

**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  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1101 VERMONT AVENUE, NW  
12TH FLOOR  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000422  
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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2005 through 08 31 2005

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 KEVIN WALKER

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 03 01 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		627875.56
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	1436273.31									
(c) Total Receipts (from Line 19) .....	81904.47	1219983.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1518177.78	1847859.49								
7. Total Disbursements (from Line 31) .....	24880.09	354561.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1493297.69	1493297.69								
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) .....	9800.00									

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 ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	61751.30	981319.06
(i) Itemized (use Schedule A) .....	16381.66	208828.22
(ii) Unitemized .....	78132.96	1190147.28
(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) .....	78132.96	1190147.28
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	5600.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3771.51	24236.65
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)) .....	81904.47	1219983.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81904.47	1219983.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	-4679.91	54520.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	-4679.91	54520.02
22. Transfers to Affiliated/Other Party Committees.....	560.00	59271.78
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	239750.00
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	1020.00
(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	1020.00
29. Other Disbursements.....	0.00	0.00
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))..	24880.09	354561.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24880.09	354561.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	78132.96	1190147.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1020.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78132.96	1189127.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-4679.91	54520.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-4679.91	54520.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<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

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 ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LOUIS M ALPERN, MD

Mailing Address 4171 N MESA STREET

City State Zip Code  
EL PASO TX 79902

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 16 / 2005

Transaction ID: SA11A1.16806

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN HULSE ARMSTRONG, MD

Mailing Address PO BOX 016960

City State Zip Code  
MIAMI FL 33101

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

Name of Employer US ARMY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
08 / 26 / 2005

Transaction ID: SA11A1.16836

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN ROBIN ATWELL, MD

Mailing Address 1355 37TH STREET

City State Zip Code  
VERO BEACH FL 32960

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 16 / 2005

Transaction ID: SA11A1.16794

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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: (check only one)	PAGE 7 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 334 W BLITHEDALE AVENUE

City State Zip Code  
MILL VALLEY CA 94941

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2005

Transaction ID: SA11A1.16816

Amount of Each Receipt this Period  
500.00

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

Mailing Address 206 DOE TRAIL

City State Zip Code  
MORGANVILLE NJ 07751

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

Name of Employer Occupation  
NEW YORK UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 166.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16838

Amount of Each Receipt this Period  
83.32

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

Mailing Address 5640 READ BLVD

City State Zip Code  
NEW ORLEANS LA 70127

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

Name of Employer Occupation  
IMA HEALTHCARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16840

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	633.32
<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: (check only one)	PAGE 8 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BROOKE BUCKLEY, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 18101 LORAIN AVENUE		<b>Transaction ID: SA11A1.16842</b>
City State Zip Code CLEVELAND OH 44111	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FAIRVIEW HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. DUANE M CADY, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address PO BOX 137		<b>Transaction ID: SA11A1.16844</b>
City State Zip Code LA FAYETTE NY 13084	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL CYS</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 7415 SOUTH REACH DRIVE		<b>Transaction ID: SA11A1.16845</b>
City State Zip Code FAIRFAX STATION VA 22039	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	133.32
<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: (check only one)	PAGE 9 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MICHIGAN DOCTORS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2005	
Mailing Address <b>PO BOX 769</b>		<b>Transaction ID: SA11A1.16784</b>	
City <b>EAST LANSING</b>	State <b>MI</b>	Zip Code <b>48826</b>	Amount of Each Receipt this Period 2350.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 23870.00		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM DOLAN, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address <b>220 ALEXANDER STREET</b>		<b>Transaction ID: SA11A1.16847</b>	
City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14607</b>	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. DANIEL PAUL EDNEY, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address <b>104 MCAULEY DRIVE</b>		<b>Transaction ID: SA11A1.16849</b>	
City <b>VICKSBURG</b>	State <b>MS</b>	Zip Code <b>39183</b>	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EDNEY MEDICAL SERVICE	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2429.16
<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: (check only one)	PAGE 10 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NC MEDICAL POL EDUC & ACTION CMMT

Mailing Address PO BOX 25834

City State Zip Code  
RALEIGH NC 27611

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
17350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2005

Transaction ID: SA11A1.16786

Amount of Each Receipt this Period  
1450.00

**B.** Full Name (Last, First, Middle Initial)  
KENTUCKY EDUC MEDICAL PAC

Mailing Address 4965 US HIGHWAY 42

City State Zip Code  
LOUISVILLE KY 40222

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
19680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2005

