

**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

California Medical Association Political Action Committee - Federal

ADDRESS (number and street)

1201 J Street, Suite 375

☐Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003194

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

11

07

2006

in the  
State of

CA

5. Covering Period

10

19

2006

through

11

27

2006

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

Thelma Korpman, MD

Signature of Treasurer

Electronically Filed by Thelma Korpman, MD

Date

02

12

2007

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		122449.41
(b) Cash on Hand at Beginning of Reporting Period .....	147563.17	
(c) Total Receipts (from Line 19) .....	41934.44	130619.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	189497.61	253069.39
7. Total Disbursements (from Line 31) .....	10474.71	74046.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179022.90	179022.90
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

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:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

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	21700.00	49282.50
(i) Itemized (use Schedule A) .....	13400.00	73805.11
(ii) Unitemized .....	35100.00	123087.61
(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) ..... ➤	35100.00	123087.61
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 .....	6766.52	6766.52
17. Other Federal Receipts (Dividends, Interest, etc.) .....	67.92	765.85
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)) .....	41934.44	130619.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41934.44	130619.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	10474.71	73625.13
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	0.00	421.36
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))..	10474.71	74046.49
32. 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/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) .....	35100.00	123087.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35100.00	123087.61
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)  
Peter Anderson  
Mailing Address 1610 W Oceanfront

City State Zip Code  
Newport Beach CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peter Anderson, Med Corp

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16065

Amount of Each Receipt this Period

900.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Anderson  
Mailing Address 1610 W Oceanfront

City State Zip Code  
Newport Beach CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peter Anderson, Med Corp

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16066

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Auer  
Mailing Address 3031 W March Lane, Ste 222W

City State Zip Code  
Stockton CA 95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Los Angeles County Medical  
Association

Occupation  
Med Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16071

Amount of Each Receipt this Period

50.00

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

1000.00

**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 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Arthur Auer

Mailing Address 3031 W March Lane, Ste 222W

City State Zip Code  
 Stockton CA 95219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Los Angeles County Medical  
Association

Occupation  
Med Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Patricia Austin

Mailing Address 217 Saint Paul Dr

City State Zip Code  
 Alamo CA 94507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Eye Center

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: INC.A.16073

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Patricia Austin

Mailing Address 217 Saint Paul Dr

City State Zip Code  
 Alamo CA 94507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Eye Center

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: INC.A.16074

Amount of Each Receipt this Period

900.00

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

1200.00

**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 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)  
 Ronald Bangasser  
 Mailing Address 12724 VALLEY VIEW LN

City State Zip Code  
 REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ronald Bangasser MD

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16076

Amount of Each Receipt this Period

900.00

**B.** Full Name (Last, First, Middle Initial)  
 Ronald Bangasser  
 Mailing Address 12724 VALLEY VIEW LN

City State Zip Code  
 REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ronald Bangasser MD

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16077

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
 Edith Barnes  
 Mailing Address 1229 PAJARO ST

City State Zip Code  
 SALINAS CA 93901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Natividad Medical Center

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16078

Amount of Each Receipt this Period

900.00

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

1850.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Edith Barnes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1229 PAJARO ST		<b>Transaction ID:</b> INC.A.16079
City SALINAS	State CA	Zip Code 93901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Natividad Medical Center	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ilena Blicher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 435 ARDEN AVE STE 540		<b>Transaction ID:</b> INC.A.16090
City GLENDALE	State CA	Zip Code 91203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ilena Blicher, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1037.50	

<b>C.</b> Full Name (Last, First, Middle Initial) Ilena Blicher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 435 ARDEN AVE STE 540		<b>Transaction ID:</b> INC.A.16091
City GLENDALE	State CA	Zip Code 91203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Ilena Blicher, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1037.50	

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

300.00

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

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

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FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

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

Richard Butcher

Mailing Address 292 EUCLID AVE STE 210

City State Zip Code  
 SAN DIEGO CA 92114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard Butcher, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16105

Amount of Each Receipt this Period

50.00

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

Richard Butcher

Mailing Address 292 EUCLID AVE STE 210

City State Zip Code  
 SAN DIEGO CA 92114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard Butcher, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16106

