gnanadev			Date of Receipt
Mailing Address 400 N PEPPER AVE FL 6			11 22 7 9 9 9
City	State	Zip Code	Transaction ID: INC.A.16171
COLTON	CA	92324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Arrowhead Community Surgi-	Occupation		
cal Medical G	PHYSICI		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		750.00	
Full Name (Last, First, Middle Init	tial)		Date of Receipt
Mailing Address 400 N PEPF	PER AVE FL 6		11 22 2006
City	State	Zip Code	Transaction ID: INC.A.16172
COLTON	CA	92324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Arrowhead Community Surgi-	Occupation		
cal Medical G	PHYSICI		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		750.00	
SUBTOTAL of Receipts This Page	(optional)		950.00
TOTAL This Period (last page this	line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) California Medical Association Political A	ction Com	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) Bonnie Hamilton			Date of Receipt
	Mailing Address 1550 GATEWAY BLVD			11 21 2006
	City FAIRFEILD	State CA	Zip Code	Transaction ID: INC.A.16190
	FEC ID number of contributing federal political committee.	CA	94533	Amount of Each Receipt this Period 50.00
	Name of Employer Kaiser Permanente Medical Off Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate		
3.	Full Name (Last, First, Middle Initial) Bonnie Hamilton Mailing Address 1550 GATEWAY BLVD			Date of Receipt
	City	State	Zip Code	1 1 2 1 2 0 0 6 Transaction ID: INC.A.16191
	FAIRFEILD FEC ID number of contributing federal political committee.	CA	94533	Amount of Each Receipt this Period 250.00
	Name of Employer Kaiser Permanente Medical Off Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate		
 C.	Full Name (Last, First, Middle Initial) Edward Hess			Date of Receipt
	Mailing Address 9961 SIERRA AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City FONTANA	State CA	Zip Code 92335	Transaction ID: INC.A.16200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Edward Hess, MD	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			550.00

COUEDING A (FEC Forms OV)		[OR LINE NUMBER: PAGE 15 / 40		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)		
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and Sta	atomonte may	y not be sold or used by any person			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	California Medical Association Political	Action Con	nmittee - Federal			
Α.	Full Name (Last, First, Middle Initial) Edward Hess			Date of Receipt		
	Mailing Address 9961 SIERRA AVE			1 1 2 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC.A.16201		
	FONTANA	CA	92335	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
		Locumetics		_		
	Name of Employer Edward Hess, MD	Occupation PHYSICIA				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	250.00	1		
	Other (specify) ▼	0 0	350.00			
В.	Full Name (Last, First, Middle Initial) John Hipskind			Date of Receipt		
	Mailing Address 400 W MINERAL KING	M M / D D / Y Y Y Y				
	City	Ctata	7in Code	11 22 2006		
	City VISALIA	State CA	Zip Code	Transaction ID: INC.A.16203		
		CA	93291	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer KAWEAH DELTA DISTRICT HOS-	Occupation		7		
	PITAL	Physiciar				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	, ,	300.00]		
	Other (specify)			1		
<u> </u>	Full Name (Last, First, Middle Initial) John Hipskind			Date of Receipt		
	Mailing Address 400 W MINERAL KING	AVE		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: INC.A.16204		
	VISALIA	CA	93291	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		200.00		
	Name of Employer KAWEAH DELTA DISTRICT HOS-	Occupation	1	\dashv		
	KAWEAH DELTA DISTRICT HOS- PITAL	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		000.00	1		
	Other (specify)		300.00	1		
_	UBTOTAL of Receipts This Page (optional)			300.00		
\vdash	ODITION OF THEORIPIS THIS Page (optional)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)	PAGE 16 / 40
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting	contributions
$\frac{\text{or }}{}$	for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) California Medical Association Political A			solicit contributions from such	n committee.