Transaction ID: SA11A1.16772

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
SAMI OLAKANMI FADARE, JR MD

Mailing Address 135 WILLOW DRIVE

City State Zip Code  
LANSING KS 66043

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2005

Transaction ID: SA11A1.16800

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<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: (check only one)	PAGE 11 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
EVAN L FLATOW, MD

Mailing Address 390 RIVERSIDE DRIVE

City State Zip Code  
NEW YORK NY 10025

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2005

Transaction ID: SA11A1.16820

Amount of Each Receipt this Period  
500.00

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

Mailing Address 136 F STREET SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation ASSOCIATION EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16850

Amount of Each Receipt this Period  
50.00

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

Mailing Address 14829 SW 80TH STREET

City State Zip Code  
MIAMI FL 33193

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16852

Amount of Each Receipt this Period  
45.83

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>595.83</b>
<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: (check only one)	PAGE 12 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JEFF GONZALEZ, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5	
Mailing Address <b>1228 WEST AVENUE</b>		<b>Transaction ID: SA11A1.16854</b>	
City <b>MIAMI BEACH</b>	State <b>FL</b>	Amount of Each Receipt this Period 50.00	
Zip Code <b>33139</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>UNIV OF MIAMI</b>	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		

Full Name (Last, First, Middle Initial) <b>B. PATTI GOSTINE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 5	
Mailing Address <b>2815 LAKE DRIVE SE</b>		<b>Transaction ID: SA11A1.16776</b>	
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>49506</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>N/A</b>	Occupation <b>HOUSEWIFE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. DANA FRED GRAICHEN, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 5	
Mailing Address <b>56 DURRELLS WOODS ROAD</b>		<b>Transaction ID: SA11A1.16778</b>	
City <b>ARUNDEL</b>	State <b>MA</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>04046</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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: (check only one)	PAGE 13 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. RENU GUPTA, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2005	
Mailing Address 412 SALEM CROSSINGS ROAD		<b>Transaction ID: SA11A1.16802</b>	
City MOORESTOWN	State NJ	Zip Code 08057	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VP DEVELOPMENT	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. MONICA HATFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2005	
Mailing Address 1621 WOODVALE DRIVE		<b>Transaction ID: SA11A1.17206</b>	
City CHARLESTON	State WV	Zip Code 25314	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RANOAKE COUNTY SCHOOL	Occupation TEACHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

Full Name (Last, First, Middle Initial) <b>C. ALLAN HAYNES, JR MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 1416 EAST RIDGE		<b>Transaction ID: SA11A1.16884</b>	
City CLOVIS	State MN	Zip Code 88101	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<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: (check only one)	PAGE 14 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JULIUS W HOBSON, JR

Mailing Address 3600 38TH STREET NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer AMERICAN MEDICAL ASSOCIATION  
Occupation ASSOCIATION EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16856

Amount of Each Receipt this Period  
41.66

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

Mailing Address 704 E MAIN STREET

City MOORESTOWN State NJ Zip Code 08057

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

Name of Employer SELF-EMPLOYED  
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  
08 / 26 / 2005

Transaction ID: SA11A1.16858

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
RAJ BEHARI LAL, MD

Mailing Address 2809 MEYERS ROAD

City OAK BROOK State IL Zip Code 60523

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

Name of Employer RETIRED  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16860

Amount of Each Receipt this Period  
41.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	133.32
<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: (check only one)	PAGE 15 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 403 RUSSELL ROAD

City State Zip Code  
ALEXANDRIA VA 22301

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

Name of Employer Occupation  
AMERICAN MEDICAL ASSOCIATION EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

Transaction ID: SA11A1.16861

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
JOY A MAXEY, MD

Mailing Address 3091 MAPLE DRIVE

City State Zip Code  
ATLANTA GA 30305

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

Transaction ID: SA11A1.16863

Amount of Each Receipt this Period  
50.00

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

Mailing Address 810 W BETHANY HOME ROAD

City State Zip Code  
PHOENIX AZ 85013

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6730.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2005

Transaction ID: SA11A1.16829

Amount of Each Receipt this Period  
5450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5541.66
<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: (check only one)	PAGE 16 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ARKANSAS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005	
Mailing Address <b>PO BOX 55088</b>		<b>Transaction ID: SA11A1.16807</b>	
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72215</b>	Amount of Each Receipt this Period 550.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2690.00		