Amount of Each Receipt this Period

200.00

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

J Cassidy

Mailing Address 3929 South Bristol, Suite 202

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J Cassidy, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16112

Amount of Each Receipt this Period

50.00

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

300.00

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 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** J Cassidy

Mailing Address 3929 South Bristol, Suite 202

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J Cassidy, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16113

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**B.** Amber Chatwin

Mailing Address 979 N Gem St

City State Zip Code  
 Tulare CA 93274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopaedic Assn Med Clin-  
ic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16118

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** Amber Chatwin

Mailing Address 979 N Gem St

City State Zip Code  
 Tulare CA 93274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopaedic Assn Med Clin-  
ic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16119

Amount of Each Receipt this Period

50.00

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

1700.00

**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 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Gene Cleaver		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1208B N OLD STAGE RD		<b>Transaction ID:</b> INC.A.16127
City MOUNT SHASTA	State CA	Zip Code 96067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Gene Cleaver, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gene Cleaver		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1208B N OLD STAGE RD		<b>Transaction ID:</b> INC.A.16128
City MOUNT SHASTA	State CA	Zip Code 96067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Gene Cleaver, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Follansbee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 2238 GEARY BLVD		<b>Transaction ID:</b> INC.A.16156
City SAN FRANCISCO	State CA	Zip Code 94115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer KAISER SAN FRANCISCO	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Stephen Follansbee

Mailing Address 2238 GEARY BLVD

City State Zip Code  
 SAN FRANCISCO CA 94115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER SAN FRANCISCO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16157

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Appannagari Gnanadev

Mailing Address 400 N PEPPER AVE FL 6

City State Zip Code  
 COLTON CA 92324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arrowhead Community Surgi-  
cal Medical G

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16171

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** Appannagari Gnanadev

Mailing Address 400 N PEPPER AVE FL 6

City State Zip Code  
 COLTON CA 92324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arrowhead Community Surgi-  
cal Medical G

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16172

Amount of Each Receipt this Period

50.00

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

950.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Bonnie Hamilton Mailing Address 1550 GATEWAY BLVD City State Zip Code FAIRFEILD CA 94533 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kaiser Permanente Medical Off Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16190 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Bonnie Hamilton Mailing Address 1550 GATEWAY BLVD City State Zip Code FAIRFEILD CA 94533 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kaiser Permanente Medical Off Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16191 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Hess Mailing Address 9961 SIERRA AVE City State Zip Code FONTANA CA 92335 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Edward Hess, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16200 Amount of Each Receipt this Period 250.00

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

550.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Hess		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 9961 SIERRA AVE		<b>Transaction ID:</b> INC.A.16201
City FONTANA	State CA	Zip Code 92335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Edward Hess, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Hipskind		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 400 W MINERAL KING AVE		<b>Transaction ID:</b> INC.A.16203
City VISALIA	State CA	Zip Code 93291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer KAWEAH DELTA DISTRICT HOSPITAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Hipskind		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 400 W MINERAL KING AVE		<b>Transaction ID:</b> INC.A.16204
City VISALIA	State CA	Zip Code 93291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer KAWEAH DELTA DISTRICT HOSPITAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 112 North Madison Ave		<b>Transaction ID:</b> INC.A.16211
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Brian Johnston, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 112 North Madison Ave		<b>Transaction ID:</b> INC.A.16212
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brian Johnston, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 4925 J ST		<b>Transaction ID:</b> INC.A.16214
City SACRAMENTO	State CA	Zip Code 95819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Eye Site Sacramento Med Grp	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Jones		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 4925 J ST		
City	State	Zip Code
SACRAMENTO	CA	95819
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> INC.A.16215
Amount of Each Receipt this Period		50.00
Name of Employer Eye Site Sacramento Med Grp		Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00

<b>B.</b> Full Name (Last, First, Middle Initial) Lawrence Kneisley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 23560 MADISON ST STE 205		
City	State	Zip Code
TORRANCE	CA	90505
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> INC.A.16228
Amount of Each Receipt this Period		50.00
Name of Employer Lawrence Kneisley, MD Inc		Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00