A .	Full Name (Last, First, Middle Initial) Brian Johnston Mailing Address 112 North Madison Ave City Pasadena FEC ID number of contributing federal political committee. Name of Employer Brian Johnston, MD	State Zip Code CA 91101 C ID number of contributing eral political committee. Description of Employer an Johnston, MD Contribution of Employer and Physician of Employer and Physician of Physician of Physician of Physician of Employer and Johnston, MD		Date of Receipt M M M / D D / 2 1 Transaction ID: INC.A Amount of Each Receip	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00		
3.	Full Name (Last, First, Middle Initial) Brian Johnston Mailing Address 112 North Madison Ave City Pasadena FEC ID number of contributing federal political committee. Name of Employer Brian Johnston, MD Receipt For:	State CA C Occupation PHYSICI Aggregate		Date of Receipt M M M / D D / 2 1 Transaction ID: INC.A Amount of Each Receip	
	Primary General Other (specify) ▼		850.00		
) .	Full Name (Last, First, Middle Initial) Richard Jones Mailing Address 4925 J ST City SACRAMENTO FEC ID number of contributing federal political committee. Name of Employer Eye Site Sacramento Med Grp Receipt For: Primary General Other (specify)	State CA C Occupation PHYSICI Aggregate		Date of Receipt M M M / D D / 2 2 Transaction ID: INC.A Amount of Each Receip	
SI	JBTOTAL of Receipts This Page (optional)				1550.00
т	OTAL This Period (last page this line number on	ly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 17/40
ITEMIZED RECEIPTS			or each category of the	(check only or	, —	
• •	LIVIIZED RECEII 13		Detailed Summary Page	X 11a	11b	11c 12 15 16 17
۸۰	w information against from augh Bonarta and Statemen	nto movir	not be cold or used by any person	13	14	
or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	and addre	ess of any political committee to	solicit contributi	ons from s	uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	California Medical Association Political Action	on Comi	mittee - Federal			
۹.	Full Name (Last, First, Middle Initial) Richard Jones			Date of Re	eceipt	
	Mailing Address 4925 J ST			1 1	22	2006
	•	tate	Zip Code	Transactio		
	SACRAMENTO CA	A	95819	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.					50.00
	Fue Cite Coeremente Med	cupation IYSICIA	ıN			
		gregate \	Year-to-Date ▼			
	Primary General	0 0	750.00			
	Other (specify) ▼	0 0	750.00			
3.	Full Name (Last, First, Middle Initial) Lawrence Kneisley			Date of Re	eceipt	
	Mailing Address 23560 MADISON ST STE 209	05		1 1 1	22	2006
	•	tate	Zip Code	Transaction	n ID: INC	C.A.16228
	TORRANCE CA	<u> </u>	90505	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.					50.00
	Lawrence Khoidley MD Inc	cupation IYSICIA	.N			
	Receipt For: Agg	gregate \	Year-to-Date ▼			
	Primary General	0 0	950.00			
	Other (specify) ▼	0 0	330.00			
Э.	Full Name (Last, First, Middle Initial) Lawrence Kneisley			Date of Re	eceipt	
	Mailing Address 23560 MADISON ST STE 209			1 1	22	2006
	•	tate	Zip Code	Transactio		
	TORRANCE CA	:A	90505	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	;				850.00
	Lauranaa Khaidlau MD Ina	cupation IYSICIA	.N			
		gregate \	Year-to-Date ▼			
	Primary General	0 0	950.00			
	Other (specify) ▼	0 0	0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)		·····			950.00
T	OTAL This Period (last page this line number only)		>			

0	COUEDINE A (EEC Form 2V)			FOR LINE NUMBER: PAGE 18 / 40
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and St.	ntomonte may	, not be cold or used by any perc	
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)			
\rangle	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Elliot Lepler			Date of Receipt
	Mailing Address 877 W. Fremont Ave. S	Suite N		1 1 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16239
	SUNNYVALE	CA	94087	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		900.00
	Name of Employer Camino Medical Group	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1700.00	7
	Other (specify) ▼		1700.00	_
В.	Full Name (Last, First, Middle Initial) Elliot Lepler			Date of Receipt
	Mailing Address 877 W. Fremont Ave. S	M M / D D / Y Y Y Y		
	011	01-1-	7'- 01-	11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16240
	SUNNYVALE	CA	94087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Camino Medical Group	Occupation	 n	\dashv
	Camino Medical Group	PHYSICI	AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1700.00	1
	Other (specify)		1700.00	J.
