

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 AVENUE, NW SUITE 600 WASHINGTON DC 20001 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2009 through 05 31 2009

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 06 11 2009

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**

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		545620.98
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1051245.63									
(c) Total Receipts (from Line 19)	132908.05	750745.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1184153.68	1296366.49								
7. Total Disbursements (from Line 31)	14073.85	126286.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1170079.83	1170079.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	79369.66	445937.75
(i) Itemized (use Schedule A)	44897.07	295567.53
(ii) Unitemized	124266.73	741505.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	124266.73	741505.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1631.00	1631.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2010.32	2609.23
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))	132908.05	750745.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132908.05	750745.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1073.85	9086.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1073.85	9086.50
22. Transfers to Affiliated/Other Party Committees.....	100.00	2950.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9500.00	107500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3350.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3350.16
29. Other Disbursements.....	3400.00	3400.00
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))..	14073.85	126286.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14073.85	126286.66

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	124266.73	741505.28
34. Total Contribution Refunds (from Line 28(d))	0.00	3350.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124266.73	738155.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1073.85	9086.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	1631.00	1631.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-557.15	7455.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK, MD	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 16780 MORGAN TRAIL	Transaction ID: SA11AI.31714
	City State Zip Code NOVELTY OH 44072	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

B.	Full Name (Last, First, Middle Initial) KEITH ADAMS, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 416 MUNRO ROAD	Transaction ID: SA11AI.31880
	City State Zip Code MILL HALL PA 17751	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

C.	Full Name (Last, First, Middle Initial) SEYED H ALEALI, MD	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address 4699 MAIN STREET	Transaction ID: SA11AI.31501
	City State Zip Code BRIDGEPORT CT 06606	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 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 7 / 107

(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) GEORGE A ALSINA, MD		Date of Receipt	
	Mailing Address PO BOX 1536		M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31659
	WRIGHTSVILLE BEACH	NC	28480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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		

B.	Full Name (Last, First, Middle Initial) HUGO ALVAREZ, MD		Date of Receipt	
	Mailing Address 169 SANTA FE LANE		M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31882
	WILLOW SPRINGS	IL	60480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer ACCESS COMMUNITY HEALTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		416.65		

C.	Full Name (Last, First, Middle Initial) RAJ AMBAY, MD		Date of Receipt	
	Mailing Address 5639 LONGFORD TERRACE		M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31846
	MADISON	WI	53711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼		
		208.30		

SUBTOTAL of Receipts This Page (optional)	▶	1124.99
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 8 / 107
(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)
STEPHEN H ANDERSEN, MD

Mailing Address 12202 E GARY ROAD

City State Zip Code
SCOTTSDALE AZ 85259

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) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.31655

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM J ANDREONI, MD

Mailing Address 1524 ATWOOD AVENUE

City State Zip Code
JOHNSTON RI 02920

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

Name of Employer OPHTHALMIC SURGEONS Occupation PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31541

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH P ANNIS, MD

Mailing Address 3 SUNDOWN PARKWAY

City State Zip Code
AUSTIN TX 78746

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

Name of Employer DARTMOUTH-HITCKOCK MED CTR Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.31884

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **1083.33**

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 9 / 107

(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 ARENS, MD		Date of Receipt
	Mailing Address 6431 FANNIN STREET		<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 0 5 / 2 3 / 2 0 0 9
	City	State	Zip Code
	HOUSTON	TX	77030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31788
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 ▼ 416.65	<input type="text"/> 83.33

B.	Full Name (Last, First, Middle Initial) DEAN ARMANDROFF		Date of Receipt
	Mailing Address 902 ORONOCO STREET		<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 0 5 / 2 3 / 2 0 0 9
	City	State	Zip Code
	ALEXANDRIA	VA	22314
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31885
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation EXECUTIVE	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 ▼ 416.69	<input type="text"/> 83.33

C.	Full Name (Last, First, Middle Initial) MICHAEL ARMSTRONG, JR MD		Date of Receipt
	Mailing Address 8700 STONY POINT PARKWAY		<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 0 5 / 2 1 / 2 0 0 9
	City	State	Zip Code
	RICHMOND	VA	23235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31736
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 ▼ 208.30	<input type="text"/> 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: (check only one)	PAGE 10 / 107
	<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) HANS ARORA		Date of Receipt
	Mailing Address 540 W BELMONT AVENUE		<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 0 5 / 2 3 / 2 0 0 9
	City	State	Zip Code
	CHICAGO	IL	60657
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31789
Name of Employer N/A		Occupation STUDENT	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"/> 208.30	<input type="text"/> 41.66

B.	Full Name (Last, First, Middle Initial) CRAIG BACKS, MD		Date of Receipt
	Mailing Address 800 E CARPENTER STREET		<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 0 5 / 2 1 / 2 0 0 9
	City	State	Zip Code
	SPRINGFIELD	IL	62769
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31716
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"/> 208.30	<input type="text"/> 41.66