Full Name (Last, First, Middle Initial) <b>B. COLORADO MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005	
Mailing Address <b>PO BOX 17550</b>		<b>Transaction ID: SA11A1.16808</b>	
City <b>DENVER</b>	State <b>CO</b>	Zip Code <b>80217</b>	Amount of Each Receipt this Period 320.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5230.00		

Full Name (Last, First, Middle Initial) <b>C. CONNECTICUT MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005	
Mailing Address <b>160 ST RONAN STREET</b>		<b>Transaction ID: SA11A1.16774</b>	
City <b>NEW HAVEN</b>	State <b>CT</b>	Zip Code <b>06511</b>	Amount of Each Receipt this Period 2320.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27970.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3190.00
<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: (check only one)	PAGE 17 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1925 LOVERING AVENUE

City State Zip Code  
WILMINGTON DE 19806

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2005

Transaction ID: SA11A1.16781

Amount of Each Receipt this Period  
1650.00

**B.** Full Name (Last, First, Middle Initial)  
DISTRICT OF COLUMBIA MEDICAL PAC

Mailing Address 2175 K STREET NW

City State Zip Code  
WASHINGTON DC 20037

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2005

Transaction ID: SA11A1.16770

Amount of Each Receipt this Period  
450.00

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

Mailing Address PO BOX 10269

City State Zip Code  
TALLAHASSEE FL 32302

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 39065.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2005

Transaction ID: SA11A1.16812

Amount of Each Receipt this Period  
2810.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4910.00
<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 18 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1001 GRAND AVENUE

City State Zip Code  
W. DES MOINES IA 50265

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13460.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2005

Transaction ID: SA11A1.16780

Amount of Each Receipt this Period  
350.00

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

Mailing Address 1001 GRAND AVENUE

City State Zip Code  
W. DES MOINES IA 50265

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13710.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2005

Transaction ID: SA11A1.16826

Amount of Each Receipt this Period  
250.00

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

Mailing Address 623 SW 10TH

City State Zip Code  
TOPEKA KS 66612

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 19130.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2005

Transaction ID: SA11A1.16773

Amount of Each Receipt this Period  
270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 870.00

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 20710.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2005

Transaction ID: SA11A1.16771

Amount of Each Receipt this Period  
610.00

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

Mailing Address 6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 21730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2005

Transaction ID: SA11A1.16785

Amount of Each Receipt this Period  
1020.00

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

Mailing Address 6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 22790.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2005

Transaction ID: SA11A1.16814

Amount of Each Receipt this Period  
1060.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2690.00

**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: (check only one)	PAGE 20 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<b>A. MINNESOTA MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 18655 City MINNEAPOLIS State MN Zip Code 55418 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 <b>Transaction ID: SA11A1.16833</b> Amount of Each Receipt this Period 450.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 9790.00

<b>B. MISSISSIPPI MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 2548 City RIDGELAND State MS Zip Code 39158 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 2 / 2 0 0 5 <b>Transaction ID: SA11A1.16782</b> Amount of Each Receipt this Period 210.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11470.00

<b>C. MISSOURI MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1402 City JEFFERSON CITY State MO Zip Code 65102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 <b>Transaction ID: SA11A1.16827</b> Amount of Each Receipt this Period 1360.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 22740.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2020.00</b>
<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: (check only one)	PAGE 21 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address 233 S 13TH STREET

City State Zip Code  
LINCOLN NE 68508

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4567.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2005

Transaction ID: SA11A1.16779

Amount of Each Receipt this Period  
900.00

**B.** Full Name (Last, First, Middle Initial)  
NEW JERSEY MEDICAL PAC

Mailing Address 2 PRINCESS ROAD

City State Zip Code  
LAWRENCEVILLE NJ 08648

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2005

Transaction ID: SA11A1.16834

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 5210 SW CORBETT STREET

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2005

Transaction ID: SA11A1.16813

Amount of Each Receipt this Period  
4360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6760.00</b>
<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 22 / 40  
(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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address PO BOX 8820

City State Zip Code  
HARRISBURG PA 17105

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 38380.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2005

**Transaction ID:** SA11A1.16811

Amount of Each Receipt this Period  
1750.00

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

Mailing Address PO BOX 8820

City State Zip Code  
HARRISBURG PA 17105

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 38630.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2005

**Transaction ID:** SA11A1.16823

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 8820

City State Zip Code  
HARRISBURG PA 17105

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 42180.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2005

**Transaction ID:** SA11A1.16824

Amount of Each Receipt this Period  
3550.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5550.00

**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: (check only one)	PAGE 23 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RHODE ISLAND MEDICAL PAC

