

# 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) 25 Massachusetts Ave, NW  
Suite 600  
 Check if different than previously reported. (ACC)  
Washington DC 20001

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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

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 12 02 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1718643.76
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1456526.98									
(c) Total Receipts (from Line 19) .....	105527.55	917348.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1562054.53	2635992.13								
7. Total Disbursements (from Line 31) .....	131757.84	1205695.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1430296.69	1430296.69								
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) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	74691.76	347473.29
(ii) Unitemized .....	30803.80	552010.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	105495.56	899483.66
(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) .....	105495.56	899483.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	2000.00
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	15632.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31.99	232.71
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)) .....	105527.55	917348.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	105527.55	917348.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	1657.84	10337.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1657.84	10337.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	2300.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130000.00	1188000.00
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 .....	100.00	5058.34
(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)) .....	100.00	5058.34
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))..	131757.84	1205695.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131757.84	1205695.44

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	105495.56	899483.66
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	5058.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	105395.56	894425.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1657.84	10337.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	15632.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1657.84	-5294.90

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

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

FOR LINE NUMBER: PAGE 6 / 152

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George Mc Cutchan Powell, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0		
	Mailing Address PO Box 189		<b>Transaction ID:</b> 37154191		
	City St Charles	State IL	Zip Code 60174-0189	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer KANE ANESTHESIA ASSOCIATES SC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Werner, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0		
	Mailing Address 1014 Edgewood Cir		<b>Transaction ID:</b> 37311065		
	City Marinette	State WI	Zip Code 54143-4224	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.60		
Name of Employer NORTHREACH HEALTHCARE		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Mandabach, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0		
	Mailing Address 619 19th St S UAB Dept of Anesthesiology		<b>Transaction ID:</b> 37311066		
	City Birmingham	State AL	Zip Code 35249-1900	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.60		
Name of Employer UAHSF PSYCHIATRY		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 152</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<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.</b>	Full Name (Last, First, Middle Initial) James Thos Hay, MD	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 477 N El Camino Real Ste A306	<b>Transaction ID:</b> 37311067
	City Encinitas State CA Zip Code 92024-1350	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NORTH COAST FAMILY MEDICAL GROUP Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Alvin Backs, MD	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 800 E Carpenter St Chief Med Office	<b>Transaction ID:</b> 37311068
	City Springfield State IL Zip Code 62769-0001	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ST JOHNS HOSPITAL Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Ching, MD	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 4322 N Bell Ave # 2	<b>Transaction ID:</b> 37311069
	City Chicago State IL Zip Code 60618-1610	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNIVERSITY OF CHICAGO HOSPITALS Occupation Resident Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joshua M Cohen, MD

Mailing Address 425 W 59th St  
Ste 4A

City State Zip Code  
New York NY 10019-8022

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

Name of Employer Occupation  
BROOKLYN PSYCHIATRY ASSOC Resident

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
208.30

Date of Receipt

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

Transaction ID: 37311070

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)  
Brittney Lee Culp

Mailing Address 4002 Holland Ave  
Apt B

City State Zip Code  
Dallas TX 75219-3873

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

Name of Employer Occupation  
N/A Medical Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
208.30

Date of Receipt

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

Transaction ID: 37311071

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)  
James Allan Goodyear, MD FACS

Mailing Address 2100 N Broad St Ste 100  
North Penn Surgical Assoc

City State Zip Code  
Lansdale PA 19446-1052

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

Name of Employer Occupation  
NORTH PENN SURGICAL ASSOC- IATES Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
416.60

Date of Receipt

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

Transaction ID: 37311072

Amount of Each Receipt this Period

41.66

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

83.32

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



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

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

FOR LINE NUMBER: PAGE 9 / 152  
(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)  
Thomas Lynn Hicks, MD  
 Mailing Address 3258 N Monroe St  
 City Tallahassee State FL Zip Code 32303-2822  
 Date of Receipt 10 / 21 / 2010  
**Transaction ID: 37311073**  
 Amount of Each Receipt this Period 41.66  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATIENTS FIRST Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 416.60

**B.** Full Name (Last, First, Middle Initial)  
Paul Erik Houmann, MD  
 Mailing Address 1809 Cleveland Street Ext  
 City Greenville State SC Zip Code 29607-3029  
 Date of Receipt 10 / 21 / 2010  
**Transaction ID: 37311074**  
 Amount of Each Receipt this Period 41.66  
 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 416.60

**C.** Full Name (Last, First, Middle Initial)  
Russell C Raphaely, MD  
 Mailing Address 1600 Rockland Rd  
Dupont Hosp For Child  
 City Wilmington State DE Zip Code 19803-3607  
 Date of Receipt 10 / 21 / 2010  
**Transaction ID: 37311075**  
 Amount of Each Receipt this Period 41.66  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROF SERVICE FUND ANES Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 416.60

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 10 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Walter Anthony Reiling, MD FACS

Mailing Address 1431 Ridgefield Way

City State Zip Code  
Centerville OH 45459-4939

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 ▼  
416.60

Date of Receipt

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

Transaction ID: 37311076

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Christopher Reilly, MD

Mailing Address 108 Deer Grove Ct

City State Zip Code  
Elizabethtown KY 42701-6986

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

Name of Employer Occupation  
US ARMY Neuroradiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
416.60

Date of Receipt

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

Transaction ID: 37311077

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Erin Leanne Schmidt

Mailing Address 250 E Fern Ave Apt 207

City State Zip Code  
Redlands CA 92373-6070

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

Name of Employer Occupation  
N/A Medical Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
208.30

Date of Receipt

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

Transaction ID: 37311078

Amount of Each Receipt this Period  
20.83

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

104.15

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jose F Arrascue, MD

Mailing Address 5503 S Congress Ave  
Ste 103

City State Zip Code  
Atlantis FL 33462-6614

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

Name of Employer Occupation  
SOUTH PALM BEACH NEPHROLOGY PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.68

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

**Transaction ID: 37311079**

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Roy Gilbert Soto, MD

Mailing Address 355 Sycamore Ct

City State Zip Code  
Bloomfield MI 48302-1173

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

Name of Employer Occupation  
SOUTH OAKLAND ANESTHESIA ASSOCIATES PC Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 624.95

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

**Transaction ID: 37311080**

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Robert Goll, MD

Mailing Address 7758 Chipwood Ln

City State Zip Code  
Jacksonville FL 32256-2350

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

Name of Employer Occupation  
HEEKIN ORTHOPEDIC SPECIALISTS Resident

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.30

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

**Transaction ID: 37311081**

Amount of Each Receipt this Period  
20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

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

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

FOR LINE NUMBER: PAGE 12 / 152  
(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)  
Patrick Andrew Woodard

Mailing Address 3450 Cranbrook Cir

City State Zip Code  
Reno NV 89519-8013

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

Name of Employer N/A Occupation Medical Student

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.30

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

**Transaction ID:** 37311082

Amount of Each Receipt this Period  
20.83

**B.** Full Name (Last, First, Middle Initial)  
Janet Johnson Cash, MD

Mailing Address 833 Saint Vincents Dr  
Ste 401

City State Zip Code  
Birmingham AL 35205-1613

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

Name of Employer SOUTHVIEW MEDICAL GROUP PC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

**Transaction ID:** 37311083

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Gerald Lee Murphy, MD

Mailing Address 2876 Sycamore Dr  
Ste 200

City State Zip Code  
Simi Valley CA 93065-1550

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

Name of Employer SIMI VALLEY OB GYN MEDICAL GROUP Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

**Transaction ID:** 37311084

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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.</b>	Full Name (Last, First, Middle Initial) William Wells Simmons, MD		Date of Receipt	
	Mailing Address 5204 Box Turtle Cir		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311085
	Sarasota	FL	34232-4311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer US NAVY		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) David Edwin Winchester, MD		Date of Receipt	
	Mailing Address 7615 SW 58th Ln Apt 308		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311086
	Gainesville	FL	32608-4996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.83	
Name of Employer UNIVERSITY OF FLORIDA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		208.30		

<b>C.</b>	Full Name (Last, First, Middle Initial) William T Bradley, MD		Date of Receipt	
	Mailing Address 811 Interstate 20 W Ste 212		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311087
	Arlington	TX	76017-5873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 152  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Terrance Wm Breen, MD

Mailing Address 5503 Rutgers Rd

City State Zip Code  
La Jolla CA 92037-7822

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

Name of Employer Occupation  
ASMG Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** 37311088

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Leon Harvey Chandler, MD

Mailing Address 4100 Lake Otis Pkwy  
Ste 216

City State Zip Code  
Anchorage AK 99508-5230

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

Name of Employer Occupation  
A A SPECIALTY HEALTH CLIN-IC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** 37311091

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Peter Poje, MD

Mailing Address 3580 Sheridan Dr

City State Zip Code  
Buffalo NY 14226-1645

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

Name of Employer Occupation  
PEDIATRIC ENT ASSOCIATES Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** 37311092

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 152  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill Dr

City Bluffton State SC Zip Code 29910-4720

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

Name of Employer TENET EAST COOPER SPINE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 516.60

Date of Receipt 10 / 21 / 2010

**Transaction ID: 37311093**

Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Carol Jean Ziel, MD

Mailing Address 2025 Frontis Plaza Blvd Ste 100  
Duke Eye Ctr Winston-Salem

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer DUKE EYE CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.68

Date of Receipt 10 / 21 / 2010

**Transaction ID: 37311094**

Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Damon Michael Dietrich, MD

Mailing Address 229 English Turn Dr

City New Orleans State LA Zip Code 70131-3348

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

Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt 10 / 21 / 2010

**Transaction ID: 37311095**

Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 16 / 152  
(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)  
James Albert Corwin, MD  
Mailing Address 4516 Robin Ln

City State Zip Code  
Midland TX 79707-2219

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

Name of Employer Occupation  
US ONCOLOGY Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.60

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

**Transaction ID:** 37311096  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Michael Armstrong, Jr. MD  
Mailing Address 8700 Stony Point Pkwy Ste 110

City State Zip Code  
Richmond VA 23235-1968

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 ▼ 416.60

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

**Transaction ID:** 37311097  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Masud Iqbal Malik, MD  
Mailing Address 3865 N Mulford Rd

City State Zip Code  
Rockford IL 61114-5603

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 ▼ 416.60

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

**Transaction ID:** 37311098  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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.</b>	Full Name (Last, First, Middle Initial) Scott Alan Hopkins, MD		Date of Receipt
	Mailing Address 4252 Highland Dr Ste 200		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Salt Lake City	UT	84124-2690
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 37311099
Name of Employer WESTERN UROLOGICAL CLINIC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
		<input type="text" value="516.60"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ilse R Levin, MD		Date of Receipt
	Mailing Address Baystate Med Ctr Dept Of Int Med S2570		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Springfield	MA	01199-0001
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 37311100
Name of Employer BAYSTATE MEDICAL CENTER		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.83"/>
		<input type="text" value="208.30"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerry D McLaughlin, MD		Date of Receipt
	Mailing Address 5419 N Lovington Hwy Ste 25		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hobbs	NM	88240-9135
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 37311101
Name of Employer SELF-EMPLOYED		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
		<input type="text" value="416.60"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="104.15"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 152
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Willard Stanley Stawski, MD		Date of Receipt	
	Mailing Address 1900 Wealthy St SE Ste 180		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311102
	Grand Rapids	MI	49506-2972	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer HEALTHQUEST SURGICAL ASSO- CIATES		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) Basem Badie Abdelmalak, MD		Date of Receipt	
	Mailing Address 9500 Euclid Ave E-31		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311103
	Cleveland	OH	44195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer CLEVELAND CLINIC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.60		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD		Date of Receipt	
	Mailing Address 600 N Fairbanks Ct Apt 2501		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311104
	Chicago	IL	60611-5856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer NOMC MACNEAL RADIATION TH- ERAPY		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 19 / 152  
(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)  
Kristin Marie Redenbaugh, DO

Mailing Address 62 Southpond Rd

City State Zip Code  
S Glastonbury CT 06073-2324

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

Name of Employer Occupation  
CMG HARTFORD, CT OB/GYN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

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

**Transaction ID:** 37311105

Amount of Each Receipt this Period  
20.83

**B.** Full Name (Last, First, Middle Initial)  
Agueda Lucia Mercado Acevedo, MD

Mailing Address 45 Clark St

City State Zip Code  
Yonkers NY 10704-2824

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 ▼ 416.60

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

**Transaction ID:** 37311106

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Elmer G Smith, MD

Mailing Address 4351 Booth Calloway Rd  
Ste 311

City State Zip Code  
N Richlnd Hls TX 76180-7380

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

Name of Employer Occupation  
MEDICAL EDGE HEALTH CARE Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

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

**Transaction ID:** 37311107

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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.</b>	Full Name (Last, First, Middle Initial) Gregory Laurence Heacock, MD		Date of Receipt	
	Mailing Address 2002 Medical Pkwy Ste 230		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311108
	Annapolis	MD	21401-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer ANNAPOLIS ENT		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.68		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joydeep Som, MD		Date of Receipt	
	Mailing Address 2002 Medical Pkwy Ste 230		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311109
	Annapolis	MD	21401-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
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 ▼		
		416.60		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Franklin Tate, MD		Date of Receipt	
	Mailing Address 1090 SW 15th St		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37311110
	Boca Raton	FL	33486-6858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer RADIOLOGIST OF N FT LAUDE- RDALE PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Allen Dart, MD