C.	Full Name (Last, First, Middle Initial) DEBRA L BAILEY, MD		Date of Receipt
	Mailing Address 71 OLDMILL BOTTOM ROAD		<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 0 5 / 0 6 / 2 0 0 9
	City	State	Zip Code
	ANNAPOLIS	MD	21409
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31495
Name of Employer ANNAPOLIS DERMATOLOGY CTR		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"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 583.32
TOTAL 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 11 / 107
(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)
RISE L BARKHOFF, MD

Mailing Address 27455 MEADOWOOD DRIVE

City METTAWA State IL Zip Code 60048

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: 05 / 20 / 2009
Transaction ID: SA11AI.31573
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
KAREN J BEGLEY

Mailing Address 1810 WINDSWEPT CIRCLE

City DOVER State DE Zip Code 19901

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

Name of Employer N/A Occupation SPOUSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 06 / 2009
Transaction ID: SA11AI.31491
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY BEITTEL, MD

Mailing Address 612 CODY DRIVE

City THOMASVILLE State NC Zip Code 27360

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 ▼ 208.30

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31738
 Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ► 791.66

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 107
(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)
JOSEFINA CABUENA BELLO, MD
Mailing Address 2241G S LINDEN ROAD

City State Zip Code
FLINT MI 48532

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 ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31887
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
MICHELLE A BERGER, MD
Mailing Address 4100 DUVAL ROAD

City State Zip Code
AUSTIN TX 78759

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 ▼ 208.38

Date of Receipt: 05 / 26 / 2009
Transaction ID: SA11AI.31590
Amount of Each Receipt this Period: 208.38

C. Full Name (Last, First, Middle Initial)
STEVEN BERKOWITZ, MD
Mailing Address 1200 EAGLE AVENUE

City State Zip Code
OCEAN NJ 07712

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

Name of Employer SEAVIEW ORTHOPAEDICS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31791
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 375.04

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 / 107
(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 BIGELOW, MD

Mailing Address 334 W BLITHEDALE AVENUE

City State Zip Code
MILL VALLEY CA 94941

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.31651

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
KATHLEEN BLAKE, MD

Mailing Address 3218 EL TOBOSO DRIVE NW

City State Zip Code
ALBUQUERQUE NM 87104

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

Name of Employer NEW MEXICO HEART INSTITUTE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31889

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
CHARLES M BLITZER, MD

Mailing Address 61 CANNEY ROAD

City State Zip Code
DURHAM NH 03824

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

Name of Employer SOS MED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31499

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1083.33**

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 14 / 107
(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)
ASHLY BOOTH, MD

Mailing Address 3915 RIVERSIDE AVENUE

City Jacksonville State FL Zip Code 32205

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

Name of Employer UNIV OF FLORIDA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.31740

Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
RICHARD BOSSHARDT, MD

Mailing Address 1879 NIGHTINGALE LANE

City TAVARES State FL Zip Code 32778

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 ▼ 208.30

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.31610

Amount of Each Receipt this Period 124.98

C. Full Name (Last, First, Middle Initial)
LEONARD ALLISON BRABSON, SR MD

Mailing Address 939 EMERALD AVENUE

City KNOXVILLE State TN Zip Code 37917

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 ▼ 416.65

Date of Receipt 05 / 23 / 2009

Transaction ID: SA11AI.31793

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 249.97

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 / 107

(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 BRADLEY, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 2800 BROAD		Transaction ID: SA11AI.31742		
	City MANSFIELD	State TX	Zip Code 76063	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.38		
	Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN		

B.	Full Name (Last, First, Middle Initial) TERRANCE BREEN, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 5503 RUTGERS ROAD		Transaction ID: SA11AI.31661		
	City LA JOLLA	State CA	Zip Code 92037	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.30		
	Name of Employer ASMG		Occupation PHYSICIAN		

C.	Full Name (Last, First, Middle Initial) PATRICIA BROWN		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 6865 W PRINCETON AVENUE		Transaction ID: SA11AI.31743		
	City DENVER	State CO	Zip Code 80235	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.30		
	Name of Employer N/A		Occupation SPOUSE		

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 / 107
(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)
FLOYD BURAS, MD

Mailing Address 713 LIVE OAK STREET

City State Zip Code
METAIRIE LA 70005

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 ▼ 416.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31848

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
THEODORE A CALIANOS, II MD

Mailing Address 151 WHITMAR ROAD

City State Zip Code
COTUIT MA 02635

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 ▼ 208.38

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31618

Amount of Each Receipt this Period
208.38

C. Full Name (Last, First, Middle Initial)
ROBERT JAMES CAMPBELL, MD

Mailing Address 1444 MASSACHUSETTS AVENUE

City State Zip Code
TROY NY 12180

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31529

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **791.71**

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 / 107
(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)
ANTHONY CAMPO, JR MD