<u> </u>	Full Name (Last, First, Middle Initial) John Longwell			Date of Receipt
٠.	Mailing Address 7340 VIEWPOINT RD			M M / D D / Y Y Y Y
				11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16248
	Aptos	CA	95003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer John Longwell, MD	Occupation PHYSICI		7
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 5		1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 40 (check only one)
		or each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) California Medical Association Political A	ction Com	ımittee - Federal	
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) John Longwell			Date of Receipt
	Mailing Address 7340 VIEWPOINT RD			1 1 2 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16249
	Aptos FEC ID number of contributing federal political committee.	CA	95003	Amount of Each Receipt this Period 200.00
	Name of Employer John Longwell, MD Receipt For:	Occupation PHYSICIA Aggregate		
	Primary General Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Dexter Louie			Date of Receipt
	Mailing Address 929 CLAY ST STE 501	1 1 2 2 2 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC.A.16252
	SAN FRANCISCO FEC ID number of contributing federal political committee.	CA	94108	Amount of Each Receipt this Period 200.00
	Name of Employer Dexter Louie, MD	Occupation PHYSICI/		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dexter Louie			Date of Receipt
	Mailing Address 929 CLAY ST STE 501			1 1 2 2 2 2 0 0 6
	City SAN FRANCISCO	State CA	Zip Code 94108	Transaction ID: INC.A.16251 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				50.00
	Name of Employer Dexter Louie, MD	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 40
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	California Medical Association Political A	ction Con	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) Arthur Lurvey			Date of Receipt
	Mailing Address 11220 HOMEDALE ST			111 22 7 2006
	City	State	Zip Code	Transaction ID: INC.A.16256
	LOS ANGELES	CA	90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Arthur N. Lurvey, MD, Inc.	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
3.	Full Name (Last, First, Middle Initial) Arthur Lurvey			Date of Receipt
Mailing Address 11220 HOMEDALE ST				1 1 2 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16257
	LOS ANGELES	CA	90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Arthur N. Lurvey, MD, Inc.	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
		0 0		
Э.	Full Name (Last, First, Middle Initial) John Mace			Date of Receipt
	Mailing Address 20 W SOUTH AVE			1 1 2 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16260
	REDLANDS	CA	92373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Dept PED CP A1109	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			300.00
			<u> </u>	
T	OTAL This Period (last page this line number onl	y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y 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.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) John Mace Mailing Address 20 W SOUTH AVE City REDLANDS FEC ID number of contributing federal political committee. Name of Employer Dept PED CP A1109 Receipt For: Primary General Other (specify)	State CA C Occupation PHYSICI Aggregate		Date of Receipt M M M / 22 / 2006 Transaction ID: INC.A.16261 Amount of Each Receipt this Period 200.00
3.	Full Name (Last, First, Middle Initial) Robert Margolin Mailing Address 2340 Clay St 6th FI	0 0		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 SAN FRANCISCO FEC ID number of contributing federal political committee.	State CA	Zip Code 94115	Transaction ID: INC.A.16265 Amount of Each Receipt this Period 50.00
	Name of Employer Rabin Davis Margolim & Mi- Iligan Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
D .	Full Name (Last, First, Middle Initial) Robert Margolin Mailing Address 2340 Clay St 6th FI			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City SAN FRANCISCO FEC ID number of contributing	State CA	Zip Code 94115	Transaction ID: INC.A.16266 Amount of Each Receipt this Period 200.00
	Rame of Employer Rabin Davis Margolim & Mi- Iligan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician		
s	UBTOTAL of Receipts This Page (optional)			450.00
T	OTAL This Period (last page this line number o	nlv)		

COUEDING A (FEC Forms OV)				FOR LINE NUMBER: PAGE 22 / 40		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any pers			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	California Medical Association Political	Action Con	nmittee - Federal			
Α.	Full Name (Last, First, Middle Initial) Eleanor Martinez			Date of Receipt		
	Mailing Address 2504 Samaritan Dr ste	820		1 1 2 2 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC.A.16269		
	San Jose	CA	95124	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Eleanor Martinez, MD	Occupation PHYSICI.				
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General		000.00	1		
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Eleanor Martinez			Date of Receipt		
	Mailing Address 2504 Samaritan Dr ste	M M / D D / Y Y Y Y				
				11 22 2006		
	City	State	Zip Code	Transaction ID: INC.A.16268		
	San Jose	CA	95124	Amount of Each Receipt this Period		
	FEC ID number of contributing			50.00		
	federal political committee.	C		30.00		
	Name of Employer	Occupation	า	-		
	Name of Employer Eleanor Martinez, MD	PHYSICI				
	Receipt For:		Year-to-Date ▼			
	Primary General	33 -3		7		
	Other (specify) ▼		300.00			
_	Full Name (Last, First, Middle Initial)					
C.	,			Date of Receipt		
	Mailing Address 499 S 14th St			1 1 2 2 2 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC.A.16270		
	San Jose	CA	95112	Amount of Each Receipt this Period		
			00.12			
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Joseph Mason, MD	Occupation PHYSICI.		7		
	Receipt For:		Year-to-Date ▼			
	Primary General	33 -3-10		7		
	Other (specify) ▼		350.00			
				"		
	l.					