Mailing Address 1000 N Oak Ave  
Marshfield Clinic

City State Zip Code  
Marshfield WI 54449-5702

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

Name of Employer Occupation  
MARSHFIELD CLINIC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
416.60

Date of Receipt

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

Transaction ID: 37311111

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Harold A Woodcome, MD

Mailing Address 690 Eddy St  
Retina Consultants

City State Zip Code  
Providence RI 02903-4928

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

Name of Employer Occupation  
RETINA CONSULTANTS, INC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
416.68

Date of Receipt

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

Transaction ID: 37311112

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Martin G Guerrero, MD

Mailing Address PO Box 780219

City State Zip Code  
San Antonio TX 78278-0219

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 ▼  
416.60

Date of Receipt

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

Transaction ID: 37311113

Amount of Each Receipt this Period  
41.66

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

124.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Theodore A Galianos, MD

Mailing Address 151 Whitmar Rd

City State Zip Code  
Cotuit MA 02635-2931

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.60

Date of Receipt

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

Transaction ID: 37311114

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Kalyan S Krishnan, MD

Mailing Address 100 N Academy Ave

City State Zip Code  
Danville PA 17822-9800

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

Name of Employer Occupation  
GEISINGER MEDICAL CENTER Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.60

Date of Receipt

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

Transaction ID: 37311115

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Ted Louie, MD

Mailing Address 44 Buckingham Dr

City State Zip Code  
Belle Mead NJ 08502-4022

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

Name of Employer Occupation  
HIGHLAND PARK MEDICAL ASSOCIATES Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.60

Date of Receipt

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

Transaction ID: 37311116

Amount of Each Receipt this Period  
41.66

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

**124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erich Bryan Groos, MD		Date of Receipt																					
	Mailing Address 2400 Patterson St Ste 201		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	1	0														
	City Nashville State TN Zip Code 37203-1587		<b>Transaction ID:</b> 37311117																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer CORNEA CONSULTANTS OF NASHVILLE PLLC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60		41.66																						

<b>B.</b>	Full Name (Last, First, Middle Initial) John Norris Harrington, MD		Date of Receipt																					
	Mailing Address 9301 N Central Expy Ste 595		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	1	0														
	City Dallas State TX Zip Code 75231-0812		<b>Transaction ID:</b> 37311119																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
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 ▼ 416.60		41.66																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Michael Kline, MD		Date of Receipt																					
	Mailing Address 446 Beardsley Cir		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	1	0														
	City Henderson State NV Zip Code 89052-2669		<b>Transaction ID:</b> 37311120																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer COMPREHENSIVE CANCER CTRS OF NV Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.68		41.66																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Raj Behari Lal, MD

Mailing Address 2809 Meyers Rd

City State Zip Code  
Oak Brook IL 60523-1623

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.60

Date of Receipt

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

Transaction ID: 37311121

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

David Andrew Gregg

Mailing Address 607 Queens Rd Apt E

City State Zip Code  
Charlotte NC 28207-1452

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

Name of Employer Occupation  
N/A Medical Student

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.34

Date of Receipt

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

Transaction ID: 37311122

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Neal Patel

Mailing Address 73 Sassafras Ct

City State Zip Code  
N Brunswick NJ 08902-5003

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

Name of Employer Occupation  
N/A Medical Student

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.30

Date of Receipt

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

Transaction ID: 37311123

Amount of Each Receipt this Period

20.83

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

83.32

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 152

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas James Madejski, MD

Mailing Address 100 Ohio St Ste C

City State Zip Code  
Medina NY 14103-1191

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 ▼  
416.60

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

**Transaction ID:** 37311124

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Patricia J Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code  
Fergus Falls MN 56537-2756

FEC ID number of contributing federal political committee. C

Name of Employer FERGUS FALLS MEDICAL GROUP PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

**Transaction ID:** 37311125

Amount of Each Receipt this Period  
41.66

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

Mailing Address 405 N Hibiscus Dr Apt 210

City State Zip Code  
Miami Beach FL 33139-5170

FEC ID number of contributing federal political committee. C

Name of Employer UNIVERSITY OF MIAMI Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

**Transaction ID:** 37311126

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... 124.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Jacqueline Unger		Date of Receipt MM / DD / YYYY 10 / 21 / 2010		
	Mailing Address 116 Silver Palm Ave.		<b>Transaction ID:</b> 37311127		
	City Melbourne	State FL	Zip Code 32901-3172	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 416.60		
Name of Employer N/A		Occupation Physician Spouse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60			

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Samuel Valenti, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2010		
	Mailing Address 2805 S Mayhill Rd		<b>Transaction ID:</b> 37311128		
	City Denton	State TX	Zip Code 76208-5910	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 416.60		
Name of Employer CARING FOR WOMEN, PA		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60			

<b>C.</b>	Full Name (Last, First, Middle Initial) Kavita Rajendra Shah, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2010		
	Mailing Address 834 Chestnut St Ste 400		<b>Transaction ID:</b> 37311130		
	City Philadelphia	State PA	Zip Code 19107-5113	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 208.30		
Name of Employer THOMAS JEFFERSON UNIVERSITY HOSPITAL		Occupation Resident - OB/GYN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.30			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 152  
(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)  
Isabel Vega, MD  
Mailing Address 136 Clubhouse PI  
City Elk City State OK Zip Code 73644-7302  
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 ▼ 416.60  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311132  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Charles Frederick Willson, MD  
Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds  
City Greenville State NC Zip Code 27834-4300  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EAST CAROLINA UNIV PHYSIC- IANS Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.60  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311135  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Peter Augusto Bernardo, MD  
Mailing Address 700 Bellevue St SE Ste 230  
City Salem State OR Zip Code 97301-3855  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311137  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Richard S Frankenstein, MD

Mailing Address 1202 Castlegate Ln

City State Zip Code  
Santa Ana CA 92705-2941

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

Name of Employer Occupation  
RIVERSIDE MED CLINIC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68

Date of Receipt

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

Transaction ID: 37311138

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Nicholas Alexander Zorko

Mailing Address 339 W 5th Ave

City State Zip Code  
Columbus OH 43201-3111

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

Name of Employer Occupation  
N/A Medical Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.34

Date of Receipt

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

Transaction ID: 37311139

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Howard Bradley Chodash, MD

Mailing Address 3804 Indian Lands Ln

City State Zip Code  
Springfield IL 62711-8214

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

Name of Employer Occupation  
HEALTHCARE NETWORK ASSOCI- ATES Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68

Date of Receipt

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

Transaction ID: 37311140

Amount of Each Receipt this Period

41.66

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

104.15

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

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

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

FOR LINE NUMBER: PAGE 29 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Niranjan Marino Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City State Zip Code  
Oneida NY 13421-1851

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37311141

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)  
J Duchicela Santacruz, MD

Mailing Address 402 Youens Dr

City State Zip Code  
Weimar TX 78962-3680

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

Name of Employer Occupation  
YOUENS AND DUCHICELA CLIN-IC Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37311142

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Zev Galper, MD

Mailing Address 1245 Park Ave Apt 4C

City State Zip Code  
New York NY 10128-1736

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

Name of Employer Occupation  
COLUMBIA UNIVERSITY MEDICAL CENTER Chief Resident

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.34

Date of Receipt

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

Transaction ID: 37311143

Amount of Each Receipt this Period

20.83

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

104.15

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 152  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Marcy L Zwelling, MD

Mailing Address 3771 Katella Ave  
Ste 108

City State Zip Code  
**Los Alamitos CA 90720-3111**

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 ▼  
**416.68**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 21 / 2010**

**Transaction ID: 37311144**

Amount of Each Receipt this Period  
**41.66**

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

Mailing Address 119 Belmont St

City State Zip Code  
**Worcester MA 01605-2903**

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333.36**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 21 / 2010**

**Transaction ID: 37311145**

Amount of Each Receipt this Period  
**41.66**

**C.** Full Name (Last, First, Middle Initial)  
Scott Robert Hannum, DO

Mailing Address 6554 Lake Burden View Dr

City State Zip Code  
**Windermere FL 34786-5652**

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

Name of Employer VASCULAR CLINIC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.02**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 21 / 2010**

**Transaction ID: 37311146**

Amount of Each Receipt this Period  
**41.66**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Joseph Mc Elroy Mann, MD

Mailing Address 163 N Date St

City State Zip Code  
Escondido CA 92025-3405

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37311147

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Gary Robert Katz, MD

Mailing Address 7918 Wisteria Ct

City State Zip Code  
Dublin OH 43016-8531

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

Name of Employer Occupation  
PREMIER HEALTHCARE SERVICES, INC. Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37311148

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Andrew Lutzkanin, III

Mailing Address 1835 Blacklatch Ln

City State Zip Code  
Middletown PA 17057-2984

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

Name of Employer Occupation  
N/A Medical Student

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.34

Date of Receipt

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

Transaction ID: 37311149

Amount of Each Receipt this Period

20.83

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

104.15

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

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

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

FOR LINE NUMBER: PAGE 32 / 152  
(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)  
Andrew Buchholz  
Mailing Address 303 Vine St. Apt 201  
City Philadelphia State PA Zip Code 19106-1143  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Medical Student  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.34  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311150  
Amount of Each Receipt this Period 20.83

**B.** Full Name (Last, First, Middle Initial)  
Dennis Buford Yelvington, MD  
Mailing Address 1609 N Medical Dr  
City Stuttgart State AR Zip Code 72160-3274  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STUTTGART REGIONAL CLINIC NETWORK Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311151  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Stephen Mc Cague Aldrich, MD  
Mailing Address PO Box 468 Fairhaven Family Med, PS  
City Burlington State WA Zip Code 98233-0468  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FAIRHAVEN FAMILY MEDICINE, PS Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37311152  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 104.15  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Juan Manuel Pardo, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 2002 Medical Pkwy Ste 230		<b>Transaction ID:</b> 37330091
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21401-3282</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>41.66</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 ▼ <b>416.60</b>	

**B.**

Full Name (Last, First, Middle Initial) Juan Michael Pardo, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 2002 Medical Pkwy Ste 230		<b>Transaction ID:</b> 37330092
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21401-3282</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>41.66</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 ▼ <b>416.60</b>	

**C.**

Full Name (Last, First, Middle Initial) David Glen Morrell, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 2121 N 1700 W		<b>Transaction ID:</b> 37330093
City <b>Layton</b>	State <b>UT</b>	Zip Code <b>84041-8803</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>41.66</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 ▼ <b>416.60</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Michael Beittel, MD

Mailing Address 612 Cody Dr

City State Zip Code  
Thomasville NC 27360-9674

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

Name of Employer Occupation  
ACT MEDICAL GROUP PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37330702

Amount of Each Receipt this Period

83.40

**B.**

Full Name (Last, First, Middle Initial)  
Juan Francisco Fitz, MD

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

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

Name of Employer Occupation  
COVENANT MEDICAL GROUP AD-MINISTRATION Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.68

Date of Receipt

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

Transaction ID: 37330704

Amount of Each Receipt this Period

125.06

**C.**

Full Name (Last, First, Middle Initial)  
David M Y Yeh, MD

Mailing Address 801 S Washington St  
Dept of Radiology

City State Zip Code  
Naperville IL 60540-7430

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 37330708

Amount of Each Receipt this Period

1000.00

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

1208.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Tin M Way, MD

Mailing Address 481 Plumas Blvd Ste 201

City State Zip Code  
Yuba City CA 95991-5075

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

Name of Employer Occupation  
SUTTER NORTH MEDICAL GROUP Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 37330709

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Rex A Amonette, MD

Mailing Address 1455 Union Ave  
Memphis Dermatology

City State Zip Code  
Memphis TN 38104-6735

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

Name of Employer Occupation  
MEMPHIS DERMATOLOGY CLINIC PA Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 37330713

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Gary Bubly, MD

Mailing Address 164 Summit Ave  
Dept MED

City State Zip Code  
Providence RI 02906-2853

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

Name of Employer Occupation  
MIRIAM HOSPITAL Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

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

Transaction ID: 37332498

Amount of Each Receipt this Period  
100.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 152  
(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)  
Virginia Tullis Latham, MD  
Mailing Address 140 Old Littleton Rd  
City State Zip Code  
Harvard MA 01451-1415  
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 10 / 21 / 2010  
Transaction ID: 37340859  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Bubly, MD  
Mailing Address 164 Summit Ave  
Dept MED  
City State Zip Code  
Providence RI 02906-2853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MIRIAM HOSPITAL Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: 37340860  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
George Anthony Gentry, MD  
Mailing Address 6218 N Suffolk Dr  
City State Zip Code  
Peoria IL 61615-2741  
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 10 / 21 / 2010  
Transaction ID: 37340866  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Paul Cattau, MD		Date of Receipt
	Mailing Address 2251 N Shore Dr Ste 200 Cancer Center		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rhineland	WI	54501-8360
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MARIAN HEALTH CARE		Occupation Physician	<b>Transaction ID:</b> 37340871
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) John Michael Van Etta, MD		Date of Receipt
	Mailing Address 1535 Skywood Ln		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Duluth	MN	55805-1153
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES		Occupation Physician	<b>Transaction ID:</b> 37342461
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="833.30"/>	<input type="text" value="83.33"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Lee Van Etta, MD		Date of Receipt
	Mailing Address 1001 E Superior St Assoc/St Lukes Lakeview 201		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Duluth	MN	55802-2207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES		Occupation Physician	<b>Transaction ID:</b> 37342462
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="833.30"/>	<input type="text" value="83.33"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="666.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 152

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mike R. Cys

Mailing Address 7307 Laketree Dr.

