06/20/2011 16:00

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Medical Group Association PAC 3901 Hoyt Avenue ADDRESS (number and street) Check if different than previously Everett WA | 98290 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00408120 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2011 05 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MARK E. MANTEI Type or Print Name of Treasurer Electronically Filed by MARK E. MANTEI 06 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Medical Group Association PAC

FEC Form 3X (Rev. 02/2003)

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		63587.78
(b) Cash on Hand at Begining 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
. Total Disbursements (from Line 31)	4576.29	13157.57
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84955.21	84955.21
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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) Page 3

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period:

From: 05

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Y Y W Y 2011

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Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From (a) Individuals/Persons Other	1:	
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10950.00	34525.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees		0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levi	in Funds	
(a) Non-Federal Account (from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10950.00	34525.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	10950.00	34525.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMNIA	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	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
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to		
Federal Candidates/Committeesand Other Political Committees	2500.00	8500.00
44. Independent Expenditure	0.00	0.00
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	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
(b) Political Party Committees (c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	2076.29	4657.57
O. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Endered Election Activity (b) Shared Endered Election Activity (c) Shared Endered Election Activity (d) The state of the sta		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
Γ	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds		
(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)	4570.00	1015757
from Line 31)	4576.29	13157.57

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)	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

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association		sold or used by any personany political committee to	
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Linda Leckman Mailing Address 36 S State St Ste 210 City Salt Lake City	State Zip	o Code 1111-1472	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	REC ID number of contributing federal political committee. Name of Employer InterMountain Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Aggregate Year-to		1500.00
— В.	Full Name (Last, First, Middle Initial) T. Wayne Munro Mailing Address 90 Jackson Pike			Date of Receipt 0 5 1 3 2 0 1 1
	City Gallipolis FEC ID number of contributing federal political committee.		o Code 6631-1560	Transaction ID: A39CCBBE0CB0944CA8F Amount of Each Receipt this Period 250.00
	Name of Employer Holzer Clinic, Inc. Receipt For: Primary Other (specify) ▼	Occupation President Aggregate Year-to	o-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Erica Peavy Mailing Address 14360 160th Place NI	<u> </u>		Date of Receipt
	City Woodinville FEC ID number of contributing federal political committee.	•	o Code 9072-6995	0 5
	Name of Employer The Everett Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to	o-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .)	2250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	und Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions		
American Medical Group Associat	ion PAC			
Full Name (Last, First, Middle Initial) MICHELLE KOURY Miling Address OF Marrier Acceptage 1		Date of Receipt		
Mailing Address 37 Murray Ave		05 20 2011		
City Goshen	State Zip Code NY 10924-1822	Transaction ID: A663DD2CF51C346D1890 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial) STEVE JACOBSON	Full Name (Last, First, Middle Initial) STEVE JACOBSON			
Mailing Address 3118 139th Avenu	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: AC4CCC56DE2064ADEA		
Snohomish	WA 98290-9746	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer The Everett Clinic	Occupation			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) KENNETH BILGER		Date of Receipt		
Mailing Address 4413 Southford Tr	Mailing Address 4413 Southford Trace Drive			
City	State Zip Code	Transaction ID: A0DC32556DE104C5F8F8		
Champaign EEC ID number of contributing	IL 61822-8565	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (option	al)	2500.00		
TOTAL This Period (last page this line nur	nber only)	<u> </u>		

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association		
Full Name (Last, First, Middle Initial) STEPHEN DAHLBERG Mailing Address 1917 Clover Place City Mukilteo FEC ID number of contributing federal political committee. Name of Employer The Everett Clinic Receipt For: Primary General Other (specify)	State Zip Code WA 98275-2421 C Occupation Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) PHILIP BROWN Mailing Address 5131 Nicholas Creek (City Wilmington FEC ID number of contributing federal political committee. Name of Employer Wilmington Health Receipt For: Primary General Other (specify)	State Zip Code NC 28409 C Occupation Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5 3 1 2 0 1 1 Transaction ID: AA6C18DF367464DBC8 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JOHN HINES, MD Mailing Address 4103 138th Street City Urbandale FEC ID number of contributing federal political committee. Name of Employer The Iowa Clinic, P. C. Receipt For: Primary General Other (specify)	State Zip Code IA 50323-2458 C Occupation Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: ABEDE4936B0F34E0AA Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1250.00

	HEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 12 (check only one) X 11a
	information copied from such Reports and commercial purposes, other than using NAME OF COMMITTEE (In Full) American Medical Group Association		y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>!</u>	Full Name (Last, First, Middle Initial) RUSSELL BECKLEY Mailing Address 2427 56th Street SV City Everett FEC ID number of contributing rederal political committee. Name of Employer The Everett Clinic Receipt For: Primary General Other (specify)	State WA C	Zip Code 98203-1479 n e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. <u> </u>	Full Name (Last, First, Middle Initial) Hal Teitelbaum Mailing Address 155 Crystal Run Rd City Middletown FEC ID number of contributing rederal political committee. Name of Employer Crystal Run Healthcare Receipt For: Primary General Other (specify)	State NY C Occupatio Managin	Zip Code 10941-4028 n g Partner e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5 3 1 2 0 1 1 Transaction ID: AA507099233644052AFA Amount of Each Receipt this Period 1000.00
. <u>!</u>	Full Name (Last, First, Middle Initial) Kevin Cunningham Mailing Address 620 Country Club B City Des Moines FEC ID number of contributing federal political committee. Name of Employer The lowa Clinic, P.C. Receipt For: Primary General Other (specify)	State IA C Occupatio Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
su	BTOTAL of Receipts This Page (optional)		2500.00

PAGE 10 / 12 SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Medical Group Association PAC Full Name (Last, First, Middle Initial) SCOTT SCHAAF Date of Receipt A. Mailing Address 2140 Clover Court 05 3 1 2011 City State Zip Code Transaction ID: AFC75D1CA19D7442DA9E Mukilteo WA 98275-2420 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer The Everett Clinic Occupation Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. **BARBARA WALTERS** Date of Receipt Mailing Address 2 north lane 0 5 3 1 2011 City Transaction ID: AB863268217A34E0EB18 State Zip Code Northwood NH 03261-3817 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer dartmouth-hitchcock Occupation Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

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

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A.

S	CHEDULE B (FEC Form 3X)	Use sepa	I lea canarata echadula(e)		NUMBER:	PAGE 11 / 12
IT	EMIZED DISBURSEMENTS		category of the Summary Page	(check only	22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the	•				ŭ
\setminus	NAME OF COMMITTEE (In Full)					
/	American Medical Group Association	PAC				
	Full Name (Last, First, Middle Initial)				Transaction ID:	B2795238C897B41CE9F4
	Dave Camp For Congress 2010				Date of Disburseme	ent
Mailing Address 5915 EASTMAN AVE. SI 5915 EASTMAN AVE. SI					05 09	Y 2011
	City MIDLAND	State MI	Zip Code 48640		Amount of Each Di	sbursement this Period
Purpose of Disbursement					2500.00	
	Candidate Name			Category/ Type		
	Office Sought: House Dis Senate President	Sbursement For: X Primary Other (spe	2014 General cify)			
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	2500.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	' Use separate schedule(s)	FOR LINE (check onl	NUMBER: y one) 22 23 28a 28b	PAGE 12 / 12 24	
	ny Information copied from such Reports an for commercial purposes, other than using					
	NAME OF COMMITTEE (In Full) American Medical Group Association	on PAC				
Α.	Full Name (Last, First, Middle Initial) Bank Of America			Date of Disburseme		
	Mailing Address PO Box 1206		05 7 31	2 0 1 1 Y		
	City Brea	State Zip Code CA 92822-8713		Amount of Each Dis	bursement this Period	
	Purpose of Disbursement Bank Fees		•		201.29	
	Candidate Name		Category/ Type			
	Office Sought: House Senate President State: District:	Disbursement For: 2014 X Primary General Other (specify) ▼				
В.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.			Date of Disburseme		
	Mailing Address 205 Pennsylvania	Avenue, SE		05 17 2011		
	City Washington	State Zip Code DC 20003-1164		Amount of Each Dis	sbursement this Period	
	Purpose of Disbursement Quarterly Service Charge				1875.00	
	Candidate Name		Category/ Type			
	Senate President	Disbursement For: 2014 X Primary General Other (specify)				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	2076.29
TOTAL This Period (last page this line number only)	•	2076.29