_	UBTOTAL of Receipts This Page (optional)			300.00		
\vdash	ODITION OF THE OFFICE THIS Page (optional)					

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the nam	ments may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) California Medical Association Political Ad	ction Con	nmittee - Federal	
Α.	Joseph Mason, MD	State CA C Occupation PHYSICI Aggregate	AN Year-to-Date ▼	Date of Receipt M M M / 22 / 2006 Transaction ID: INC.A.16271 Amount of Each Receipt this Period 200.00
	Other (specify) ▼		350.00	
3.	Full Name (Last, First, Middle Initial) Theodore Mazer Mailing Address 6699 ALVARADO RD STE	Date of Receipt M M M		
	SAN DIEGO FEC ID number of contributing federal political committee.	CA	92120	Amount of Each Receipt this Period 50.00
	Theodore Mázer, MD	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) Theodore Mazer Mailing Address 6699 ALVARADO RD STE 2209				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: INC.A.16273
	SAN DIEGO FEC ID number of contributing federal political committee.	CA	92120	Amount of Each Receipt this Period 200.00
Theodore Mozer MD		Occupation PHYSICI		
	- · · · · · · · · · · · · · · · · · · ·		y Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			450.00
Т	OTAL This Period (last page this line number only	<i>γ</i>)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) California Medical Association Political Action	ion Com	nmittee - Federal	
A .	California Medical Association Political Action Committee - Federal Full Name (Last, First, Middle Initial) Maria Minon Mailing Address 455 S MAIN ST City		92868 AN Year-to-Date ▼ 1600.00	Date of Receipt M M M / D D A 2006 Transaction ID: INC.A.16287 Amount of Each Receipt this Period 50.00 Date of Receipt M M M / D D A 2006
	ORANGE FEC ID number of contributing federal political committee. Name of Employer CHILDREN'S HOSPITAL, ORANGE CTY.	State CA Ccupatior HYSICIA ggregate		Transaction ID: INC.A.16286 Amount of Each Receipt this Period 50.00
D.	ORANGE FEC ID number of contributing federal political committee. Name of Employer CHILDREN'S HOSPITAL, ORANGE CTY.	State CA Ccupatior HYSICI ggregate		Date of Receipt M M M / 22 2 2006 Transaction ID: INC.A.16285 Amount of Each Receipt this Period 50.00
s	UBTOTAL of Receipts This Page (optional)		>	150.00
T	OTAL This Period (last page this line number only) .)	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 40 (check only one)	
ITEMIZED RECEIPTS	or each category of the			
TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12	
Anninformation assisted from such Departs and Ch	-1		13 14 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
California Medical Association Political	Action Con	nmittee - Federal		
/ Camerina Medical 7 (Seconditor) 1 cinical	71011011 001	minted Fodoral		
Full Name (Last, First, Middle Initial)				
A. Maria Minon			Date of Receipt	
Mailing Address 455 S MAIN ST			11 22 2006	
City	State	Zip Code		
ORANGE	CA	92868	Transaction ID: INC.A.16284	
	UA	92000	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		800.00	
Name of Employer	Occupation	n	-	
Name of Employer CHILDREN'S HOSPITAL, ORAN- GE CTY.	PHYSICI			
Receipt For:	Aggregate	e Year-to-Date ▼	7	
Primary General		100000	1	
Other (specify) ▼		1600.00		
Full Name (Last, First, Middle Initial) Martina Nicholson			Date of Receipt	
Mailing Address 1661 Soquel Dr Ste A	M M / D D / Y Y Y Y			
Maining Address 1001 Soquel Di Ste A	11 22 2006			
City	State	Zip Code	Transaction ID: INC.A.16299	
Santa Cruz	CA	95065	Amount of Each Receipt this Period	
FEC ID number of contributing			750.00	
federal political committee.	C		750.00	
Name of Employer	Occupation	n	-	
Harbor Med Grp	PHYSICI	AN		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	-	800.00	1	
Other (specify)	0 0	800.00		
Full Name (Last, First, Middle Initial)				
Martina Nicholson			Date of Receipt	
Mailing Address 1661 Soquel Dr Ste A			1 1 2 2 2 0 0 6	
City	State	Zip Code	Transaction ID: INC.A.16300	
Santa Cruz	CA	95065	Amount of Each Receipt this Period	
FEC ID number of contributing			50.00	
federal political committee.				