City State Zip Code  
Fairfax Station VA 22039-2926

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2010

**Transaction ID: 37342463**

Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Nestor A Ramirez-Lopez, MD

Mailing Address 1319 Grandview Dr

City State Zip Code  
Champaign IL 61820-6824

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NORTHSIDE NEONATAL & INFANT CARE Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2010

**Transaction ID: 37342464**

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Joy Ann Maxey, MD

Mailing Address 3091 Maple Dr NE Ste 315

City State Zip Code  
Atlanta GA 30305-2613

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ATLANTA CHILDRENS CLINICAL CENTER PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2010

**Transaction ID: 37342465**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... 249.99

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

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

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

FOR LINE NUMBER: PAGE 39 / 152  
(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)  
Roy Wesley Vandiver, MD

Mailing Address 3525 Piedmont Rd NE  
Ste 600

City Atlanta State GA Zip Code 30305-1578

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

Name of Employer MAG MUTUAL INSURANCE CO Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

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

**Transaction ID:** 37342466

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City Florence State SC Zip Code 29506-2617

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 ▼  
833.30

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

**Transaction ID:** 37342467

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Keith Francis De Sonier, MD

Mailing Address 555 Dr Michael Debakey Dr

City Lake Charles State LA Zip Code 70601-5700

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 ▼  
833.30

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

**Transaction ID:** 37342468

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

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

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

FOR LINE NUMBER: PAGE 40 / 152  
(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)  
John Steven Polsley, MD

Mailing Address 900 Scioto St  
Family Physician of Urbana

City Urbana State OH Zip Code 43078-2251

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

Name of Employer FAMILY PHYSICIANS OF URBA-NA INC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

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

**Transaction ID:** 37342469

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
William Lee Hamilton, MD

Mailing Address 5171 Cottonwood St  
Ste 750

City Salt Lake Cty State UT Zip Code 84107-5705

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

Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.84

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

**Transaction ID:** 37342470

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Mr. George E. Cox

Mailing Address 10308 Fleming Ave.

City Bethesda State MD Zip Code 20814-2136

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

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

**Transaction ID:** 37342471

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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



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

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

FOR LINE NUMBER: PAGE 41 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Louise Mueller, MD

Mailing Address 610 E Palisade Ave

City State Zip Code  
Englewood NJ 07632-1801

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 ▼ 833.30

Date of Receipt

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

Transaction ID: 37342472

Amount of Each Receipt this Period

83.33
-------

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth D. Lancin

Mailing Address 610 East Plaisade Avenue

City State Zip Code  
Englewood Cliffs NJ 07632-1801

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

Name of Employer SELF-EMPLOYED Occupation Management Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.30

Date of Receipt

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

Transaction ID: 37342473

Amount of Each Receipt this Period

83.33
-------

**C.**

Full Name (Last, First, Middle Initial)  
Lisa Bohman Egbert, MD

Mailing Address 7720 Paragon Rd  
Paragon Women's Care

City State Zip Code  
Dayton OH 45459-4053

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

Name of Employer PARAGON WOMEN'S CARE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.30

Date of Receipt

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

Transaction ID: 37342475

Amount of Each Receipt this Period

83.33
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.99
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 152  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory Jude Gallina, MD

Mailing Address 20 Prospect Ave Ste 811

City Hackensack State NJ Zip Code 07601-1989

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

Name of Employer COLON RECTAL SURGERY PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: 10 / 23 / 2010  
Transaction ID: 37342476  
Amount of Each Receipt this Period: 83.33

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

Mailing Address 675 Sherwood Ln.

City Staunton State VA Zip Code 24401-4425

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: 10 / 23 / 2010  
Transaction ID: 37342477  
Amount of Each Receipt this Period: 83.33

**C.** Full Name (Last, First, Middle Initial)  
Floyd Anthony Buras, Jr. MD

Mailing Address 713 Live Oak St

City Metairie State LA Zip Code 70005-1243

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

Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: 10 / 23 / 2010  
Transaction ID: 37342478  
Amount of Each Receipt this Period: 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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.</b>	Full Name (Last, First, Middle Initial) Mary Susan Carpenter, MD		Date of Receipt
	Mailing Address PO Box 769		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Winner	SD	57580-0769
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC		Occupation Physician	<b>Transaction ID:</b> 37342479
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 833.30	<input type="text"/> 83.33

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Lee Dillehay, MD		Date of Receipt
	Mailing Address 251 E Huron St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60611-2908
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATION		Occupation Physician	<b>Transaction ID:</b> 37342480
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 833.30	<input type="text"/> 83.33

<b>C.</b>	Full Name (Last, First, Middle Initial) Stuart Gitlow, MD		Date of Receipt
	Mailing Address 153 Gaskill St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Woonsocket	RI	02895-1011
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF-EMPLOYED		Occupation Physician	<b>Transaction ID:</b> 37342482
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 833.30	<input type="text"/> 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.99
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Randolph J Gould, MD FACS

Mailing Address 1801 Windy Ridge Pt

City State Zip Code  
Virginia Bch VA 23454-1534

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

Name of Employer Occupation  
NORFOLK SURGICAL GROUP LTD Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 933.30

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

**Transaction ID: 37342483**

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Robert Ernest Hertzka, MD

Mailing Address PO Box 1018

City State Zip Code  
Rcho Santa Fe CA 92067-1018

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

Name of Employer Occupation  
ANESTHESIA SERVICE MEDICAL GROUP Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

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

**Transaction ID: 37342485**

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
John Jos Kennedy, Jr. MD

Mailing Address 1675 Providence Ave

City State Zip Code  
Schenectady NY 12309-3919

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 ▼ 833.30

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

**Transaction ID: 37342486**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Chas Komorowski, MD		Date of Receipt
	Mailing Address 610 S Trumbull St		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bay City	MI	48708-7656
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 37342487
Name of Employer SELF-EMPLOYED		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="833.34"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Joel Koretz, MD		Date of Receipt
	Mailing Address 6200 Slocum Rd		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ontario	NY	14519-9142
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 37342488
Name of Employer SELF-EMPLOYED		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="833.30"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Glenn Allen Loomis, MD		Date of Receipt
	Mailing Address 1600 Albany St St Francis Medical Group		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Beech Grove	IN	46107-1541
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 37342489
Name of Employer SPARROW HEALTH SYSTEM		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="833.30"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="249.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Wm Mc Cormick, MD FACS	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0
	Mailing Address 2222 Cherry St # 2-M200	<b>Transaction ID:</b> 37342490
	City State Zip Code Toledo OH 43608-2673	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NEUROSURGICAL NETWORK INC Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael E Migliori, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0
	Mailing Address 120 Dudley St Ste 301	<b>Transaction ID:</b> 37342491
	City State Zip Code Providence RI 02905-2429	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF-EMPLOYED Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Kay Miller, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0
	Mailing Address 22 S 900 E	<b>Transaction ID:</b> 37342492
	City State Zip Code Salt Lake City UT 84102-1307	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation INTERMOUNTAIN EAR NOSE & THROAT SPEC. Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lance Allen Talmage, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 45 Exmoor		<b>Transaction ID:</b> 37342493		
	City Ottawa Hills	State OH	Zip Code 43615-2174	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 833.34		
Name of Employer PROMEDICA PHYSICIAN GROUP		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin Walker		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 10635 Canterbury Rd.		<b>Transaction ID:</b> 37342494		
	City Fairfax Station	State VA	Zip Code 22039-1927	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 833.30		
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation AMA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Bradley Simon, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 35 Gellatly Dr		<b>Transaction ID:</b> 37342495		
	City Wappingers Fl	State NY	Zip Code 12590-6452	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 833.30		
Name of Employer NAPA		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 48 / 152  
(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)  
David Thos Hannan, MD

Mailing Address 3669 Countryside Ln  
Box 110

City Marion State NY Zip Code 14505-9781

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

Name of Employer ARCADIA FAMILY PRACTICE PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342496  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Robert Cameron More, MD

Mailing Address 6 Sand Hill Rd  
Ste 102

City Flemington State NJ Zip Code 08822-4946

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

Name of Employer HUNTERDON ORTHOPEDIC INST-ITUTE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342497  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Stephen Alan Imbeau, MD

Mailing Address 800 E Cheves St Ste 420  
Allergy Asthma and Sinus Ctr

City Florence State SC Zip Code 29506-2649

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

Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342498  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

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



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

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

FOR LINE NUMBER: PAGE 49 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William Austin Dolan, MD

Mailing Address 880 Westfall Rd  
Ste A

City State Zip Code  
Rochester NY 14618-2611

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

Name of Employer  
GENESEE VALLEY ORTHOPAEDIC CENTER

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342500

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Hugo Armando Alvarez, MD

Mailing Address 169 Santa Fe Ln

City State Zip Code  
Willow Spgs IL 60480-1624

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

Name of Employer  
ACCESS COMMUNITY HEALTH NETWORK ADMIN

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342501

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Angelo S Carrabba, MD

Mailing Address 811 Blue Hills Ave

City State Zip Code  
Bloomfield CT 06002-3709

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 ▼  
833.30

Date of Receipt

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

Transaction ID: 37342502

Amount of Each Receipt this Period  
83.33

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

249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diana Reiko Shiba, MD		Date of Receipt	
	Mailing Address 8950 Costa Verde Blvd No 4137		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37342503
	San Diego	CA	92122-1176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) John S Mc Intyre, MD		Date of Receipt	
	Mailing Address 2000 Winton Rd S Ste 303		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37342504
	Rochester	NY	14618-3970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer UNITY MENTAL HEALTH		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.30		

<b>C.</b>	Full Name (Last, First, Middle Initial) Devdutta G Sangvai, MD		Date of Receipt	
	Mailing Address 708 Oxboro Cir		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37342505
	Durham	NC	27713-8298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer DUKE UNIVERSITY		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David George Gerkin, MD

Mailing Address 2300 Lakemoor Dr

City State Zip Code  
Knoxville TN 37920-2815

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 ▼  
833.30

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

Transaction ID: 37342506

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Hans Chin Arora

Mailing Address 540 W Belmont Ave  
Unit 2B

City State Zip Code  
Chicago IL 60657-4678

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

Name of Employer N/A Occupation Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

Transaction ID: 37342507

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Donald Franklin, Jr. MD

Mailing Address 5335 Summerfield Ln

City State Zip Code  
Signal Mtn TN 37377-2861

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

Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

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

Transaction ID: 37342508

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **208.32**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Janice Tildon-Burton, MD

Mailing Address 2600 Glasgow Ave  
Ste 207

City State Zip Code  
Newark DE 19702-5704

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.30

Date of Receipt

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

Transaction ID: 37342510

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen Blake, MD

Mailing Address 15 Charles Plz  
Apt 1402

City State Zip Code  
Baltimore MD 21201-3941

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

Name of Employer Occupation  
NEW MEXICO HEART INSTITUT-  
E-ALBUQUERQUE Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.30

Date of Receipt

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

Transaction ID: 37342511

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Spurgeon Wm Clark, III MD

Mailing Address 502 Isabella St

City State Zip Code  
Waycross GA 31501-3638

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

Name of Employer Occupation  
EMORY HEALTHCARE Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.30

Date of Receipt

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

Transaction ID: 37342513

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 53 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Vito Nenna, MD

Mailing Address 1465 Route 31 S

City State Zip Code  
Annandale NJ 08801-3129

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 ▼  
833.30

Date of Receipt

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

Transaction ID: 37342514

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
You Sung Sang, MD

Mailing Address 79 Wawecus St  
Ste 101

City State Zip Code  
Norwich CT 06360-2173

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

Name of Employer Occupation  
NORWICH GI ASSOCIATES PC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342515

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Albert Ray, MD

Mailing Address 6127 Seacrest View Rd

City State Zip Code  
San Diego CA 92121-4123

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

Name of Employer Occupation  
KAISER FDN HEALTH PLAN NA-TION HQ Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342517

Amount of Each Receipt this Period  
83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 54 / 152  
(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)  
Raj Ambay, MD  
Mailing Address 607 Viento De Avila  
City Tampa State FL Zip Code 33613-5228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UW-MADISON Occupation Plastic Surgery Resident  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.60  
Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342518  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Alexander Ding, MD  
Mailing Address 4 Longfellow Pl Apt 2910  
City Boston State MA Zip Code 02114-2826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PARTNERS HEALTH CARE Occupation Resident  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.60  
Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342519  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Joseph Payne Annis, MD  
Mailing Address 3 Sundown Pkwy  
City Austin State TX Zip Code 78746-5201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UT PHYSICIANS-ADMINISTRAT-ION Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.30  
Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342520  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.65  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Thomas Walton Eppes, Jr. MD