<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence Kneisley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 23560 MADISON ST STE 205		
City	State	Zip Code
TORRANCE	CA	90505
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> INC.A.16227
Amount of Each Receipt this Period		850.00
Name of Employer Lawrence Kneisley, MD Inc		Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00

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

950.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(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)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Elliot Lepler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 877 W. Fremont Ave. Suite N		<b>Transaction ID:</b> INC.A.16239
City SUNNYVALE	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Camino Medical Group	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Elliot Lepler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 877 W. Fremont Ave. Suite N		<b>Transaction ID:</b> INC.A.16240
City SUNNYVALE	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Camino Medical Group	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Longwell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 7340 VIEWPOINT RD		<b>Transaction ID:</b> INC.A.16248
City Aptos	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer John Longwell, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(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)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** John Longwell

Mailing Address 7340 VIEWPOINT RD

City	State	Zip Code
Aptos	CA	95003

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
John Longwell, MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	6

Transaction ID: INC.A.16249

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Dexter Louie

Mailing Address 929 CLAY ST STE 501

City	State	Zip Code
SAN FRANCISCO	CA	94108

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dexter Louie, MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	6

Transaction ID: INC.A.16252

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Dexter Louie

Mailing Address 929 CLAY ST STE 501

City	State	Zip Code
SAN FRANCISCO	CA	94108

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dexter Louie, MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	6

Transaction ID: INC.A.16251

Amount of Each Receipt this Period

50.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Arthur Lurvey

Mailing Address 11220 HOMEDALE ST

City State Zip Code  
 LOS ANGELES CA 90049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arthur N. Lurvey, MD, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16256

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Arthur Lurvey

Mailing Address 11220 HOMEDALE ST

City State Zip Code  
 LOS ANGELES CA 90049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arthur N. Lurvey, MD, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16257

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** John Mace

Mailing Address 20 W SOUTH AVE

City State Zip Code  
 REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dept PED CP A1109

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16260

Amount of Each Receipt this Period

50.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)  
John Mace  
Mailing Address 20 W SOUTH AVE

City State Zip Code  
REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept PED CP A1109

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16261

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Margolin  
Mailing Address 2340 Clay St 6th Fl

City State Zip Code  
SAN FRANCISCO CA 94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rabin Davis Margolim & Mi-  
lligan

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  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16265

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Margolin  
Mailing Address 2340 Clay St 6th Fl

City State Zip Code  
SAN FRANCISCO CA 94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rabin Davis Margolim & Mi-  
lligan

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  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16266

Amount of Each Receipt this Period

200.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Eleanor Martinez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 2504 Samaritan Dr ste 820		<b>Transaction ID:</b> INC.A.16269
City San Jose	State CA	Zip Code 95124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Eleanor Martinez, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eleanor Martinez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 2504 Samaritan Dr ste 820		<b>Transaction ID:</b> INC.A.16268
City San Jose	State CA	Zip Code 95124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Eleanor Martinez, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Mason		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 499 S 14th St		<b>Transaction ID:</b> INC.A.16270
City San Jose	State CA	Zip Code 95112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Joseph Mason, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

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

Joseph Mason

Mailing Address 499 S 14th St

City State Zip Code  
 San Jose CA 95112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph Mason, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16271

Amount of Each Receipt this Period

200.00

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

Theodore Mazer

Mailing Address 6699 ALVARADO RD STE 2209

City State Zip Code  
 SAN DIEGO CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Theodore Mazer, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16272

Amount of Each Receipt this Period

50.00

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

Theodore Mazer

Mailing Address 6699 ALVARADO RD STE 2209

City State Zip Code  
 SAN DIEGO CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Theodore Mazer, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16273

Amount of Each Receipt this Period

200.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)

Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code  
 ORANGE CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S HOSPITAL, ORAN-  
GE CTY.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16287

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code  
 ORANGE CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S HOSPITAL, ORAN-  
GE CTY.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16286

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)

Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code  
 ORANGE CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S HOSPITAL, ORAN-  
GE CTY.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16285

Amount of Each Receipt this Period

50.00

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

150.00

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



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)

Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code  
 ORANGE CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S HOSPITAL, ORAN-  
GE CTY.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16284