Name of Employer Harbor Med Grp	Occupation			
	PHYSICI		_	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)		800.00		
□ Strict (opecity) ♥		0 0 0 0 0 0 0	1	
<u>l</u>				
SUBTOTAL of Receipts This Page (optional)			1600.00	
			-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 40
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
California Medical Association Politic	al Action Cor	nmittee - Federal	
Full Name (Last, First, Middle Initial) A. George Paz			Date of Receipt
Mailing Address 3700 Vaca Valley Pk	wy		11 22 2006
City	State	Zip Code	Transaction ID: INC.A.16314
Vacaville	CA	95688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer George Paz, MD	Occupation Physician		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) 3. George Paz	<u>'</u>		Date of Receipt
Mailing Address 3700 Vaca Valley Pk	wy		11 22 7 2006
City	State	Zip Code	Transaction ID: INC.A.16315
Vacaville	CA	95688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer George Paz, MD	Occupation Physician		
Receipt For:	_, · · · · · ·	Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) C. Donald Prolo			Date of Receipt
Mailing Address 203 DI SALVO AVE			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: INC.A.16321
SAN JOSE	CA	95128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Donald Prolo, MD Occupati PHYSI			
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1750.00	
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last nage this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 40 (check only one) X
Any information copied from such Reports and States or for commercial purposes, other than using the nan	ments may not be sold or used by any persone and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) California Medical Association Political Ad	ction Committee - Federal	
Full Name (Last, First, Middle Initial) Donald Prolo		Date of Receipt
Mailing Address 203 DI SALVO AVE		1 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: INC.A.16320
SAN JOSE FEC ID number of contributing federal political committee.	CA 95128	Amount of Each Receipt this Period 900.00
Donald Proló, MD	Decupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) 3. Albert Ray		Date of Receipt
Mailing Address 6127 SEACREST VIEW F		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN DIEGO	State Zip Code CA 92121	Transaction ID: INC.A.16325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Albort Pay MD	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 2. Albert Ray		Date of Receipt
Mailing Address 6127 SEACREST VIEW F	RD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN DIEGO	State Zip Code CA 92121	Transaction ID: INC.A.16326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Albort Dov. NAD	Occupation PHYSICIAN	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1150.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 40	_
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a	7
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y 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.	
NAME OF COMMITTEE (In Full)		=		
California Medical Association Political	Action Cor	nmittee - Federal		
Full Name (Last, First, Middle Initial) Dennis Rhyne			Date of Receipt	
Mailing Address 24411 HEALTH CENTE	R DR STE	420	1 1 1 4 2 0 0 6	
City	State	Zip Code	Transaction ID: INC.A.16328	
LAGUNA HILLS	CA	92653	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		750.00	
Name of Employer Dennis Rhyne, MD	Occupatio PHYSICI			
Receipt For:		Year-to-Date ▼	-	
Primary General	00 0		1	
Other (specify) ▼	0 0	800.00		
Full Name (Last, First, Middle Initial) 3. Dennis Rhyne			Date of Receipt	
Mailing Address 24411 HEALTH CENTE	R DR STE	420	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: INC.A.16329	
LAGUNA HILLS	CA	92653	Amount of Each Receipt this Period	_
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer Dennis Rhyne, MD	Occupatio PHYSICI			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		800.00		
Full Name (Last, First, Middle Initial) C. Gerald Schiff			Date of Receipt	
Mailing Address 23451 Madison St Ste 3	40		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: INC.A.16345	
Torrance	CA	90505	Amount of Each Receipt this Period	_
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer Gerald Schiff,MD	Occupatio PHYSICI			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		291.65		
SUBTOTAL of Receipts This Page (optional)			850.00]
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COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 29 / 40			
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page				
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	California Medical Association Political	Action Con	nmittee - Federal				
Α.	Full Name (Last, First, Middle Initial) Gerald Schiff			Date of Receipt			
	Mailing Address 23451 Madison St Ste 3	340		11 22 7 2006			
	City	State	Zip Code	Transaction ID: INC.A.16346			
	Torrance	CA	90505	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Gerald Schiff,MD	Occupation PHYSICIA					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	1 1	004.05	1			
	Other (specify)		291.65				
В.	Full Name (Last, First, Middle Initial) James Scillian			Date of Receipt			
	Mailing Address 7373 WEST LN	M M / D D / Y Y Y Y					
				11 22 2006			
	City	State	Zip Code	Transaction ID: INC.A.16348			
	STOCKTON	CA	95210	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer KAISER PERMANENTE	Occupation PHYSICI.					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	00 0		1			
	Other (specify) ▼	1	350.00				
	Full Name (Last, First, Middle Initial)						
C.	James Scillian			Date of Receipt			
	Mailing Address 7373 WEST LN		1 1 2 2 2 2 0 0 6				
	City	State	Zip Code	Transaction ID: INC.A.16349			
	STOCKTON	CA	95210	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer KAISER PERMANENTE	Occupation PHYSICI.					