Mailing Address PO Box 389

City State Zip Code  
Forest VA 24551-0389

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

Name of Employer  
CENTRAL VIRGINIA FAMILY  
PHYSICIANS

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

933.30

Date of Receipt

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

Transaction ID: 37342521

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Srinivas B Mukkamala, MD

Mailing Address 1170 Charter Dr  
Ste F

City State Zip Code  
Flint MI 48532-3587

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 ▼

833.30

Date of Receipt

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

Transaction ID: 37342522

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Heather Elaine Kaiser, MD

Mailing Address 2716 Elliott Ave  
Apt 905

City State Zip Code  
Seattle WA 98121-3512

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

Name of Employer  
UW ANESTHESIOLOGY

Occupation  
Resident

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

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

Transaction ID: 37342523

Amount of Each Receipt this Period

41.66

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

208.32

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 1620 S Congress Ave Ste 100		<b>Transaction ID:</b> 37342524		
	City Palm Springs	State FL	Zip Code 33461-2128	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer PLASTIC SURGERY OF PALM BEACH PA	Occupation Physician	Aggregate Year-to-Date 833.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Erick Allen Eiting, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 15 W 107th St Apt 24		<b>Transaction ID:</b> 37342525		
	City New York	State NY	Zip Code 10025-3308	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer JACOBI MEDICAL CENTER	Occupation Resident	Aggregate Year-to-Date 416.60		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) William Chas Sternfeld, MD FACS		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 4235 Secor Rd		<b>Transaction ID:</b> 37342526		
	City Toledo	State OH	Zip Code 43623-4231	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer TOLEDO CLINIC	Occupation Physician	Aggregate Year-to-Date 833.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 57 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Snyder, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 8630 Fenton St Ste 608		<b>Transaction ID:</b> 37342527		
	City Silver Spring	State MD	Zip Code 20910-3830	Amount of Each Receipt this Period 83.33	
	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 ▼ 833.30			

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl Alexander Sirio, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 50 Quail Hill Rd		<b>Transaction ID:</b> 37342528		
	City Blawnox	State PA	Zip Code 15238-1834	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.30			

<b>C.</b>	Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 21 Ravona St		<b>Transaction ID:</b> 37342529		
	City Clifton	State NJ	Zip Code 07012-1521	Amount of Each Receipt this Period 83.33	
	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 ▼ 833.30			

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 58 / 152  
(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)  
William Eric Kobler, MD  
 Mailing Address 6729 Mill Brook Dr  
 City State Zip Code  
 Rockford IL 61108-4310  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 1 0  
**Transaction ID:** 37342530  
 Amount of Each Receipt this Period  
 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OSF MEDICAL GROUP Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.30

**B.** Full Name (Last, First, Middle Initial)  
Peter Scott Lund, MD FACS  
 Mailing Address 311 W 24th St  
 City State Zip Code  
 Erie PA 16502-2665  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 1 0  
**Transaction ID:** 37342531  
 Amount of Each Receipt this Period  
 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALLIED UROLOGY ASSOCIATES Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.30

**C.** Full Name (Last, First, Middle Initial)  
Georgia Anne Tuttle, MD  
 Mailing Address 129 Mechanic St  
 The Skin Care Ctr  
 City State Zip Code  
 Lebanon NH 03766-1522  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 1 0  
**Transaction ID:** 37342532  
 Amount of Each Receipt this Period  
 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 59 / 152  
(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)  
David John Schifeling, MD

Mailing Address 900 W Clairemont Ave

City Eau Claire State WI Zip Code 54701-6122

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

Name of Employer MARSHFIELD CLINIC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342533  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Richard Jeffrey Scott, MD

Mailing Address 1 Riverview Plz Riverview Med Ctr

City Red Bank State NJ Zip Code 07701-1872

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

Name of Employer MERIDIAN HEALTH Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342534  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Ruth Jean Schulze, MD

Mailing Address 577 Chestnut Ridge Rd Ste 2

City Woodcliff Lk State NJ Zip Code 07677-8400

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

Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF LAKE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342535  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Robt Mc Gill, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 1 0		
	Mailing Address 436A State St		<b>Transaction ID:</b> 37342536		
	City Bangor	State ME	Zip Code 04401-6606	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 833.30			

<b>B.</b>	Full Name (Last, First, Middle Initial) Perry Lynn Haney, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 1 0		
	Mailing Address PO Box 6680		<b>Transaction ID:</b> 37342537		
	City Denver	State CO	Zip Code 80206-0680	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SPINEONE, INC	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.30			

<b>C.</b>	Full Name (Last, First, Middle Initial) Roni Ephrat, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 1 0		
	Mailing Address 116 Broadway		<b>Transaction ID:</b> 37342539		
	City Norwood	State NJ	Zip Code 07648-1401	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BERGEN ANESTHESIA	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.30			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 152  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Gerald Robert Stephenson, Jr. MD

Mailing Address 1000 9th Ave

City State Zip Code  
**Fort Worth TX 76104-3906**

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

Name of Employer Occupation  
TEXAS HEALTH CARE PLLC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt **10 / 23 / 2010**

**Transaction ID: 37342540**

Amount of Each Receipt this Period **83.33**

**B.** Full Name (Last, First, Middle Initial)  
Mr. William R. Abrams

Mailing Address 155 Ash St.

City State Zip Code  
**Saratoga Springs NY 12866-3826**

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

Name of Employer Occupation  
MEDICAL SOCIETY OF THE STATE OF NY Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 23 / 2010**

**Transaction ID: 37342541**

Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Fay Wu, MD

Mailing Address 2504 Samaritan Dr Ste 20

City State Zip Code  
**San Jose CA 95124-4005**

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 ▼ **833.30**

Date of Receipt **10 / 23 / 2010**

**Transaction ID: 37342542**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional) ..... **266.66**

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

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

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

FOR LINE NUMBER: PAGE 62 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Allan Sandler, MD

Mailing Address 4270 Barcroft Way

City State Zip Code  
Orchard Lake MI 48323-1804

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

Name of Employer Occupation  
HENRY FORD MEDICAL CENTER Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342545

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Robert Puchalski, MD

Mailing Address 1165 Highway 1 S  
Sutie 300

City State Zip Code  
Lugoff SC 29078-8966

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

Name of Employer Occupation  
SOUTH CAROLINA ENT Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
833.30

Date of Receipt

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

Transaction ID: 37342546

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Rebecca J Patchin, MD

Mailing Address 18195 Kross Rd

City State Zip Code  
Riverside CA 92508-8897

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 ▼  
833.30

Date of Receipt

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

Transaction ID: 37342547

Amount of Each Receipt this Period  
83.33

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

249.99

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City	State	Zip Code
Silver Spring	MD	20901-4917

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

Name of Employer US NAVY	Occupation Physician
-----------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60
---	------------------------------------

Date of Receipt

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

Transaction ID: 37342548

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)  
Samantha Leona Rosman, MD

Mailing Address 39A Danforth St

City	State	Zip Code
Jamaica Plain	MA	02130-1847

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

Name of Employer BOSTON MEDICAL CENTER	Occupation Physician
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60
---	------------------------------------

Date of Receipt

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

Transaction ID: 37342550

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)  
Betty Shuwein Chu, MD

Mailing Address 233 Warrington Rd

City	State	Zip Code
Bloomfield	MI	48304-2952

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

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 ▼ 833.30
---	------------------------------------

Date of Receipt

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

Transaction ID: 37342551

Amount of Each Receipt this Period

83.33

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

166.65

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dale Clifford Moquist, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 14023 Southwest Fwy Physicians at Sugarcreek		<b>Transaction ID:</b> 37342552		
	City Sugar Land	State TX	Zip Code 77478-3550	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer MEMORIAL HERMANN	Occupation Physician	Aggregate Year-to-Date 916.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas P. Healy, Jr.		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 547 S Clark St Apt 1401		<b>Transaction ID:</b> 37342553		
	City Chicago	State IL	Zip Code 60605-1548	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	Aggregate Year-to-Date 833.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mokarram Husain Jafri, Jr. MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 6 Oakhurst Ct		<b>Transaction ID:</b> 37342554		
	City Clifton Park	State NY	Zip Code 12065-8719	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation Anesthesiologist	Aggregate Year-to-Date 833.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

249.99

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



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

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

FOR LINE NUMBER: PAGE 65 / 152  
(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)  
Gerald Edward Harmon, MD

Mailing Address 9699 Ocean Hwy  
PO Box 289

City Pawleys Isl State SC Zip Code 29585-7425

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 ▼ 833.34

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

**Transaction ID:** 37342555

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Louis James Kraus, MD

Mailing Address 456 Woodland Rd

City Highland Park State IL Zip Code 60035-5057

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 ▼ 833.34

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

**Transaction ID:** 37342557

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Michael Jos Sexton, MD

Mailing Address 12 Erica Ct

City Novato State CA Zip Code 94947-1900

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 ▼ 833.34

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

**Transaction ID:** 37342558

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mutaz Billah Habal, MD FRCSC

Mailing Address 205 W Martin Luther King Blvd

City Tampa State FL Zip Code 33603-3600

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 ▼ 833.34

Date of Receipt

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

Transaction ID: 37342559

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Susan Rudd Bailey, MD

Mailing Address 5929 Lovell Ave  
Fwaa

City Fort Worth State TX Zip Code 76107-5029

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

Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.34

Date of Receipt

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

Transaction ID: 37342560

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Maureen Rose Lannan, MD

Mailing Address 622 Cypress St

City Sulphur State LA Zip Code 70663-5052

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 ▼ 833.34

Date of Receipt

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

Transaction ID: 37342561

Amount of Each Receipt this Period

83.33

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

249.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Corliss Adam Varnum, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 79 Regan Dr		Transaction ID: 37342562		
	City Oswego	State NY	Zip Code 13126-5602	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 833.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Danl Aiello, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 275 E 28th St		Transaction ID: 37342563		
	City Yuma	State AZ	Zip Code 85364-8206	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AIELLO EYE INSTITUTE		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli		Date of Receipt MM / DD / YYYY 10 / 23 / 2010		
	Mailing Address 2360 SW Archer Rd Apt 311		Transaction ID: 37342564		
	City Gainesville	State FL	Zip Code 32608-1010	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A		Occupation Medical Student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	208.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Valerie Pronio-Stelluto, MD

Mailing Address 330 Mt Auburn St  
Mount Auburn Hosp

City Cambridge State MA Zip Code 02138-5597

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

Name of Employer MOUNT AUBURN HOSPITAL Occupation Physician - Director, Med. Student Edu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342565  
Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
James J Dehen, MD

Mailing Address 2024 S 6th St

City Brainerd State MN Zip Code 56401-4529

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

Name of Employer BRAINERD MEDICAL CENTER INC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt 10 / 23 / 2010  
Transaction ID: 37342566  
Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Keith Irvin Adams, MD

Mailing Address 416 Munro Rd

City Mill Hall State PA Zip Code 17751-8463

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

Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 25 / 2010  
Transaction ID: 37342884  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 152  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Suma Anna Thomas, MD

Mailing Address 388 Norfolk St  
# 1

City State Zip Code  
Cambridge MA 02139-1417

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

Name of Employer Occupation  
LAHEY CLINIC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2010

**Transaction ID:** 37342886

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
David Andrew Rosman, MD

Mailing Address 39A Danforth St

City State Zip Code  
Jamaica Plain MA 02130-1847

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

Name of Employer Occupation  
MGH Resident

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2010

**Transaction ID:** 37342904

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Krystal Lynne Tomei

Mailing Address 90 Bergen St Ste 8100  
Dept of Neurological Surgery

City State Zip Code  
Newark NJ 07103-2425

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

Name of Employer Occupation  
N/A Medical Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** 37352398

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **624.99**

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

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

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

FOR LINE NUMBER: PAGE 70 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steven Anthony Severyn, MD

Mailing Address 1231 Granville Rd

City State Zip Code  
Newark OH 43055-2148

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

Name of Employer Occupation  
OHIO STATE SPINE CENTER Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37352399

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)  
Luis Arturo Sanchez, MD

Mailing Address 169 S Graeser Rd

City State Zip Code  
Saint Louis MO 63141-8313

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

Name of Employer Occupation  
WASHINGTON UNIVERSITY Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37362395

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
William Clayton Stafford, MD

Mailing Address 101 Hospital Dr  
Stafford Family Medicine

City State Zip Code  
Princeton KY 42445-2301

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 ▼ 287.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37362507

Amount of Each Receipt this Period

26.36

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

1068.02

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Allen Nathaniel Gustin, MD

Mailing Address 827 W Buckingham Pl  
Apt 1

City Chicago State IL Zip Code 60657-8317

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 10 / 27 / 2010

Transaction ID: 37362508

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Joel Thos Bundy, MD

Mailing Address 745 Battlefield Blvd N

City Chesapeake State VA Zip Code 23320-0305

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

Name of Employer TIDEWATER KIDNEY SPECIALISTS Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 733.34

Date of Receipt 11 / 01 / 2010

Transaction ID: 37380772

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Harold Walter Miller, MD

Mailing Address 210 W 53rd St  
North Medical Center

City Davenport State IA Zip Code 52806-2251

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

Name of Employer GENESIS HEALTH SYSTEM Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010

Transaction ID: 37380773

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **383.33**

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

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

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

FOR LINE NUMBER: PAGE 72 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marilyn Joan Heine, MD

Mailing Address 900 Twining Rd

City State Zip Code  
Dresher PA 19025-1726

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

Name of Employer  
SEVERN EMERGENCY PHYSICIAN-S

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.68

Date of Receipt

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

Transaction ID: 37384654

Amount of Each Receipt this Period

41.66
-------

**B.**

Full Name (Last, First, Middle Initial)  
Jason Michael Goldman, MD

Mailing Address 3001 Coral Hills Dr  
Ste 340

City State Zip Code  
Coral Springs FL 33065-4172

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 ▼  
416.60

Date of Receipt

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

Transaction ID: 37384655

Amount of Each Receipt this Period

41.66
-------

**C.**

Full Name (Last, First, Middle Initial)  
Rana Ramzi Yehia

Mailing Address 115 Cross Keys Rd  
# 115E

City State Zip Code  
Baltimore MD 21210-1539

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

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: 37511786

Amount of Each Receipt this Period

250.00
--------

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

**333.32**

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



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

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

FOR LINE NUMBER: PAGE 73 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan Lewis Wagner, MD

Mailing Address 968 First Colonial Rd Ste 105

City State Zip Code  
Virginia Beach VA 23454-3171

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: 37518870

Amount of Each Receipt this Period

100.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Randall Frank Randazzo, MD

Mailing Address 800 Biesterfield Rd Ste 2005

City State Zip Code  
Elk Grove Vlg IL 60007-3364

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

Name of Employer Occupation  
WOODFIELD UROLOGY Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 37546182

Amount of Each Receipt this Period

500.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
James Maurice Zehner, MD

Mailing Address 231 N Main St

City State Zip Code  
Pleasantville PA 16341-9722

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: 37546184

Amount of Each Receipt this Period

200.00
--------

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Kay

Mailing Address 9 Augusta Court

City State Zip Code  
Purchase NY 10577-1014

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

Name of Employer Occupation  
TRUST FOR PUBLIC LAND Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID: 37546186**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Todd Askew

Mailing Address 329 E St NE

City State Zip Code  
Washington DC 20002-4924

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

Name of Employer Occupation  
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID: 37546187**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard A. Deem

Mailing Address 1025 N. Daniel St.