Mailing Address 235 PROMENADE STREET

City PROVIDENCE State RI Zip Code 02908

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5010.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2005

Transaction ID: SA11A1.16825

Amount of Each Receipt this Period  
 3420.00

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

Mailing Address 401 W 15TH STREET

City AUSTIN State TX Zip Code 78701

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 108380.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2005

Transaction ID: SA11A1.16809

Amount of Each Receipt this Period  
 900.00

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

Mailing Address 4205 DOVER ROAD

City RICHMOND State VA Zip Code 23221

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 27750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2005

Transaction ID: SA11A1.16832

Amount of Each Receipt this Period  
 1450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5770.00
<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: (check only one)	PAGE 24 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**WEST VIRGINIA MEDICAL PAC**

Mailing Address **PO BOX 4106**

City **CHARLESTON** State **WV** Zip Code **25364**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6520.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	5

**Transaction ID: SA11A1.16828**

Amount of Each Receipt this Period  

4750.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**WISCONSIN PHYSICIANS MEDICAL PAC**

Mailing Address **PO BOX 2295**

City **MADISON** State **WI** Zip Code **53701**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8110.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	5

**Transaction ID: SA11A1.16831**

Amount of Each Receipt this Period  

925.00
--------

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

Mailing Address **2301 21ST AVENUE SOUTH**

City **NASHVILLE** State **TN** Zip Code **37212**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **18810.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	5

**Transaction ID: SA11A1.16810**

Amount of Each Receipt this Period  

650.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6325.00</b>
<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: (check only one)	PAGE 25 / 40
	<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 ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MONICA B MELAMEDOFF, MD

Mailing Address 70 SHRUB HALLOW ROAD

City ROSLYN State NY Zip Code 11576

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 16 / 2005

Transaction ID: SA11A1.16788

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD K NEHRING, MD

Mailing Address 1309 LIBERTY STREET SE

City SALEM State OR Zip Code 97302

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
08 / 26 / 2005

Transaction ID: SA11A1.16865

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
ND COMMISSION ON MED POL ACTION

Mailing Address PO BOX 5538

City BISMARK State ND Zip Code 58501

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt  
08 / 12 / 2005

Transaction ID: SA11A1.16783

Amount of Each Receipt this Period  
650.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1191.66
<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: (check only one)	PAGE 26 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KRISTIE J PARIS, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005	
Mailing Address 2803 ALTA VISTA WAY		Transaction ID: SA11A1.17204	
City LOUISVILLE	State KY	Zip Code 40206	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

Full Name (Last, First, Middle Initial) <b>B. JEAN MARIE PAYER, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 408 ARROWHEAD TRAIL		Transaction ID: SA11A1.16818	
City SINKING SPRING	State PA	Zip Code 19608	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. NESTOR A RAMIREZ-LOPEZ, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 800 E CARPENTER STREET		Transaction ID: SA11A1.16867	
City SPRINGFIELD	State IL	Zip Code 62769	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	591.66
<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: (check only one)	PAGE 27 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DEAN L RIDER, MD

Mailing Address 350 PARNASSUS

City State Zip Code  
SAN FRANCISCO CA 94117

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2005

Transaction ID: SA11A1.16792

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1003 COLONY DRIVE

City State Zip Code  
HARTSDALE NY 10530

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

Name of Employer SELF-EMPLOYED 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  
08 / 26 / 2005

Transaction ID: SA11A1.16869

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID J SCHIFELING, MD

Mailing Address 900 W CLAIRMONT DRIVE

City State Zip Code  
EAU CLAIRE WI 54701

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

Transaction ID: SA11A1.16871

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<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: (check only one)	PAGE 28 / 40
	<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 ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GLENN STEPHEN SHEAR, MD

Mailing Address 33 UPPER RIVERDALE ROAD SW

City RIVERDALE State GA Zip Code 30274

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.16804

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3144 N STREET NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer US SENATE Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.16872

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM CHAS STERNFELD, MD

Mailing Address 4235 SECOR ROAD

City TOLEDO State OH Zip Code 43623

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

Name of Employer TOLEDO CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.16796

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<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: (check only one)	PAGE 29 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
STEVEN MARC STOLLER, MD

Mailing Address 30 W CENTURY ROAD

City State Zip Code  
PARAMUS NJ 07652

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 16 / 2005

Transaction ID: SA11A1.16798

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
LISA JEANNETTE TARDIF, MD

Mailing Address 35 HENRYS MILL LANE

City State Zip Code  
SUDBURY MA 01776

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

Name of Employer FAMILY HEALTH CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
08 / 30 / 2005