	Receipt For:	1	Year-to-Date ▼				
	Primary General	33 0		1			
	Other (specify)		350.00				
				1			
_	UPTOTAL of Possints This Page (actions)		-	450.00			
$ hild_{ m s}$	UBTOTAL of Receipts This Page (optional)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) California Medical Association Political Ac	tion Com	nmittee - Federal	
	Full Name (Last, First, Middle Initial) Michael Sexton Mailing Address 12 Erica Ct City NOVATO FEC ID number of contributing federal political committee. Name of Employer Michael Sexfon, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jay Shankar Mailing Address 12675 HESPERIA RD City VICTORVILLE FEC ID number of contributing federal political committee. Name of Employer Jay Shankar, MD Receipt For: Primary General Other (specify) General Other (specify)	State CA C Cccupatior PHYSICI Aggregate State CA C	Zip Code 94947 AN Year-to-Date ▼ 850.00 Zip Code 92395	Date of Receipt Transaction ID: INC.A.16353 Amount of Each Receipt this Period 50.00 Date of Receipt 1 1 2 0 0 6 Transaction ID: INC.A.16354 Amount of Each Receipt this Period 50.00
Э.	Full Name (Last, First, Middle Initial) Jay Shankar Mailing Address 12675 HESPERIA RD	Otata	7: 0.1	Date of Receipt 1 1 1 4 2 0 0 6
	City VICTORVILLE	State CA	Zip Code 92395	Transaction ID: INC.A.16355 Amount of Each Receipt this Period
	FEO ID worth and for a life of an	С		50.00
	lov Chankari MD	Occupation PHYSICIA		
			Year-to-Date ▼ 200.00	
s	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number only))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 40
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political Ac	tion Con	nmittee - Federal	
۸.	Full Name (Last, First, Middle Initial) Marvin Singleton			Date of Receipt
	Mailing Address 1637 West Swain Road			11 22 7 2006
	City	State	Zip Code	Transaction ID: INC.A.16360
	Stockton	CA	95207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Marvin Singleton MD	Occupation Physician		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Marvin Singleton			Date of Receipt
	Mailing Address 1637 West Swain Road	1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: INC.A.16361
	Stockton	CA	95207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Marvin Singleton MD	Occupation		
		Physiciar	Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Lytton Smith			Date of Receipt
	Mailing Address 4900 Prospect Ave #170			11 22 7 2006
	City	State	Zip Code	Transaction ID: INC.A.16365
	Yorba Linda	CA	92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		900.00
	Ooma Roard Of Directors	Occupation Physician		
	4 !		Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	1750.00	
s	UBTOTAL of Receipts This Page (optional)			1150.00
<u> </u>	OTAL This Period (last page this line number only)	\		
	LEE ALL LUIC PARION NACE NAMA TRIC IINA NIIMNAY ANIV	1		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER:	PAGE 32/40
	-		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
\rangle	California Medical Association Political A	Action Con	nmittee - Federal		
۹.	Full Name (Last, First, Middle Initial) Lytton Smith			Date of Receipt	
	Mailing Address 4900 Prospect Ave #170)		11 22	2006
	City	State	Zip Code	Transaction ID: IN	
	Yorba Linda	CA	92886	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer Ocma Board Of Directors	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1750.00		
	Other (specify) ▼	0 0	1730.00		
3.	Full Name (Last, First, Middle Initial) Lorene Sponsler			Date of Receipt	
	Mailing Address 1681 Piper Creek			1 1 / D D D 2 1	2006
	City	State	Zip Code	Transaction ID: IN	C.A.16373
	Beaumont	CA	92223	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer Lorene Sponsler, MD	Occupation Alliance	1		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify)	0 0	400.00		
<u>. </u>	Full Name (Last, First, Middle Initial) Lorene Sponsler			Date of Receipt	
_ •	Mailing Address 1681 Piper Creek			M M / D D	/ Y
				11 21	2006
	City	State	Zip Code	Transaction ID: IN	
	Beaumont	CA	92223	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Lorene Sponsler, MD	Occupation Alliance	ı		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
					350.00
S	UBTOTAL of Receipts This Page (optional))		333.00
Т	OTAL This Period (last page this line number on	ly))		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 40
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and St	atomonte ma	y not be cold or used by any perso	13 14 15 16 17