City State Zip Code  
Arlington VA 22201-2837

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

Name of Employer Occupation  
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID: 37546188**

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 75 / 152  
(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)  
Mr. Bernard Hengesbaugh

Mailing Address 515 N. State St.

City State Zip Code  
Chicago IL 60610-4325

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

Name of Employer AMERICAN MEDICAL ASSOCIATION  
Occupation AMA Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 37546189

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Denise M. Hagerty

Mailing Address 1255 N. State Pky.  
Unit 6AC

City State Zip Code  
Chicago IL 60610-8206

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

Name of Employer AMERICAN MEDICAL ASSOCIATION  
Occupation AMA Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** 37546191

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Baretta R Casey, MD

Mailing Address 452 Old Kyrock Rd

City State Zip Code  
Sweeden KY 42285-7137

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 ▼  
400.00

Date of Receipt  

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

**Transaction ID:** 37546203

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 152  
 (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)  
Michael Warren Best

Mailing Address 1506 Beechwood Blvd  
Apt 1

City Pittsburgh State PA Zip Code 15217-1432

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

Name of Employer N/A Occupation Medical Student

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546204**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Rachelle Marie Klammer, MD

Mailing Address 1201 Canal St  
Apt 251

City New Orleans State LA Zip Code 70112-2629

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

Name of Employer LA STATE UNIVERSITY HEALTH SCIENCES CT Occupation Resident

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546205**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Henry Chinghsin Lin, MD

Mailing Address 2429 Locust St  
Apt 413

City Philadelphia State PA Zip Code 19103-5559

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

Name of Employer N/A Occupation Resident

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546206**  
 Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Lee Morton, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1001 Tower Way Ste 150		<b>Transaction ID:</b> 37546207		
	City Bakersfield	State CA	Zip Code 93309-1586	Amount of Each Receipt this Period 250.03	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer SELF-EMPLOYED		Occupation Physician		Aggregate Year-to-Date ▼ 916.67	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Colby Amadio, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 200 1st St SW		<b>Transaction ID:</b> 37546208		
	City Rochester	State MN	Zip Code 55905-0001	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MAYO CLINIC ROCHESTER		Occupation Physician		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George Herbert Bone, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1100 Mercantile Ln Ste 135		<b>Transaction ID:</b> 37546209		
	City Upr Marlboro	State MD	Zip Code 20774-5361	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer SELF-EMPLOYED		Occupation Physician		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.03
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 152  
(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)  
William Dahill Carey, MD  
 Mailing Address 2986 Morley Rd  
 City State Zip Code  
 Shaker Heights OH 44122-2858  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546210  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CLEVELAND CLINIC Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
J Brennan Cassidy, MD  
 Mailing Address 177 Riverside Ave  
 Ste E  
 City State Zip Code  
 Newport Beach CA 92663-4080  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546211  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WEST COAST LASER Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Owen Garrett, MD  
 Mailing Address 100 Delafield Rd  
 Ste 113  
 City State Zip Code  
 Pittsburgh PA 15215-3247  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546212  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF PITTSBURGH MEDICAL CENTE Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 79 / 152  
(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)  
Robert John Hughes, MD  
Mailing Address 125 Mannis Rd  
City State Zip Code  
Queensbury NY 12804-1365  
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 11 / 10 / 2010  
Transaction ID: 37546213  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Hubbard Johnson, Jr. MD  
Mailing Address 3100 Clearview Pkwy  
Clearview Medical Imaging  
City State Zip Code  
Metairie LA 70006-5304  
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 11 / 10 / 2010  
Transaction ID: 37546214  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Courtland Gillett Lewis, MD  
Mailing Address 85 Seymour St  
Ste 607  
City State Zip Code  
Hartford CT 06106-5525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RADIOLOGY ASSOCIATES OF HARTFORD PC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 10 / 2010  
Transaction ID: 37546215  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 80 / 152  
(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)  
Harold Walter Miller, MD

Mailing Address 210 W 53rd St  
North Medical Center

City Davenport State IA Zip Code 52806-2251

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

Name of Employer GENESIS HEALTH SYSTEM Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2010  
Transaction ID: 37546216  
Amount of Each Receipt this Period 500.00

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

Mailing Address 315 N 3rd Ave  
Ste 200

City Covina State CA Zip Code 91723-1915

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 11 / 10 / 2010  
Transaction ID: 37546217  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Lee Stennes, MD

Mailing Address 2533 Calle Del Oro

City La Jolla State CA Zip Code 92037-2005

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 ▼ 1000.00

Date of Receipt 11 / 10 / 2010  
Transaction ID: 37546218  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Gregory Tarasidis, MD  
Mailing Address 1015 Spring St

City State Zip Code  
Greenwood SC 29646-3831

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

Name of Employer  
GREENWOOD EAR NOSE AND THROAT

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
1	1		1	0		2	0	1	0

Transaction ID: 37546219

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Meredith Catherine Williams  
Mailing Address 2121 Hepburn St  
Apt 808

City State Zip Code  
Houston TX 77054-3220

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

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: 37546220

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Elie Azrak, MD  
Mailing Address 11133 Dunn Rd # 2346  
St Louis Cardio

City State Zip Code  
Saint Louis MO 63136-6119

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

Name of Employer  
ST LOUIS CARDIOLOGY CONSULTANTS

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 37546221

Amount of Each Receipt this Period  
1000.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Robert Dale Blasier, MD

Mailing Address 205 Hickory Creek Ln

City State Zip Code  
Little Rock AR 72212-2500

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

Name of Employer Occupation  
STATE OF ARKANSAS Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 37546222

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Cathy O Blight, MD

Mailing Address 2615 Circle Dr

City State Zip Code  
Flint MI 48507-1807

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

Name of Employer Occupation  
PATHOLOGY ASSOCIATES PC INC Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 37546223

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
Kenneth Michael Certa, MD

Mailing Address 833 Chestnut St  
Ste 210

City State Zip Code  
Philadelphia PA 19107-4405

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

Name of Employer Occupation  
THOMAS JEFFERSON UNIVERSITY Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 37546224

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerome Craig Cohen, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 161 Riverside Dr Ste 210		<b>Transaction ID:</b> 37546225		
	City Binghamton	State NY	Zip Code 13905-4178	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GASTROENTEROLOGY ASSOCIAT-ES	Occupation Physician	Aggregate Year-to-Date 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Pierre Costabile, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1935 Route 70 E		<b>Transaction ID:</b> 37546226		
	City Cherry Hill	State NJ	Zip Code 08003-2117	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VIRTUA SURGICAL GROUP	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Stanley R Easterling, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address PO Box 231 The Street Clnc		<b>Transaction ID:</b> 37546227		
	City Vicksburg	State MS	Zip Code 39181-0231	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VICKSBURG CLINIC LLC	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 84 / 152  
(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)  
Linda B C Ford, MD

Mailing Address 3503 Samson Way  
Ste 108

City Bellevue State NE Zip Code 68123-4303

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 ▼  
1000.00

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

**Transaction ID:** 37546228

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Melissa Jane Garretson, MD

Mailing Address 1115 Timbercreek Dr

City Stephenville State TX Zip Code 76401-7842

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

Name of Employer COOK CHILDRENS HEALTHCARE Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 37546229

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sheldon G Gross, MD

Mailing Address 4499 Medical Dr Ste 396

City San Antonio State TX Zip Code 78229-3713

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 ▼  
1000.00

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

**Transaction ID:** 37546230

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 152  
(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)  
Vidya Sagar Kora, MD  
Mailing Address 105 Woodside Dr

City State Zip Code  
Michigan City IN 46360-7162

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

Name of Employer Occupation  
FRANKLIN CLINIC PC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** 37546231

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
William W Lander, MD  
Mailing Address 888 Glenbrook Ave

City State Zip Code  
Bryn Mawr PA 19010-2506

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** 37546232

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeremy Allan Lazarus, MD  
Mailing Address 5760 Big Canon Dr

City State Zip Code  
Greenwood Vlg CO 80111-3514

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** 37546233

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 152  
(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)  
 John Calvert Lewin, MD  
 Mailing Address 2400 N St NW  
 Ste 810  
 City Washington State DC Zip Code 20037-1153  
 Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546234**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN COLLEGE OF CARDIOLOGY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 2000.00

**B.** Full Name (Last, First, Middle Initial)  
 Jo Ellen Linder, MD  
 Mailing Address PO Box 8552  
 City Portland State ME Zip Code 04104-8552  
 Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546235**  
 Amount of Each Receipt this Period 1000.00  
 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 2000.00

**C.** Full Name (Last, First, Middle Initial)  
 Donald R McCaffree, MD  
 Mailing Address 244 NW 33rd St  
 City Oklahoma City State OK Zip Code 73118-8614  
 Date of Receipt 11 / 10 / 2010  
**Transaction ID: 37546236**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OU PHYSICIANS HEART LUNG AND VASCULAR Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 87 / 152  
(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)  
Mary Anne W McCaffree, MD  
 Mailing Address 244 NW 33rd St  
 City State Zip Code  
Oklahoma City OK 73118-8614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
OU PHYSICIANS PATIENT SERVICES Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546237  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
James Lowry Milam, MD  
 Mailing Address 6 E Phillip Rd  
Ste 1114  
 City State Zip Code  
Vernon Hills IL 60061-1700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
MIDWEST CTR FOR WOMENS HEALTHCARE LTD Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546238  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Alethia Ellen Morgan, MD  
 Mailing Address PO Box 17540  
Risk Management  
 City State Zip Code  
Denver CO 80217-0540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
COPIC Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1100.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 1 0  
**Transaction ID:** 37546239  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lee Richard Morisy, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 6025 Walnut Grove Rd Ste 201	<b>Transaction ID:</b> 37546240
	City Memphis State TN Zip Code 38120-2122	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HEALTH FIRST VENTURES Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marietta Nelson, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 2800 N Tenaya Way Ste 102	<b>Transaction ID:</b> 37546241
	City Las Vegas State NV Zip Code 89128-1100	Amount of Each Receipt this Period 1000.00
	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 ▼ 1700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca J Patchin, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 18195 Kross Rd	<b>Transaction ID:</b> 37546242
	City Riverside State CA Zip Code 92508-8897	Amount of Each Receipt this Period 1000.00
	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 ▼ 1833.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William G Plested, III MD

Mailing Address 256 River Ranch Cir

City State Zip Code  
Bayfield CO 81122-8774

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 37546243

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
John Wm Poole, MD

Mailing Address 240 Sunset Ave

City State Zip Code  
Ridgewood NJ 07450-2421

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

Name of Employer Occupation  
NORTH JERSEY SURGICAL SPE-C Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 37546244

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ralph Quijano, MD

Mailing Address 2305 De La Vina St

City State Zip Code  
Santa Barbara CA 93105-3873

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 37546245

Amount of Each Receipt this Period

1000.00

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

3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen D Richards, DO Mailing Address 1519 S Phillips St Kossuth Fam Hlth Ctr City Algona State IA Zip Code 50511-3649 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0 <b>Transaction ID: 37546246</b> Amount of Each Receipt this Period 1000.00
	Name of Employer TRINITY HEALTH HEADQUARTERS Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) J James Rohack, MD Mailing Address 4409 Leonard Rd City Bryan State TX Zip Code 77807-9553 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0 <b>Transaction ID: 37546248</b> Amount of Each Receipt this Period 1000.00
	Name of Employer SCOTT & WHITE HOSPITAL Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Lee Thos Snook, MD Mailing Address 2288 Auburn Blvd Ste 106 City Sacramento State CA Zip Code 95821-1619 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0 <b>Transaction ID: 37546249</b> Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Cecil Bruce Wilson, MD

Mailing Address 1341 Orange Ave

City State Zip Code  
Winter Park FL 32789-4909

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 37546251

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Wagner Carmel, MD

Mailing Address 90 Bergen St  
Ste 8100

City State Zip Code  
Newark NJ 07103-2425

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

Name of Employer Occupation  
UMDNJ Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt

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

Transaction ID: 37546253

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

John Bruce Neeld, Jr. MD

Mailing Address 3025 River North Pkwy NW

City State Zip Code  
Atlanta GA 30328-1117

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

Name of Employer Occupation  
NORTHSIDE ANESTHESIA CONS-  
ULTANTS LLC Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 37546257

Amount of Each Receipt this Period

2000.00

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

5000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 152  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Alan C Hartford, MD

Mailing Address PO Box 1797

City Grantham State NH Zip Code 03753-1797

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

Name of Employer DHMC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 10 / 2010  
**Transaction ID: 37546323**  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
David Orrin Barbe, MD

Mailing Address 120 W 16th St

City Mountain Grv State MO Zip Code 65711-1039

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

Name of Employer ST JOHNS HEALTH SYSTEM Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 11 / 10 / 2010  
**Transaction ID: 37546324**  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Paul Kanig, MD

Mailing Address 3325 Calle De Daniel NW

City Albuquerque State NM Zip Code 87104-3023

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: 11 / 10 / 2010  
**Transaction ID: 37546325**  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Lyndon Hensle, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 14904 Jefferson Davis Hwy		<b>Transaction ID:</b> 37546326		
	City Woodbridge	State VA	Zip Code 22191-3908	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 1000.00		
Name of Employer SELF-EMPLOYED		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Louise Heriza, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 6740 NE Hancock St		<b>Transaction ID:</b> 37546327		
	City Portland	State OR	Zip Code 97213-5342	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 500.00		
Name of Employer SELF-EMPLOYED		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Carolyn S Brada		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 52 Mission Rd.		<b>Transaction ID:</b> 37546331		
	City Wichita	State KS	Zip Code 67207-1036	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 1000.00		
Name of Employer N/A		Occupation Physician Spouse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 152  
(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)  
Mrs. Carolyn S Brada

Mailing Address 52 Mission Rd.

