



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		78185.85
(b) Cash on Hand at Beginning of Reporting Period.....	29715.85	
(c) Total Receipts (from Line 19) .....	10720.00	40750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40435.85	118935.85
7. Total Disbursements (from Line 31).....	3500.00	82000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36935.85	36935.85
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. 06/2004)

Write or Type Committee Name

**American Gastroenterological Association Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	8000.00	21750.00
(ii) Unitemized .....	2720.00	11000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10720.00	32750.00
(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) .....	10720.00	32750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (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))..... ▶	10720.00	40750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10720.00	40750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	82000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	3500.00	82000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	82000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10720.00	32750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10720.00	32750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

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

Mailing Address 444 FM 1959 Rd Ste A  
 Suite A

City Houston State TX Zip Code 77034-5416

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

Name of Employer Gastroenterology Consultants Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423803**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 57 Edgemont Road

City Asheville State NC Zip Code 28801

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

Name of Employer Self-Employed at Asheville Gastroenter Occupation Gastroenterologist/Hepatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 09 / 24 / 2013  
**Transaction ID : C2436165**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 490 Northampton St.  
 Suite 1

City Kingston State PA Zip Code 18704-4551

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

Name of Employer GI Consultants, Inc Occupation MD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423815**

Amount of Each Receipt this Period  
 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

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

Mailing Address 444 Fm 1959 Rd  
Suite A

City Houston State TX Zip Code 77034-5416

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 10 / 2013  
Transaction ID : C2423801

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5730 Meadow Ln.

City Pfafftown State NC Zip Code 27040

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

Name of Employer Occupation  
Digestive Health Specialists Physician Practice Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 20 / 2013  
Transaction ID : C2436162

Amount of Each Receipt this Period  
250.00

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

Mailing Address Anne Arundel Gastroenterology, PA  
Bestgate Medical Clinic

City Annapolis State MD Zip Code 21401-3033

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

Name of Employer Occupation  
Anne Arundel Gastroenterology Associat Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 10 / 2013  
Transaction ID : C2423795

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Babak Firoozi MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2013 <b>Transaction ID : C2423858</b>
Mailing Address Talbert Medical Group 1236 N. Magnolia Avenue		Amount of Each Receipt this Period 500.00
City Anaheim	State Zip Code CA 92801-2607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Forrest Healthcare Associates	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ronald P. Fogel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2013 <b>Transaction ID : C2436158</b>
Mailing Address 30795 23 Mile Road Ste 206		Amount of Each Receipt this Period 500.00
City Chesterfield	State Zip Code MI 48047-5720	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Digestive Health Center of Michigan	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stafford Samuel Goldstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2013 <b>Transaction ID : C2434748</b>
Mailing Address 3301 Woodburn Road Suite 107		Amount of Each Receipt this Period 400.00
City Annandale	State Zip Code VA 22003	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer No Virginia Gastrointestinal	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

**A. Barry Kisloff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Thornberry Drive  
 City Pittsburgh State PA Zip Code 15235-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2437173**  
 Amount of Each Receipt this Period  
 250.00

**B. Blair S. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1067 Fifth Ave  
 City New York State NY Zip Code 10128-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436237**  
 Amount of Each Receipt this Period  
 500.00

**C. Alexander H. Low**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9797 Wexford Cir  
 City Granite Bay State CA Zip Code 95746-7121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gastroenterology Clinic Occupation Gastroenterologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : C2427071**  
 Amount of Each Receipt this Period  
 250.00

**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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

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

Mailing Address 210 North Ave E

City Cranford State NJ Zip Code 07016-2441

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

Name of Employer Self Occupation M.D.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423856**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 300 Stonecrest Blvd Ste 455 Suite 103

City Smyrna State TN Zip Code 37167-6851

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

Name of Employer Self Occupation Physician/Gastroenterologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 17 / 2013  
**Transaction ID : C2427008**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1231 Pine Grove Ave Ste 2A 1201 Stone St

City Port Huron State MI Zip Code 48060

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

Name of Employer Physician HealthCare Network Occupation Gastroenterologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423852**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

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

Mailing Address 70 Bellevue Avenue

City Springfield State MA Zip Code 01108-1742

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

Name of Employer Springfield Medical Association Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423807**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1717 North 'E' Street Suite 308

City Pensacola State FL Zip Code 32501

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

Name of Employer Gastroenterology Assoc Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423797**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1431 Ave Ponce De Leon Suite 402

City San Juan State PR Zip Code 00907-4026

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 18 / 2013  
**Transaction ID : C2430275**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. COURTNEY FOR CONGRESS**

Mailing Address PO Box 1372

City State Zip Code  
Vernon CT 06066-7372

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Joe Courtney**

Office Sought:  House  
 Senate  
 President  
State: CT District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : D150616**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. REED COMMITTEE**

Mailing Address PO BOX 8628

City State Zip Code  
CRANSTON RI 02920

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Jack Reed**

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : D148832**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3500.00

3500.00