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) California Medical Association Political	Action Cor	nmittee - Federal	
Full Name (Last, First, Middle Initial) A. Susan Sprau			Date of Receipt
Mailing Address 2021 Santa Monica Blv	d Ste 335E		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: INC.A.16375
Santa Monica	CA	90404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Susan Sprau, MD	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) 3. Susan Sprau			Date of Receipt
Mailing Address 2021 Santa Monica Blv	11 22 7 2006		
City	State	Zip Code	Transaction ID: INC.A.16376
Santa Monica	CA	90404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Susan Sprau, MD	Occupatio PHYSICI		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) James Strebig			Date of Receipt
Mailing Address 4050 BARRANCA PKW	/Y STE 250)	1 1 1 4 2 0 0 6
City	State	Zip Code	Transaction ID: INC.A.16381
IRVINE	CA	92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer St Joseph Medical Group	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		200.00	
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last nage this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Han an ann ann an an an Anta-Val	FOR LINE NUMBER: PAGE 34 / 40
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political A	ction Com	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) James Strebig			Date of Receipt
	Mailing Address 4050 BARRANCA PKWY	' STE 250		11 22 7 2006
	City	State	Zip Code	Transaction ID: INC.A.16380
	IRVINE	CA	92604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer St Joseph Medical Group	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	200.00	
 3.	Full Name (Last, First, Middle Initial) Steven Una			Date of Receipt
	Mailing Address 20130 Lake Chabot Rd S	Ste 307		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: INC.A.16395
	Castro Valley	CA	94546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Steven Una, MD	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
 C.	Full Name (Last, First, Middle Initial) Steven Una			Date of Receipt
Mailing Address 20130 Lake Chabot Rd Ste		Ste 307		11 21 2006
	City	State	Zip Code	Transaction ID: INC.A.16396
	Castro Valley	CA	94546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Steven Una, MD	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
s	UBTOTAL of Receipts This Page (optional)			400.00
	· · · · · · · · · · · · · · · · · · ·		•	

SCHEDULE A (FEC Form 3X)			Harris and a shaded of a	FOR LINE NUMBER: PAGE 35 / 40
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
			<u> </u>	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
Or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	۸ - <u>با</u> - با		
	California Medical Association Political	Action Con	ımıttee - Federai	
Α.	Full Name (Last, First, Middle Initial) H Vincent			Date of Receipt
	Mailing Address 10 MIDHILL DR			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: INC.A.16397
	MILL VALLEY	CA	94941	Amount of Each Receipt this Period
			04041	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer H Vincent, MD	Occupation PHYSICIA		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	750.00	
В.	Full Name (Last, First, Middle Initial) H Vincent			Date of Receipt
	Mailing Address 10 MIDHILL DR			1 1 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: INC.A.16398
	MILL VALLEY	CA	94941	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Employer	Occupation	 1	\dashv
	Name of Employer H Vincent, MD	PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)		750.00	
_	Full Name (Last, First, Middle Initial)			
C.	Robert Wailes Mailing Address 320 SANTA FF DR STF	000		Date of Receipt
	Mailing Address 320 SANTA FE DR STE	309		11 22 2006
	City	State	Zip Code	Transaction ID: INC.A.16400
	ENCINITAS	CA	92024	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Employer Robert E Wailes MD	Occupation Physician		
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Ayyıeyale	Toul to Date ¥	1
	Other (specify)		300.00	
		-		1
	L			
5	UBTOTAL of Receipts This Page (optional)			800.00
\vdash	ago (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 36 / 40
	EMIZED RECEIPTS		or each category of the	(check only or	· —	44. 🗆 40
•			Detailed Summary Page	X 11a	11b	11c 12 15 16 17
Ar	y information copied from such Reports and Statement for commercial purposes, other than using the name at	ents may	not be sold or used by any person			
or		and addi	ress of any political committee to	solicit contribution	ons from su	uch committee.