City State Zip Code  
Wichita KS 67207-1036

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  

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

**Transaction ID:** 37546332

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Roy Austin Yawn, MD

Mailing Address 210 9th St SE  
Olmsted Medical Center

City State Zip Code  
Rochester MN 55904-6400

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 ▼ 250.00

Date of Receipt  

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

**Transaction ID:** 37546347

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Francis Aubrey Copeland, MD

Mailing Address 397 Madison St

City State Zip Code  
Denver CO 80206-4436

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

Name of Employer METRO DENVER ANESTHESIA 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
1	1	/	1	0	/	2	0	1	0

**Transaction ID:** 37546351

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 95 / 152  
(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)  
Gregory Tarasidis, MD  
Mailing Address 1015 Spring St  
City Greenwood State SC Zip Code 29646-3831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GREENWOOD EAR NOSE AND THROAT Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 11 / 10 / 2010  
Transaction ID: 37546377  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
George B Caldwell, MD  
Mailing Address 2305 S Columbia Pl  
City Tulsa State OK Zip Code 74114-3230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TULSA EMERGENCY MEDICAL CENTER Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 11 / 10 / 2010  
Transaction ID: 37546382  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dieter Pohl, MD  
Mailing Address 34 Eames St  
City Providence State RI Zip Code 02906-3304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RHODE ISLAND SURGEONS Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 933.30  
Date of Receipt 11 / 17 / 2010  
Transaction ID: 37671713  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 283.33  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Carolyn Bauer Robinowitz, MD

Mailing Address 5225 Connecticut Ave NW  
Ste 514

City State Zip Code  
Washington DC 20015-1813

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 ▼ 2000.00

Date of Receipt

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

Transaction ID: 37672395

Amount of Each Receipt this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William Butler

Mailing Address 5206 Bayshore Blvd.

City State Zip Code  
Tampa FL 33611-4110

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

Name of Employer SELF-EMPLOYED Occupation Physician Spouse

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 916.67

Date of Receipt

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

Transaction ID: 37673998

Amount of Each Receipt this Period

166.66
--------

**C.**

Full Name (Last, First, Middle Initial)  
Patrice A Harris, MD

Mailing Address 99 Jesse Hill Jr Dr SE  
Ste 400

City State Zip Code  
Atlanta GA 30303-3030

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 ▼ 833.34

Date of Receipt

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

Transaction ID: 37674001

Amount of Each Receipt this Period

249.99
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**SUBTOTAL** of Receipts This Page (optional) .....

1416.65
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 97 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Wilson Pedrick Smith, MD

Mailing Address 2030 N Church Street PI

City State Zip Code  
Spartanburg SC 29303-2706

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

Name of Employer  
LUNG & CHEST MEDICAL ASSO-  
CIATES

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: 37686055

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Linda Werner, MD

Mailing Address 1014 Edgewood Cir

City State Zip Code  
Marinette WI 54143-4224

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

Name of Employer  
NORTHREACH HEALTHCARE

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt

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

Transaction ID: 37687443

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)  
Mark Mandabach, MD

Mailing Address 619 19th St S  
UAB Dept of Anesthesiology

City State Zip Code  
Birmingham AL 35249-1900

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

Name of Employer  
UAHSF PSYCHIATRY

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt

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

Transaction ID: 37687444

Amount of Each Receipt this Period

41.66

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

183.32

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

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

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

FOR LINE NUMBER: PAGE 98 / 152  
(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)  
James Thos Hay, MD

Mailing Address 477 N El Camino Real  
Ste A306

City State Zip Code  
Encinitas CA 92024-1350

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

Name of Employer Occupation  
NORTH COAST FAMILY MEDICAL GROUP Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.26

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

**Transaction ID: 37687445**

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Craig Alvin Backs, MD

Mailing Address 800 E Carpenter St  
Chief Med Office

City State Zip Code  
Springfield IL 62769-0001

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

Name of Employer Occupation  
ST JOHNS HOSPITAL Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.26

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

**Transaction ID: 37687446**

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Timothy Michael Beittel, MD

Mailing Address 612 Cody Dr

City State Zip Code  
Thomasville NC 27360-9674

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

Name of Employer Occupation  
ACT MEDICAL GROUP PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.34

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

**Transaction ID: 37687447**

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 152  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Ching, MD</p> <p>Mailing Address 4322 N Bell Ave # 2</p> <p>City Chicago State IL Zip Code 60618-1610</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer UNIVERSITY OF CHICAGO HOSPITALS Occupation Resident</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.13</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID: 37687448</b></p> <p>Amount of Each Receipt this Period 20.83</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua M Cohen, MD</p> <p>Mailing Address 425 W 59th St Ste 4A</p> <p>City New York State NY Zip Code 10019-8022</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BROOKLYN PSYCHIATRY ASSOC Occupation Resident</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.13</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID: 37687449</b></p> <p>Amount of Each Receipt this Period 20.83</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Brittney Lee Culp</p> <p>Mailing Address 4002 Holland Ave Apt B</p> <p>City Dallas State TX Zip Code 75219-3873</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation Medical Student</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.13</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID: 37687450</b></p> <p>Amount of Each Receipt this Period 20.83</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	62.49
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James Allan Goodyear, MD FACS

Mailing Address 2100 N Broad St Ste 100  
North Penn Surgical Assoc

City Lansdale State PA Zip Code 19446-1052

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

Name of Employer NORTH PENN SURGICAL ASSOCIATES  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687451**  
Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City Tallahassee State FL Zip Code 32303-2822

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

Name of Employer PATIENTS FIRST  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687452**  
Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Paul Erik Houmann, MD

Mailing Address 1809 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3029

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 ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687453**  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 101 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Russell C Raphaely, MD

Mailing Address 1600 Rockland Rd  
Dupont Hosp For Child

City State Zip Code  
Wilmington DE 19803-3607

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

Name of Employer Occupation  
PROF SERVICE FUND ANES Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26

Date of Receipt

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

Transaction ID: 37687454

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)  
Walter Anthony Reiling, MD FACS

Mailing Address 1431 Ridgefield Way

City State Zip Code  
Centerville OH 45459-4939

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 ▼ 458.26

Date of Receipt

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

Transaction ID: 37687455

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Christopher Reilly, MD

Mailing Address 108 Deer Grove Ct

City State Zip Code  
Elizabethtown KY 42701-6986

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

Name of Employer Occupation  
US ARMY Neuroradiologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26

Date of Receipt

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

Transaction ID: 37687456

Amount of Each Receipt this Period

41.66

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

124.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 152  
(check only one)

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

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

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

Mailing Address 250 E Fern Ave Apt 207

City State Zip Code  
Redlands CA 92373-6070

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

Name of Employer N/A Occupation Medical Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: 11 / 21 / 2010  
Transaction ID: 37687457  
Amount of Each Receipt this Period: 20.83

**B.** Full Name (Last, First, Middle Initial)  
Jose F Arrascue, MD

Mailing Address 5503 S Congress Ave Ste 103

City State Zip Code  
Atlantis FL 33462-6614

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

Name of Employer SOUTH PALM BEACH NEPHROLOGY PA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt: 11 / 21 / 2010  
Transaction ID: 37687458  
Amount of Each Receipt this Period: 41.66

**C.** Full Name (Last, First, Middle Initial)  
Roy Gilbert Soto, MD

Mailing Address 355 Sycamore Ct

City State Zip Code  
Bloomfield MI 48302-1173

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

Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.61

Date of Receipt: 11 / 21 / 2010  
Transaction ID: 37687459  
Amount of Each Receipt this Period: 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Robert Goll, MD

Mailing Address 7758 Chipwood Ln

City State Zip Code  
Jacksonville FL 32256-2350

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

Name of Employer  
HEEKIN ORTHOPEDIC SPECIALISTS

Occupation  
Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID:** 37687460

Amount of Each Receipt this Period  
20.83

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Andrew Woodard

Mailing Address 3450 Cranbrook Cir

City State Zip Code  
Reno NV 89519-8013

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

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID:** 37687461

Amount of Each Receipt this Period  
20.83

**C.**

Full Name (Last, First, Middle Initial)  
Janet Johnson Cash, MD

Mailing Address 833 Saint Vincents Dr  
Ste 401

City State Zip Code  
Birmingham AL 35205-1613

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

Name of Employer  
SOUTHVIEW MEDICAL GROUP PC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID:** 37687462

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **83.32**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gerald Lee Murphy, MD

Mailing Address 2876 Sycamore Dr  
Ste 200

City State Zip Code  
Simi Valley CA 93065-1550

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

Name of Employer  
SIMI VALLEY OB GYN MEDICAL GROUP

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt

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

Transaction ID: 37687463

Amount of Each Receipt this Period

41.66
-------

**B.**

Full Name (Last, First, Middle Initial)  
William Wells Simmons, MD

Mailing Address 5204 Box Turtle Cir

City State Zip Code  
Sarasota FL 34232-4311

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

Name of Employer  
US NAVY

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt

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

Transaction ID: 37687464

Amount of Each Receipt this Period

41.66
-------

**C.**

Full Name (Last, First, Middle Initial)  
David Edwin Winchester, MD

Mailing Address 7615 SW 58th Ln  
Apt 308

City State Zip Code  
Gainesville FL 32608-4996

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

Name of Employer  
UNIVERSITY OF FLORIDA

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt

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

Transaction ID: 37687465

Amount of Each Receipt this Period

20.83
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**SUBTOTAL** of Receipts This Page (optional) .....

104.15
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 105 / 152  
(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)  
William T Bradley, MD

Mailing Address 811 Interstate 20 W  
Ste 212

City Arlington State TX Zip Code 76017-5873

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

Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  

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

**Transaction ID:** 37687466

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Terrance Wm Breen, MD

Mailing Address 5503 Rutgers Rd

City La Jolla State CA Zip Code 92037-7822

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

Name of Employer ASMG  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  

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

**Transaction ID:** 37687467

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Juan Manuel Pardo, MD

Mailing Address 2002 Medical Pkwy  
Ste 230

City Annapolis State MD Zip Code 21401-3282

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 ▼  
458.26

Date of Receipt  

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

**Transaction ID:** 37687468

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 106 / 152  
(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)  
Juan Michael Pardo, MD

Mailing Address 2002 Medical Pkwy  
Ste 230

City State Zip Code  
Annapolis MD 21401-3282

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.26

Date of Receipt  

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

**Transaction ID: 37687469**  
 Amount of Each Receipt this Period  
 41.66

**B.** Full Name (Last, First, Middle Initial)  
Leon Harvey Chandler, MD

Mailing Address 4100 Lake Otis Pkwy  
Ste 216

City State Zip Code  
Anchorage AK 99508-5230

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

Name of Employer A A SPECIALTY HEALTH CLIN-  
IC      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.26

Date of Receipt  

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

**Transaction ID: 37687470**  
 Amount of Each Receipt this Period  
 41.66

**C.** Full Name (Last, First, Middle Initial)  
Christopher Peter Poje, MD

Mailing Address 3580 Sheridan Dr

City State Zip Code  
Buffalo NY 14226-1645

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

Name of Employer PEDIATRIC ENT ASSOCIATES      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.26

Date of Receipt  

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

**Transaction ID: 37687471**  
 Amount of Each Receipt this Period  
 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 107 / 152  
(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)  
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill Dr

City Bluffton State SC Zip Code 29910-4720

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

Name of Employer TENET EAST COOPER SPINE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 558.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687472  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Carol Jean Ziel, MD

Mailing Address 2025 Frontis Plaza Blvd Ste 100  
Duke Eye Ctr Winston-Salem

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer DUKE EYE CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687473  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Damon Michael Dietrich, MD