Transaction ID: SA11A1.16822

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MEDICAL SOC OF THE ST OF NY PAC

Mailing Address ONE COMMERCE PLAZA

City State Zip Code  
ALBANY NY 12210

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 134030.00

Date of Receipt  
08 / 31 / 2005

Transaction ID: SA11A1.16830

Amount of Each Receipt this Period  
4090.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5090.00
<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: (check only one)	PAGE 30 / 40
	<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 ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JAMES TIMMONS, MD</b>		Date of Receipt MM / DD / YYYY 08 / 16 / 2005
Mailing Address 21 LYNWOOD DRIVE		<b>Transaction ID: SA11A1.16790</b>
City State Zip Code BATTLE CREEK MI 49015	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. ROY W VANDIVER, MD</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address 3562 PIEDMONT ROAD		<b>Transaction ID: SA11A1.16874</b>
City State Zip Code ATLANTA GA 30305	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer MAG MUTUAL	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN M VAN ETTA, MD</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address 1535 SKYWOOD LANE		<b>Transaction ID: SA11A1.16876</b>
City State Zip Code DULUTH MN 55805	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66
Name of Employer ST LUKES INT MED ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	591.66
<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: (check only one)	PAGE 31 / 40
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
STEVEN R WEST, MD

Mailing Address 15636 FIDDESTICKS BOULEVARD

City State Zip Code  
FORT MYERS FL 33912

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

Name of Employer SWFNG 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 Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.16878

Amount of Each Receipt this Period  
37.50

**B.** Full Name (Last, First, Middle Initial)  
BERND A WOLLSCHLAEGER, MD

Mailing Address 16899 NE 15TH AVENUE

City State Zip Code  
N MIAMI BEACH FL 33162

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.16880

Amount of Each Receipt this Period  
41.66

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

Mailing Address 929 SW MULVANE STREET

City State Zip Code  
TOPEKA KS 66606

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.16882

Amount of Each Receipt this Period  
55.55

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	61751.30

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 32 / 40</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

Mailing Address **PO BOX 96211**

City **WASHINGTON** State **DC** Zip Code **20090**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10399.18**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	5

**Transaction ID: SA17.16885**

Amount of Each Receipt this Period  

	<b>3709.51</b>
--	----------------

**INTEREST**

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

Mailing Address **PO BOX 96211**

City **WASHINGTON** State **DC** Zip Code **20090**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10461.18**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	5

**Transaction ID: SA17.16886**

Amount of Each Receipt this Period  

	<b>62.00</b>
--	--------------

**GAIN ON INVESTMENTS**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3771.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3771.51</b>

**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 33 / 40

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

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FIRST NATIONAL MERCHANT SOLUTIONS</b>		<b>Transaction ID:</b> SB21B.16907
Mailing Address 1620 DODGE STREET		Date of Disbursement MM / DD / YYYY 08 / 31 / 2005
City OMAHA	State NE	Amount of Each Disbursement this Period 320.09
Zip Code 68197		
Purpose of Disbursement CREDIT CARD BANK CHARGES	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TIM MURPHY FOR CONGRESS</b>		<b>Transaction ID:</b> SB21B.16909
Mailing Address PO BOX 24551		Date of Disbursement MM / DD / YYYY 08 / 10 / 2005
City PITTSBURGH	State PA	Amount of Each Disbursement this Period -5000.00
Zip Code 15234		
Purpose of Disbursement 2006 PRIMARY-POLL-INKIND-SEE MISC. STMT	Category/Type 011	
Candidate Name TIM MURPHY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

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

-4679.91

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

-4679.91

**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 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)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FLORIDA MEDICAL PAC</b>		<b>Transaction ID: SB22.16890</b> Date of Disbursement
Mailing Address PO BOX 10269		<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City TALLAHASSEE	State FL	Zip Code 32302
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. MEDICAL SOC OF THE ST OF NY PAC</b>		<b>Transaction ID: SB22.16895</b> Date of Disbursement
Mailing Address ONE COMMERCE PLAZA		<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City ALBANY	State NY	Zip Code 12210
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. MICHIGAN DOCTORS PAC</b>		<b>Transaction ID: SB22.16891</b> Date of Disbursement
Mailing Address PO BOX 769		<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City EAST LANSING	State MI	Zip Code 48826
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