Amount of Each Receipt this Period

800.00

**B.** Full Name (Last, First, Middle Initial)

Martina Nicholson

Mailing Address 1661 Soquel Dr Ste A

City State Zip Code  
 Santa Cruz CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbor Med Grp

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16299

Amount of Each Receipt this Period

750.00

**C.** Full Name (Last, First, Middle Initial)

Martina Nicholson

Mailing Address 1661 Soquel Dr Ste A

City State Zip Code  
 Santa Cruz CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbor Med Grp

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16300

Amount of Each Receipt this Period

50.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

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

George Paz

Mailing Address 3700 Vaca Valley Pkwy

City State Zip Code  
 Vacaville CA 95688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Paz, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16314

Amount of Each Receipt this Period

50.00

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

George Paz

Mailing Address 3700 Vaca Valley Pkwy

City State Zip Code  
 Vacaville CA 95688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Paz, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16315

Amount of Each Receipt this Period

200.00

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

Donald Prolo

Mailing Address 203 DI SALVO AVE

City State Zip Code  
 SAN JOSE CA 95128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Donald Prolo, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: INC.A.16321

Amount of Each Receipt this Period

50.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Prolo Mailing Address 203 DI SALVO AVE City State Zip Code SAN JOSE CA 95128 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Donald Prolo, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16320 Amount of Each Receipt this Period 900.00
<b>B.</b> Full Name (Last, First, Middle Initial) Albert Ray Mailing Address 6127 SEACREST VIEW RD City State Zip Code SAN DIEGO CA 92121 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Albert Ray, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16325 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Albert Ray Mailing Address 6127 SEACREST VIEW RD City State Zip Code SAN DIEGO CA 92121 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Albert Ray, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16326 Amount of Each Receipt this Period 200.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

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

Dennis Rhyne

Mailing Address 24411 HEALTH CENTER DR STE 420

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dennis Rhyne, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16328

Amount of Each Receipt this Period

750.00

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

Dennis Rhyne

Mailing Address 24411 HEALTH CENTER DR STE 420

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dennis Rhyne, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16329

Amount of Each Receipt this Period

50.00

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

Gerald Schiff

Mailing Address 23451 Madison St Ste 340

City State Zip Code  
Torrance CA 90505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerald Schiff, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16345

Amount of Each Receipt this Period

50.00

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

850.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Schiff Mailing Address 23451 Madison St Ste 340 City State Zip Code Torrance CA 90505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gerald Schiff, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.65			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16346 Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) James Scillian Mailing Address 7373 WEST LN City State Zip Code STOCKTON CA 95210 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer KAISER PERMANENTE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16348 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Scillian Mailing Address 7373 WEST LN City State Zip Code STOCKTON CA 95210 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer KAISER PERMANENTE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16349 Amount of Each Receipt this Period 200.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

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

Michael Sexton

Mailing Address 12 Erica Ct

City State Zip Code  
 NOVATO CA 94947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Sexton, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16353

Amount of Each Receipt this Period

50.00

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

Jay Shankar

Mailing Address 12675 HESPERIA RD

City State Zip Code  
 VICTORVILLE CA 92395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jay Shankar, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16354

Amount of Each Receipt this Period

50.00

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

Jay Shankar

Mailing Address 12675 HESPERIA RD

City State Zip Code  
 VICTORVILLE CA 92395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jay Shankar, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: INC.A.16355

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Marvin Singleton Mailing Address 1637 West Swain Road City State Zip Code Stockton CA 95207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Marvin Singleton, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID: INC.A.16360</b> Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Marvin Singleton Mailing Address 1637 West Swain Road City State Zip Code Stockton CA 95207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Marvin Singleton, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID: INC.A.16361</b> Amount of Each Receipt this Period 200.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lytton Smith Mailing Address 4900 Prospect Ave #170 City State Zip Code Yorba Linda CA 92886 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ocma Board Of Directors Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID: INC.A.16365</b> Amount of Each Receipt this Period 900.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 32 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Lytton Smith Mailing Address 4900 Prospect Ave #170 City State Zip Code Yorba Linda CA 92886 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ocma Board Of Directors Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16366 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lorene Sponsler Mailing Address 1681 Piper Creek City State Zip Code Beaumont CA 92223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lorene Sponsler, MD Occupation Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16373 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lorene Sponsler Mailing Address 1681 Piper Creek City State Zip Code Beaumont CA 92223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lorene Sponsler, MD Occupation Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> INC.A.16374 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		350.00
<b>TOTAL</b> This Period (last page this line number only) .....		