Mailing Address 229 English Turn Dr

City New Orleans State LA Zip Code 70131-3348

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

Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687474  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98

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

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

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

FOR LINE NUMBER: PAGE 108 / 152  
(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)  
James Albert Corwin, MD  
Mailing Address 4516 Robin Ln

City State Zip Code  
Midland TX 79707-2219

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

Name of Employer Occupation  
US ONCOLOGY Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.26

Date of Receipt  

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

**Transaction ID: 37687475**  
 Amount of Each Receipt this Period  
 41.66

**B.** Full Name (Last, First, Middle Initial)  
Juan Francisco Fitz, MD  
Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

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

Name of Employer Occupation  
COVENANT MEDICAL GROUP AD-MINISTRATION Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.34

Date of Receipt  

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

**Transaction ID: 37687476**  
 Amount of Each Receipt this Period  
 41.66

**C.** Full Name (Last, First, Middle Initial)  
Michael Armstrong, Jr. MD  
Mailing Address 8700 Stony Point Pkwy Ste 110

City State Zip Code  
Richmond VA 23235-1968

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 458.26

Date of Receipt  

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

**Transaction ID: 37687477**  
 Amount of Each Receipt this Period  
 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 109 / 152  
(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)  
Masud Iqbal Malik, MD

Mailing Address 3865 N Mulford Rd

City State Zip Code  
Rockford IL 61114-5603

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.26

Date of Receipt  

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

**Transaction ID: 37687478**

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Scott Alan Hopkins, MD

Mailing Address 4252 Highland Dr Ste 200

City State Zip Code  
Salt Lake City UT 84124-2690

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

Name of Employer WESTERN UROLOGICAL CLINIC      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      558.26

Date of Receipt  

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

**Transaction ID: 37687479**

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Ilse R Levin, MD

Mailing Address Baystate Med Ctr  
Dept Of Int Med S2570

City State Zip Code  
Springfield MA 01199-0001

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

Name of Employer BAYSTATE MEDICAL CENTER      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      229.13

Date of Receipt  

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

**Transaction ID: 37687480**

Amount of Each Receipt this Period  
20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jerry D McLaughlin, MD

Mailing Address 5419 N Lovington Hwy  
Ste 25

City Hobbs State NM Zip Code 88240-9135

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 ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687481**

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Willard Stanley Stawski, MD

Mailing Address 1900 Wealthy St SE  
Ste 180

City Grand Rapids State MI Zip Code 49506-2972

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

Name of Employer HEALTHQUEST SURGICAL ASSO- CIATES Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687482**

Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Basem Badie Abdelmalak, MD

Mailing Address 9500 Euclid Ave E-31

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer CLEVELAND CLINIC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687483**

Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 152

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis Lee Galinsky, MD

Mailing Address 600 N Fairbanks Ct  
Apt 2501

City State Zip Code  
Chicago IL 60611-5856

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

Name of Employer  
NOMC MACNEAL RADIATION TH-  
ERAPY

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.34

Date of Receipt

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

Transaction ID: 37687484

Amount of Each Receipt this Period

41.66
-------

**B.**

Full Name (Last, First, Middle Initial)  
Kristin Marie Redenbaugh, DO

Mailing Address 62 Southpond Rd

City State Zip Code  
S Glastonbury CT 06073-2324

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

Name of Employer  
CMG HARTFORD, CT

Occupation  
OB/GYN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt

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

Transaction ID: 37687485

Amount of Each Receipt this Period

20.83
-------

**C.**

Full Name (Last, First, Middle Initial)  
Agueda Lucia Mercado Acevedo, MD

Mailing Address 45 Clark St

City State Zip Code  
Yonkers NY 10704-2824

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 ▼  
458.26

Date of Receipt

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

Transaction ID: 37687486

Amount of Each Receipt this Period

41.66
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

104.15
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 112 / 152  
(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)  
Marilyn Joan Heine, MD

Mailing Address 900 Twining Rd

City Dresher State PA Zip Code 19025-1726

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

Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687487  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Jason Michael Goldman, MD

Mailing Address 3001 Coral Hills Dr Ste 340

City Coral Springs State FL Zip Code 33065-4172

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 ▼ 458.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687488  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Elmer G Smith, MD

Mailing Address 4351 Booth Calloway Rd Ste 311

City N Richlnd Hls State TX Zip Code 76180-7380

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

Name of Employer MEDICAL EDGE HEALTH CARE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687489  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98

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



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

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

FOR LINE NUMBER: PAGE 113 / 152  
(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)  
Gregory Laurence Heacock, MD

Mailing Address 2002 Medical Pkwy  
Ste 230

City State Zip Code  
Annapolis MD 21401-3282

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

Name of Employer ANNAPOLIS ENT Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

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

**Transaction ID: 37687490**

Amount of Each Receipt this Period  
41.66

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

Mailing Address 2002 Medical Pkwy Ste 230

City State Zip Code  
Annapolis MD 21401-3282

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 ▼ 458.26

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

**Transaction ID: 37687491**

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Charles Franklin Tate, MD

Mailing Address 1090 SW 15th St

City State Zip Code  
Boca Raton FL 33486-6858

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

Name of Employer RADIOLOGIST OF N FT LAUDE-  
RDALE PA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

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

**Transaction ID: 37687492**

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 114 / 152  
(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)  
Richard Allen Dart, MD

Mailing Address 1000 N Oak Ave  
Marshfield Clinic

City Marshfield State WI Zip Code 54449-5702

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

Name of Employer MARSHFIELD CLINIC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687493  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Harold A Woodcome, MD

Mailing Address 690 Eddy St  
Retina Consultants

City Providence State RI Zip Code 02903-4928

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

Name of Employer RETINA CONSULTANTS, INC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687494  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Martin G Guerrero, MD

Mailing Address PO Box 780219

City San Antonio State TX Zip Code 78278-0219

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 ▼ 458.26

Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687495  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 152
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Theodore A Galianos, MD	Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 151 Whitmar Rd	<b>Transaction ID: 37687496</b>
	City State Zip Code Cotuit MA 02635-2931	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 ▼ 458.26

<b>B.</b>	Full Name (Last, First, Middle Initial) Kalyan S Krishnan, MD	Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 100 N Academy Ave	<b>Transaction ID: 37687497</b>
	City State Zip Code Danville PA 17822-9800	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer GEISINGER MEDICAL CENTER      Occupation Physician	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26

<b>C.</b>	Full Name (Last, First, Middle Initial) Ted Louie, MD	Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 44 Buckingham Dr	<b>Transaction ID: 37687498</b>
	City State Zip Code Belle Mead NJ 08502-4022	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HIGHLAND PARK MEDICAL ASSOCIATES      Occupation Physician	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Erich Bryan Groos, MD

Mailing Address 2400 Patterson St  
Ste 201

City State Zip Code  
Nashville TN 37203-1587

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

Name of Employer  
CORNEA CONSULTANTS OF NASHVILLE PLLC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt

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

Transaction ID: 37687499

Amount of Each Receipt this Period

41.66
-------

**B.**

Full Name (Last, First, Middle Initial)  
John Norris Harrington, MD

Mailing Address 9301 N Central Expy  
Ste 595

City State Zip Code  
Dallas TX 75231-0812

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 ▼  
458.26

Date of Receipt

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

Transaction ID: 37687500

Amount of Each Receipt this Period

41.66
-------

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Michael Kline, MD

Mailing Address 446 Beardsley Cir

City State Zip Code  
Henderson NV 89052-2669

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

Name of Employer  
COMPREHENSIVE CANCER CTNS OF NV

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.34

Date of Receipt

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

Transaction ID: 37687501

Amount of Each Receipt this Period

41.66
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**SUBTOTAL** of Receipts This Page (optional) .....

124.98
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 117 / 152

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Raj Behari Lal, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 2809 Meyers Rd		<b>Transaction ID:</b> 37687502
	City Oak Brook	State IL	Zip Code 60523-1623
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED	Occupation Physician	Aggregate Year-to-Date 458.26

<b>B.</b>	Full Name (Last, First, Middle Initial) David Andrew Gregg		Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 607 Queens Rd Apt E		<b>Transaction ID:</b> 37687503
	City Charlotte	State NC	Zip Code 28207-1452
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
	Name of Employer N/A	Occupation Medical Student	Aggregate Year-to-Date 229.17

<b>C.</b>	Full Name (Last, First, Middle Initial) Neal Patel		Date of Receipt MM / DD / YYYY 11 / 21 / 2010
	Mailing Address 73 Sassafras Ct		<b>Transaction ID:</b> 37687504
	City N Brunswick	State NJ	Zip Code 08902-5003
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
	Name of Employer N/A	Occupation Medical Student	Aggregate Year-to-Date 229.13

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>83.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 152  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas James Madejski, MD

Mailing Address 100 Ohio St Ste C

City State Zip Code  
Medina NY 14103-1191

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 ▼  
458.26

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID: 37687505**

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Patricia J Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code  
Fergus Falls MN 56537-2756

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

Name of Employer FERGUS FALLS MEDICAL GROUP PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID: 37687506**

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Jagajan Karmacharya, MD

Mailing Address 405 N Hibiscus Dr Apt 210

City State Zip Code  
Miami Beach FL 33139-5170

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

Name of Employer UNIVERSITY OF MIAMI Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2010

**Transaction ID: 37687507**

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 152  
(check only one)

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

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

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

Mailing Address 116 Silver Palm Ave.

City State Zip Code  
Melbourne FL 32901-3172

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

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

**Transaction ID:** 37687508

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Joseph Samuel Valenti, MD

Mailing Address 2805 S Mayhill Rd

City State Zip Code  
Denton TX 76208-5910

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

Name of Employer CARING FOR WOMEN, PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

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

**Transaction ID:** 37687509

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Kavita Rajendra Shah, MD

Mailing Address 834 Chestnut St Ste 400

City State Zip Code  
Philadelphia PA 19107-5113

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

Name of Employer THOMAS JEFFERSON UNIVERSITY HOSPITAL Occupation Resident - OB/GYN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

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

**Transaction ID:** 37687510

Amount of Each Receipt this Period  
20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

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

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

FOR LINE NUMBER: PAGE 120 / 152  
(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)  
Isabel Vega, MD  
Mailing Address 136 Clubhouse PI  
City Elk City State OK Zip Code 73644-7302  
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 ▼ 458.26  
Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687512  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
David Glen Morrell, MD  
Mailing Address 2121 N 1700 W  
City Layton State UT Zip Code 84041-8803  
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 ▼ 458.26  
Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687513  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Charles Frederick Willson, MD  
Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds  
City Greenville State NC Zip Code 27834-4300  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26  
Date of Receipt 11 / 21 / 2010  
Transaction ID: 37687514  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 152
	<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.</b>	Full Name (Last, First, Middle Initial) Peter Augusto Bernardo, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 700 Bellevue St SE Ste 230		<b>Transaction ID:</b> 37687515		
	City Salem	State OR	Zip Code 97301-3855	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 Surgeon			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard S Frankenstein, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 1202 Castlegate Ln		<b>Transaction ID:</b> 37687516		
	City Santa Ana	State CA	Zip Code 92705-2941	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer RIVERSIDE MED CLINIC	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Nicholas Alexander Zorko		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 339 W 5th Ave		<b>Transaction ID:</b> 37687517		
	City Columbus	State OH	Zip Code 43201-3111	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer N/A	Occupation Medical Student			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.17			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 122 / 152  
(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)  
Howard Bradley Chodash, MD

Mailing Address 3804 Indian Lands Ln

City Springfield State IL Zip Code 62711-8214

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

Name of Employer HEALTHCARE NETWORK ASSOCIATES  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687518**  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Niranjan Marino Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City Oneida State NY Zip Code 13421-1851

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 ▼ 458.34

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687519**  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
J Duchicela Santacruz, MD

Mailing Address 402 Youens Dr

City Weimar State TX Zip Code 78962-3680

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

Name of Employer YOUENS AND DUCHICELA CLINIC  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2010  
**Transaction ID: 37687520**  
Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98

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

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

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

FOR LINE NUMBER: PAGE 123 / 152  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Zev Galper, MD</p> <p>Mailing Address 1245 Park Ave Apt 4C</p> <p>City State Zip Code New York NY 10128-1736</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER</p> <p>Occupation Chief Resident</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.17</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID:</b> 37687521</p> <p>Amount of Each Receipt this Period 20.83</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marcy L Zwelling, MD</p> <p>Mailing Address 3771 Katella Ave Ste 108</p> <p>City State Zip Code Los Alamitos CA 90720-3111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 458.34</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID:</b> 37687522</p> <p>Amount of Each Receipt this Period 41.66</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Robert Hannum, DO</p> <p>Mailing Address 6554 Lake Burden View Dr</p> <p>City State Zip Code Windermere FL 34786-5652</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer VASCULAR CLINIC</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>	<p>Date of Receipt MM / DD / YYYY 11 / 21 / 2010</p> <p><b>Transaction ID:</b> 37687523</p> <p>Amount of Each Receipt this Period 41.66</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>104.15</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: PAGE 124 / 152  
(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)  
Joseph Mc Elroy Mann, MD  
Mailing Address 163 N Date St

City State Zip Code  
Escondido CA 92025-3405

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.34

Date of Receipt  

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

**Transaction ID:** 37687524  
 Amount of Each Receipt this Period  
 41.66

**B.** Full Name (Last, First, Middle Initial)  
Gary Robert Katz, MD  
Mailing Address 7918 Wisteria Ct

City State Zip Code  
Dublin OH 43016-8531

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

Name of Employer PREMIER HEALTHCARE SERVICES, INC.      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      458.34