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

**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 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)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MINNESOTA MEDICAL PAC</b>		<b>Transaction ID: SB22.16892</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address PO BOX 18655		Amount of Each Disbursement this Period 100.00
City MINNEAPOLIS State MN Zip Code 55418	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 008

Full Name (Last, First, Middle Initial) <b>B. MISSOURI MEDICAL PAC</b>		<b>Transaction ID: SB22.16893</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address PO BOX 1402		Amount of Each Disbursement this Period 50.00
City JEFFERSON CITY State MO Zip Code 65102	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 008

Full Name (Last, First, Middle Initial) <b>C. NEW JERSEY MEDICAL PAC</b>		<b>Transaction ID: SB22.16894</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 2 PRINCESS ROAD		Amount of Each Disbursement this Period 100.00
City LAWRENCEVILLE State NJ Zip Code 08648	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 008

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	250.00
<b>TOTAL</b> 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 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)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. TEXAS MEDICAL PAC</b>		<b>Transaction ID: SB22.16896</b> Date of Disbursement
Mailing Address 401 W 15TH STREET		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
City AUSTIN	State TX	Zip Code 78701
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. UTAH MEDICAL PAC</b>		<b>Transaction ID: SB22.16897</b> Date of Disbursement
Mailing Address 540 EAST FIFTH SOUTH		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
City SALT LAKE CITY	State UT	Zip Code 84102
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA MEDICAL PAC</b>		<b>Transaction ID: SB22.16898</b> Date of Disbursement
Mailing Address 4205 DOVER ROAD		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
City RICHMOND	State VA	Zip Code 23221
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	<input type="text" value="008"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="560.00"/>

**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)

<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 ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CLAY SHAW</b>		Transaction ID: SB23.16906 Date of Disbursement																				
Mailing Address 2600 NE 14TH STREET CAUSEWAY		<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>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	8		2	0	0	5													
City POMPANO BEACH	State FL	Zip Code 33062																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name E CLAY JR SHAW																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: FL	District: 22																					

Amount of Each Disbursement this Period  

5000.00
---------

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CONRAD BURNS</b>		Transaction ID: SB23.16900 Date of Disbursement																				
Mailing Address PO BOX 1596		<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>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	0	5													
City HELENA	State MT	Zip Code 59624																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name CONRAD BURNS																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MT	District: 00																					

Amount of Each Disbursement this Period  

5000.00
---------

Full Name (Last, First, Middle Initial) <b>C. JEFF FORTENBERRY FOR US CONGRESS</b>		Transaction ID: SB23.16902 Date of Disbursement																				
Mailing Address 1620 N STREET		<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>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	2		2	0	0	5													
City LINCOLN	State NE	Zip Code 68508																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NE	District: 01																					

Amount of Each Disbursement this Period  

500.00
--------

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>10500.00</td></tr></table>	10500.00
10500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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 38 / 40

<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 ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOHN SWEENEY FOR CONGRESS</b>		Transaction ID: SB23.16901 Date of Disbursement
Mailing Address PO BOX 1465		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City CLIFTON PARK	State NY	Zip Code 12065
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN E SWEENEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LESLEY MILLER FOR CONGRESS</b>		Transaction ID: SB23.16904 Date of Disbursement
Mailing Address 2505 38TH AVENUE		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City TAMPA	State FL	Zip Code 33610
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name LESLEY JAMES JR MILLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 11	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MARTINEZ FOR SENATE</b>		Transaction ID: SB23.16889 Date of Disbursement
Mailing Address PO BOX 536176		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City ORLANDO	State FL	Zip Code 32853
Purpose of Disbursement 2004 GENERAL DEFICIT	<input type="text" value="011"/> Category/ Type	
Candidate Name MEL MARTINEZ		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 00	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
THELMA DRAKE FOR CONGRESS

Mailing Address PO BOX 61480

City VIRGINIA BEACH State VA Zip Code 23466

Purpose of Disbursement  
2006 PRIMARY

Candidate Name  
THELMA DRAKE

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.16888

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement  
2006 PRIMARY-POLL-INKIND-SEE MISC. STMT

Candidate Name  
TIM MURPHY

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.16905

Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

5000.00

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

6000.00

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

29000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLIC OPINION STRATEGIES	Nature of Debt (Purpose): POLL EXPENSE
Mailing Address 277 S WASHINGTON STREET	
City State ZIP Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.16914</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9800.00	0.00	9800.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	9800.00
2) <b>TOTALS</b> This Period (last page this line number only).....	9800.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	