\setminus	NAME OF COMMITTEE (In Full)	_				
/	California Medical Association Political Action	on Com	mittee - Federal			
	Full Name (Last, First, Middle Initial) Robert Wailes			Date of Re	nooint	
٦.	Mailing Address 320 SANTA FE DR STE 309	<u> </u>		M M /	D D	YYYY
		,		11	22	2006
	,	tate	Zip Code	Transactio	n ID: INC	C.A.16401
	ENCINITAS CA	CA	92024	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	;				200.00
	Pohort E Wáilas MD	cupation				
	Priy	ysician				
	Receipt For: Agg Primary General	gregate	Year-to-Date ▼			
	Other (specify)		300.00			
3.	Full Name (Last, First, Middle Initial) Scott Worman			Date of Re	eceipt	
	Mailing Address PO BOX 7063			M M /	1 4	2006
	City Sta	tate	Zip Code	Transaction	n ID: INC	
	RANCHO SANTA FE CA	CA	92067			eipt this Period
	FEC ID number of contributing federal political committee					50.00
	federal political committee.	<u>' </u>				00.00
	Name of Employer Scott Worman, MD	cupation		1		
	Scott Worman, MD PHY	HYSICI <i>A</i>	AN			
		gregate	Year-to-Date ▼			
	Primary General Other (specify)		250.00			
	Offici (Specify)					
<u> </u>	Full Name (Last, First, Middle Initial) Scott Worman			Date of Re	eceint	
	Mailing Address PO BOX 7063			M M /	D D	YYYYY
				11	1 4	2006
	•	tate	Zip Code	Transactio		
	RANCHO SANTA FE CA	CA	92067	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	;				50.00
	Coott Worman MD	cupation				
		IYSICI/		_		
	Receipt For: Agg Primary General	gregale	Year-to-Date ▼			
	Other (specify) ▼		250.00			
		, ,				
0	UBTOTAL of Receipts This Page (optional)					300.00
_	ODITAL OF NECERPLS THIS Page (OPHORIAL)		······		• • • •	
T	OTAL This Period (last page this line number only)		>			21700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 37 / 40 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 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) California Medical Association Political Action Committee - Federal Full Name (Last, First, Middle Initial) American Medical PAC Date of Receipt Mailing Address 1101 Vermont Avenue, NW 10 31 2006 City State Zip Code Transaction ID: EXP.A.16424 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing 6766.52 C00000422 federal political committee. Void check issued 9/12/20-06 Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 6766.52 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	6766.52
TOTAL This Period (last page this line number only)	•	6766.52

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 40 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a	nts may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) California Medical Association Political Action	n Committee - Federal	
Full Name (Last, First, Middle Initial) UBOC Mailing Address 700 L Street		Date of Receipt
City Sta	ate Zip Code	1 0 3 1 2 0 0 6 Transaction ID: INC.A.16422
Sacramento FEC ID number of contributing federal political committee. C	A 95814	Amount of Each Receipt this Period 67.92
	upation gregate Year-to-Date ▼	Interest Income
Primary General Other (specify) ▼	239.61	

SUBTOTAL of Receipts This Page (optional)	•	67.92
TOTAL This Period (last page this line number only)	<u> </u>	67.92

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(e) I -	NUMBER: PAGE 39 / 40	
IT	EMIZED DISBURSEMENTS	for each category of the	(Check onli	_ ,	
		Detailed Summary Page	21b 27	X 22 23 24 25 26 28a 28b 28c 29 30b	
	y Information copied from such Reports and				
or 1	for commercial purposes, other than using the	e name and address of any politic	al committee to so	Dicit contributions from such committee	
	NAME OF COMMITTEE (In Full) California Medical Association Politic	al Action Committee - Feder	ral		
_	Full Name (Last, First, Middle Initial)			Transaction ID: EXP.B.16426	
۹.	American Medical PAC			Date of Disbursement	
	Mailing Address 1101 Vermont Avenue, NW			111 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1101 Vermont Avenue, NW				
	City	State Zip Code		Amount of Each Disbursement this Period	
	Washington	DC 20005	_	0700 50	
	Purpose of Disbursement			6766.52	
	Candidate Name		Category/ Type		
	Office Sought: Senate President State: Diagram State:	sbursement For: Primary Genera Other (specify) ▼	l		
	Full Name (Last, First, Middle Initial)				
3.	American Medical PAC			Transaction ID: EXP.B.16427 Date of Disbursement	
	7 tillorioan Woaloan 7 7 to				
	Mailing Address 1101 Vermont Avenue, NW			111 15 7 2006	
	City	State Zip Code		Amount of Each Disbursement this Period	
	Washington	DC 20005			
	Purpose of Disbursement			3708.19	
	Candidate Name		Category/ Type		
	Office Sought: House Di	sbursement For:	-1		
	Senate	Primary Genera	I		
	President	Other (specify)			
	State: District:				

CURTOTAL of Pickers and This Page (aution)		10474.71
SUBTOTAL of Disbursements This Page (optional)	P	10 11 111 1
TOTAL This Decid (feet consulting for combinated)	_	10474.71
TOTAL This Period (last page this line number only)	•	10474.71

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Form/Schedule: F3XA Transaction ID:	Amending to correct Column 11. (a) (i) & (ii)