Date of Receipt  

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

**Transaction ID:** 37687525  
 Amount of Each Receipt this Period  
 41.66

**C.** Full Name (Last, First, Middle Initial)  
Andrew Lutzkanin, III  
Mailing Address 1835 Blacklatch Ln

City State Zip Code  
Middletown PA 17057-2984

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

Name of Employer N/A      Occupation Medical Student

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      229.17

Date of Receipt  

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

**Transaction ID:** 37687526  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.15**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 152
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Buchholz		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 303 Vine St. Apt 201		Transaction ID: 37687527		
	City Philadelphia	State PA	Zip Code 19106-1143	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation Medical Student			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.17			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 1609 N Medical Dr		Transaction ID: 37687528		
	City Stuttgart	State AR	Zip Code 72160-3274	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer STUTTGART REGIONAL CLINIC NETWORK	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Mc Cague Aldrich, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address PO Box 468 Fairhaven Family Med, PS		Transaction ID: 37687529		
	City Burlington	State WA	Zip Code 98233-0468	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FAIRHAVEN FAMILY MEDICINE, PS	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.34			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Anthony Severn, MD		Date of Receipt
	Mailing Address 1231 Granville Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Newark	OH	43055-2148
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 37687530</b>
Name of Employer OHIO STATE SPINE CENTER		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.66
		<input type="text"/> 458.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Greenfield, MD		Date of Receipt
	Mailing Address 7 Maplecrest Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Danbury	CT	06811-4247
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 37775244</b>
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 0.00
		<input type="text"/> 0.00	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.- 00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 41.66
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 74691.76

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 152  
(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 State Zip Code  
Washington DC 20090

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
66.01

Date of Receipt  

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

Transaction ID: 37706244

Amount of Each Receipt this Period  
31.99

INTEREST

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	31.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31.99

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pingree For Congress</p> <p>Mailing Address PO Box 17613</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Chellie M. Pingree</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District: 01</p>	<p><b>Transaction ID:</b> 37158175</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address P.O. Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p>	<p><b>Transaction ID:</b> 37158176</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rehberg For Congress</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Dennis Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District: 01</p>	<p><b>Transaction ID:</b> 37158177</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

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

10000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 152

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Berkley For Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158188 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 GENERAL
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address PO Box 531086 <hr/> City Henderson State NV Zip Code 89053 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158190 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 500.00
	2010 GENERAL
	011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Cicilline Committee <hr/> Mailing Address 102 Waterman St, Suite 2 <hr/> City Providence State RI Zip Code 02906 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Mr. David Cicilline <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158195 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 GENERAL
	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37158196</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Mike Lee Inc</p> <p>Mailing Address 190 West 800 North Ste 100</p> <p>City Provo State UT Zip Code 84601</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Mike Lee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37158197</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2010 GENERAL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Doc Hastings</p> <p>Mailing Address PO Box 2926</p> <p>City Pasco State WA Zip Code 99302</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Richard Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37158199</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

2010 GENERAL

011  
Category/  
Type

Candidate Name  
Rep. Cathy McMorris Rodgers

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Transaction ID: 37158200

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

2010 GENERAL

**B.** Full Name (Last, First, Middle Initial)  
Norm Dicks For Congress

Mailing Address PO Box 1663

City Tacoma State WA Zip Code 98401

Purpose of Disbursement

2010 GENERAL

011  
Category/  
Type

Candidate Name  
Rep. Norman D. Dicks

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Transaction ID: 37158201

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

2010 GENERAL

**C.** Full Name (Last, First, Middle Initial)  
Friends For Jim Mcdermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement

2010 GENERAL

011  
Category/  
Type

Candidate Name  
Rep. Jim McDermott

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Transaction ID: 37158202

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

2010 GENERAL

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Dave Reichert <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. David George Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158203 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1500.00
	2010 GENERAL
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee <hr/> Mailing Address PO Box 23626 <hr/> City Federal Way State WA Zip Code 98093 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. D Adam Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158204 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 GENERAL
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Lummis For Congress <hr/> Mailing Address 2015 Central Ave. Suite 200 <hr/> City Cheyenne State WY Zip Code 82001 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Cynthia M. Lummis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37158205 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 GENERAL
	Category/ Type 011

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P O Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p>	<p><b>Transaction ID:</b> 37164646</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marco Rubio For US Senate</p> <p>Mailing Address 2030 South Douglas Road Suite 105</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Void - Marco Rubio For US Senate</p> <p>Candidate Name Mr. Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p>	<p><b>Transaction ID:</b> 37164655</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - Marco Rubio For US Senate</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Rivera For Congress</p> <p>Mailing Address P.O. Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Void - David Rivera For Congress</p> <p>Candidate Name Mr. David Rivera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p>	<p><b>Transaction ID:</b> 37164685</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - David Rivera For Congress</p>

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

-8500.00

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

-

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

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

FOR LINE NUMBER:  
(check only one)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Rivera For Congress</p> <p>Mailing Address P.O. Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. David Rivera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37165036</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marco Rubio For US Senate</p> <p>Mailing Address 2030 South Douglas Road Suite 105</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37165037</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37182345</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>2010 GENERAL</p>

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

13000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address P.O. Box 730 C/O C. Bruce Lawrence</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 28</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37182349</p> <p>Date of Disbursement 10 / 18 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 4000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Reed For Congress</p> <p>Mailing Address 99 W First St</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Thomas Reed</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37182363</p> <p>Date of Disbursement 10 / 18 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 5035 Township Line Road PO Box 308</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement Void - Pat Meehan For Congress</p> <p>Candidate Name Mr. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37183287</p> <p>Date of Disbursement 10 / 18 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - Pat Meehan For Congress</p>

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 5035 Township Line Road PO Box 308</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37183289</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Sen. Charles Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37184790</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address 236 Massachusetts Ave Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 GENERAL-SPECIAL</p> <p>Candidate Name Sen. Kirsten E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010</p>	<p><b>Transaction ID:</b> 37184792</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL-SPECIAL</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37184794</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37184797</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect Gary L. Ackerman, Inc.</p> <p>Mailing Address 100 Jericho Quadrangle # 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Gary L. Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37184798</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>

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

5000.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Crowley For Congress <hr/> Mailing Address 84-56 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Joseph Crowley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37184799 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 2010 GENERAL	
	<b>B.</b> Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns <hr/> Mailing Address 438 Lewis Avenue <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37184801 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 2010 GENERAL
	<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Nydia Velazquez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37184804 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 2010 GENERAL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney For Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Carolyn B. Maloney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37184807 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 GENERAL
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Nita Lowey For Congress <hr/> Mailing Address PO Box 271 <hr/> City White Plains State NY Zip Code 10605 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Nita M. Lowey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37184810 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 GENERAL
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Perriello For Congress <hr/> Mailing Address PO Box 306 <hr/> City Ivy State VA Zip Code 22945 <hr/> Purpose of Disbursement Void - Perriello For Congress Candidate Name Rep. Thomas Stuart Price Perriello <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37309256 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period -3000.00
	Void - Perriello For Congress
	Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) The Bill Keating Committee Mailing Address PO Box 690353 City Quincy State MA Zip Code 02269 Purpose of Disbursement 2010 GENERAL Candidate Name Mr. William Keating Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37310747 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 3000.00 011 Category/ Type 2010 GENERAL
	Full Name (Last, First, Middle Initial) Huizenga For Congress Mailing Address 441 William Court City Zeeland State MI Zip Code 49464 Purpose of Disbursement 2010 GENERAL Candidate Name Mr. William Huizenga Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37310750 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 3000.00 011 Category/ Type 2010 GENERAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11000.00</b>
<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 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)  
Kildee For Congress Committee

Mailing Address P.O. Box 317

City Flint State MI Zip Code 48501

Purpose of Disbursement

2010 GENERAL

Candidate Name  
Rep. Dale E. Kildee

010  
 011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Transaction ID: 37310752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2010 GENERAL

**B.** Full Name (Last, First, Middle Initial)  
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

2010 GENERAL

Candidate Name  
Rep. Frederick Stephen Upton

010  
 011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Transaction ID: 37310753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2010 GENERAL

**C.** Full Name (Last, First, Middle Initial)  
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

2010 GENERAL

Candidate Name  
Rep. Thaddeus G. McCotter

010  
 011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 11

Transaction ID: 37310754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2010 GENERAL

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37310755</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nadler For Congress</p> <p>Mailing Address Village Station, PO Box 40</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jerrold L. Nadler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37310757</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Hanna For Congress Committee</p> <p>Mailing Address 2308 Genesee Street</p> <p>City Utica State NY Zip Code 13502</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Richard Hanna</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37310760</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Rand Paul For Us Senate Mailing Address 1332 Andrea St City Bowling Green State KY Zip Code 42103 Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Rand Paul Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37330164 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00 2010 GENERAL
<b>B.</b> Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress Mailing Address P. O. Box 909 City Columbus State GA Zip Code 31902 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Sanford D. Bishop, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37331239 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00 2010 GENERAL
<b>C.</b> Full Name (Last, First, Middle Initial) Engel For Congress Mailing Address 462 California Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37331241 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00 2010 GENERAL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Gibson For Congress <hr/> Mailing Address PO Box 53 <hr/> City Hudson State NY Zip Code 12534 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Christopher Gibson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37331242 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 GENERAL
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Higgins For Congress <hr/> Mailing Address PO Box 28 <hr/> City Buffalo State NY Zip Code 14220 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Brian Higgins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37331243 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 3000.00
	2010 GENERAL
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Terri Sewell For Congress <hr/> Mailing Address P.O. Box 1964 <hr/> City Birmingham State AL Zip Code 35201 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Ms. Terri Sewell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37342267 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 GENERAL
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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 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) McCaul For Congress, Inc <hr/> Mailing Address 815-A Brazos Street Pmb 230 <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Michael McCaul <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37342268 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 GENERAL
B.	Full Name (Last, First, Middle Initial) Spike Maynard For Congress <hr/> Mailing Address PO Box 1 <hr/> City Williamson State WV Zip Code 25661 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Elliott Maynard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37342269 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 2010 GENERAL
C.	Full Name (Last, First, Middle Initial) Friends Of John Sarbanes <hr/> Mailing Address PO Box 6854 <hr/> City Towson State MD Zip Code 21285 <hr/> Purpose of Disbursement Void - Friends Of John Sarbanes Candidate Name Rep. John Sarbanes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37342285 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period -2000.00 <hr/> Void - Friends Of John Sarbanes

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1000.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37343842 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 General</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wu For Congress</p> <p>Mailing Address 818 Sw Third Ave., #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37343850 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>2010 General</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DeFazio For Congress</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Peter Anthony DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37343851 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>2010 General</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37343852</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 General</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37345897</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 General</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Higgins For Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement Void - Higgins For Congress</p> <p>Candidate Name Rep. Brian Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 27</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37351038</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p> <p>Void - Higgins For Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Higgins For Congress Mailing Address PO Box 28 City Buffalo State NY Zip Code 14220 Purpose of Disbursement 2010 General Candidate Name Rep. Brian Higgins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37351042 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 General
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Kansans For Huelskamp Mailing Address PO Box 410 City Fowler State KS Zip Code 67844 Purpose of Disbursement Void - Kansans For Huelskamp Candidate Name Mr. Timothy Huelskamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37362377 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period -5000.00
	Void - Kansans For Huelsk- amp
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Kansans For Huelskamp Mailing Address PO Box 410 City Fowler State KS Zip Code 67844 Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Timothy Huelskamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37362378 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 GENERAL
	Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37362662 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Billy Long For Congress</p> <p>Mailing Address 1675-F E Seminole</p> <p>City Springfield State MO Zip Code 65804</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Billy Long</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37362664 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wu For Congress</p> <p>Mailing Address 818 Sw Third Ave., #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Void - Wu For Congress</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37388682 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>Void - Wu For Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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)  
Wu For Congress

Mailing Address 818 Sw Third Ave., #1182

City State Zip Code  
Portland OR 97204

Purpose of Disbursement  
2010 GENERAL

Candidate Name  
Rep. David Wu

Office Sought:  House  
 Senate  
 President

State: OR District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 37388683

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2010 GENERAL

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Michael Greenfield, MD

Mailing Address 7 Maplecrest Dr

City  
Danbury

State  
CT

Zip Code  
06811-4247

Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 37331265

Date of Disbursement

/  /

Amount of Each Disbursement this Period

REFUND

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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS <hr/> Mailing Address 1620 DODGE STREET STOP 3254 <hr/> City OMAHA State NE Zip Code 68197 <hr/> Purpose of Disbursement CREDIT CARD BANK CHARGES Candidate Name <hr/> 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) ▼	Transaction ID: 37510606 Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 376.35  CREDIT CARD BANK CHARGES
<b>B.</b> Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS <hr/> Mailing Address 1620 DODGE STREET STOP 3254 <hr/> City OMAHA State NE Zip Code 68197 <hr/> Purpose of Disbursement CREDIT CARD BANK CHARGES Candidate Name <hr/> 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) ▼	Transaction ID: 37706243 Date of Disbursement 11 / 22 / 2010
	Amount of Each Disbursement this Period 1281.49  CREDIT CARD BANK CHARGES

SUBTOTAL of Disbursements This Page (optional) ..... ►

1657.84

TOTAL This Period (last page this line number only) ..... ►

1657.84