

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		63587.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	78581.50									
(c) Total Receipts (from Line 19)	10950.00	34525.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89531.50	98112.78								
7. Total Disbursements (from Line 31)	4576.29	13157.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84955.21	84955.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	10500.00	32500.00
(ii) Unitemized	450.00	2025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10950.00	34525.00
(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)	10950.00	34525.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10950.00	34525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10950.00	34525.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	8500.00
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.....	2076.29	4657.57
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))..	4576.29	13157.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4576.29	13157.57

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)	10950.00	34525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10950.00	34525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Linda Leckman		Date of Receipt MM / DD / YYYY 05 / 02 / 2011		
	Mailing Address 36 S State St Ste 2100		Transaction ID: AF7D819204D0B4C8C82C		
	City Salt Lake City	State UT	Zip Code 84111-1472	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer InterMountain Medical Group	Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) T. Wayne Munro		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 90 Jackson Pike		Transaction ID: A39CCBBE0CB0944CA8F8		
	City Gallipolis	State OH	Zip Code 45631-1560	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Holzer Clinic, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Erica Peavy		Date of Receipt MM / DD / YYYY 05 / 19 / 2011		
	Mailing Address 14360 160th Place NE		Transaction ID: A27B25C60D769450F99E		
	City Woodinville	State WA	Zip Code 98072-6995	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Everett Clinic	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
MICHELLE KOURY

Mailing Address 37 Murray Ave

City State Zip Code
Goshen NY 10924-1822

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 1 1

Transaction ID: A663DD2CF51C346D1890

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
STEVE JACOBSON

Mailing Address 3118 139th Avenue SE

City State Zip Code
Snohomish WA 98290-9746

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

Name of Employer The Everett Clinic Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: AC4CCC56DE2064ADEA12

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
KENNETH BILGER

Mailing Address 4413 Southford Trace Drive

City State Zip Code
Champaign IL 61822-8565

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: A0DC32556DE104C5F8F8

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
STEPHEN DAHLBERG

Mailing Address 1917 Clover Place

City State Zip Code
Mukilteo WA 98275-2421

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

Name of Employer The Everett Clinic Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A6B5578B3B2614DE39F7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
PHILIP BROWN

Mailing Address 5131 Nicholas Creek Circle

City State Zip Code
Wilmington NC 28409

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

Name of Employer Wilmington Health Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: AA6C18DF367464DBC8F2

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JOHN HINES, MD

Mailing Address 4103 138th Street

City State Zip Code
Urbandale IA 50323-2458

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

Name of Employer The Iowa Clinic, P. C. Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: ABEDE4936B0F34E0AA64

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 12
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RUSSELL BECKLEY

Mailing Address 2427 56th Street SW

City State Zip Code
Everett WA 98203-1479

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

Name of Employer Occupation
The Everett Clinic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A307E733A62FD4A5EAB0

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Hal Teitelbaum

Mailing Address 155 Crystal Run Rd

City State Zip Code
Middletown NY 10941-4028

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

Name of Employer Occupation
Crystal Run Healthcare
Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: AA507099233644052AFA

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 620 Country Club Blvd

City State Zip Code
Des Moines IA 50312-1910

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

Name of Employer Occupation
The Iowa Clinic, P.C.
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A8A0D4ACF2DF2422A9BF

Amount of Each Receipt this Period
500.00

3953

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 2140 Clover Court

City Mukilteo State WA Zip Code 98275-2420

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

Name of Employer The Everett Clinic Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: AFC75D1CA19D7442DA9E

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2 north lane

City Northwood State NH Zip Code 03261-3817

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

Name of Employer dartmouth-hitchcock Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: AB863268217A34E0EB18

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	10500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

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

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

A.

Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2010

Transaction ID: B2795238C897B41CE9F4

Date of Disbursement

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

City MIDLAND State MI Zip Code 48640

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

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

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

A.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 1206

City Brea State CA Zip Code 92822-8713

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BEE2B1C79655949D7837
Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

201.29

B.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Quarterly Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B6E06A9B05A5E4912B73
Date of Disbursement

05 / 17 / 2011

Amount of Each Disbursement this Period

1875.00

SUBTOTAL of Disbursements This Page (optional) ►

2076.29

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

2076.29