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 40

(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)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Susan Sprau Mailing Address 2021 Santa Monica Blvd Ste 335E City State Zip Code Santa Monica CA 90404 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Susan Sprau, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID: INC.A.16375</b> Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Susan Sprau Mailing Address 2021 Santa Monica Blvd Ste 335E City State Zip Code Santa Monica CA 90404 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Susan Sprau, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID: INC.A.16376</b> Amount of Each Receipt this Period 200.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Strebig Mailing Address 4050 BARRANCA PKWY STE 250 City State Zip Code IRVINE CA 92604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St Joseph Medical Group Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6 <b>Transaction ID: INC.A.16381</b> Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 34 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** James Strebig

Mailing Address 4050 BARRANCA PKWY STE 250

City State Zip Code  
 IRVINE CA 92604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Medical Group

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC.A.16380

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B.** Steven Una

Mailing Address 20130 Lake Chabot Rd Ste 307

City State Zip Code  
 Castro Valley CA 94546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Steven Una, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: INC.A.16395

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Steven Una

Mailing Address 20130 Lake Chabot Rd Ste 307

City State Zip Code  
 Castro Valley CA 94546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Steven Una, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: INC.A.16396

Amount of Each Receipt this Period

200.00

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

400.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) H Vincent		Date of Receipt <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>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	0	6
M	M		/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	0	6													
Mailing Address 10 MIDHILL DR																						
City <b>MILL VALLEY</b>	State <b>CA</b>	Zip Code <b>94941</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.16397																				
Name of Employer H Vincent, MD		Occupation <b>PHYSICIAN</b>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00																					
		Amount of Each Receipt this Period 700.00																				

<b>B.</b> Full Name (Last, First, Middle Initial) H Vincent		Date of Receipt <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>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	0	6
M	M		/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	0	6													
Mailing Address 10 MIDHILL DR																						
City <b>MILL VALLEY</b>	State <b>CA</b>	Zip Code <b>94941</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.16398																				
Name of Employer H Vincent, MD		Occupation <b>PHYSICIAN</b>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00																					
		Amount of Each Receipt this Period 50.00																				

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Wailes		Date of Receipt <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>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	0	6
M	M		/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	0	6													
Mailing Address 320 SANTA FE DR STE 309																						
City <b>ENCINITAS</b>	State <b>CA</b>	Zip Code <b>92024</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.16400																				
Name of Employer Robert E Wailes MD		Occupation <b>Physician</b>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00																					
		Amount of Each Receipt this Period 50.00																				

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Wailes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 320 SANTA FE DR STE 309		<b>Transaction ID:</b> INC.A.16401
City ENCINITAS	State CA	Zip Code 92024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Robert E Wailes MD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Scott Worman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO BOX 7063		<b>Transaction ID:</b> INC.A.16417
City RANCHO SANTA FE	State CA	Zip Code 92067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Scott Worman, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Scott Worman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO BOX 7063		<b>Transaction ID:</b> INC.A.16416
City RANCHO SANTA FE	State CA	Zip Code 92067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Scott Worman, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

300.00

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

21700.00

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 37 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)  
American Medical PAC

Mailing Address 1101 Vermont Avenue, NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00000422

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6766.52

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: EXP.A.16424

Amount of Each Receipt this Period

6766.52

Void check issued 9/12/20-06

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

6766.52

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

6766.52

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

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

UBOC

Mailing Address 700 L Street

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

239.61

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: INC.A.16422

Amount of Each Receipt this Period

67.92

Interest Income

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

67.92

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

67.92

# **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)

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<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** American Medical PAC

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.16426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6766.52

Full Name (Last, First, Middle Initial)

**B.** American Medical PAC

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.16427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3708.19

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

10474.71

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

10474.71

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