Mailing Address 223 SHORE ROAD

City State Zip Code
SOMERS POINT NJ 08244

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31569

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MARY CARPENTER, MD

Mailing Address PO BOX 769

City State Zip Code
WINNER SD 57580

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

Name of Employer Occupation
SELF-EMPLOYEYD PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31891

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
ANGELO S CARRABBA, MD

Mailing Address 546 CROWWELL AVENUE

City State Zip Code
ROCKY HILL CT 06067

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 ▼ 416.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.31594

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

666.70

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 18 / 107
(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)
CHRISTINE CARSTENSEN, MD

Mailing Address 5429 WESTWOOD CIRCLE

City State Zip Code
W DES MOINES IA 50266

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

Name of Employer Occupation
MEDICAL CTR ANESTHESIOLOG-IST PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31745

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
JANET JOHNSON CASH, MD

Mailing Address 833 SAINT VINCENTS DRIVE

City State Zip Code
BIRMINGHAM AL 35205

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 ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31663

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
LEON HARVEY CHANDLER, MD

Mailing Address 4100 LAKE OTIS PARKWAY

City State Zip Code
ANCHORAGE AK 99508

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 ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31747

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 19 / 107
(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) ANDREW COOK, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 529 KERESAN TERRACE		Transaction ID: SA11AI.31795		
	City LIMA	State OH	Zip Code 45805	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.65		
Name of Employer LIMA RADIOLOGICAL		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JAMES CORWIN, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 4516 ROBIN LANE		Transaction ID: SA11AI.31750		
	City MIDLAND	State TX	Zip Code 79707	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.30		
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) GEORGE COX		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 10308 FLEMING AVENUE		Transaction ID: SA11AI.31796		
	City BETHESDA	State MD	Zip Code 20814	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.69		
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation ATTORNEY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 20 / 107

(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 CYS		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 7307 LAKETREE DRIVE		Transaction ID: SA11AI.31892		
	City FAIRFAX STATION	State VA	Zip Code 22039	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.65		
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) RICHARD A DART, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 9050 ADER LANE		Transaction ID: SA11AI.31752		
	City MARSHFIELD	State WI	Zip Code 54449	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.38		
Name of Employer MARSHFIELD CLINIC		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) LEE S DAVIS, MD		Date of Receipt MM / DD / YYYY 05 / 13 / 2009		
	Mailing Address 3935 CLUB DRIVE NE		Transaction ID: SA11AI.31538		
	City ATLANTA	State GA	Zip Code 30319	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 NAL		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 21 / 107
(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)
DANIEL C DENNEHY, MD

Mailing Address PO BOX 702187

City State Zip Code
TULSA OK 74170

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
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31497

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DANIEL C DENNEHY, MD

Mailing Address PO BOX 702187

City State Zip Code
TULSA OK 74170

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 ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31993

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KEITH DESONIER, MD

Mailing Address 555 S RYAN STREET

City State Zip Code
LAKE CHARLES LA 70601

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 ▼ 416.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31850

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► 1183.33

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 22 / 107
(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 DEVENNY, MD
 Mailing Address 3090 YORKTOWN DRIVE
 City State Zip Code
TUSCALOOSA AL 35406
 Date of Receipt
MM / DD / YYYY
05 / 27 / 2009
 Transaction ID: SA11AI.31635
 Amount of Each Receipt this Period
250.00
 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) ▼ 350.00

B. Full Name (Last, First, Middle Initial)
WILLIAM L DIEHL, MD
 Mailing Address 261 JAMES STREET
 City State Zip Code
MORRISTOWN NJ 07960
 Date of Receipt
MM / DD / YYYY
05 / 19 / 2009
 Transaction ID: SA11AI.31543
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
ALLIED SURGICAL GROUP PHYSICIAN
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
DAMON DIETRICH, MD
 Mailing Address 1750 SAINT CHARLES AVENUE
 City State Zip Code
NEW ORLEANS LA 70130
 Date of Receipt
MM / DD / YYYY
05 / 21 / 2009
 Transaction ID: SA11AI.31667
 Amount of Each Receipt this Period
41.66
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
INDEPENDENT PHYSICIAN
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 208.30

SUBTOTAL of Receipts This Page (optional) ► 791.66
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 23 / 107
(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)
GARY DILLEHAY, MD

Mailing Address 251 E HURON STREET

City State Zip Code
CHICAGO IL 60611

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31852

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
ALEXANDER DING, MD

Mailing Address 257 CARDINAL MEDEIROS AVENUE

City State Zip Code
CAMBRIDGE MA 02141

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

Name of Employer PARTNERS HEALTH CARE Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31894

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
WILLIAM A DOLAN, MD

Mailing Address 220 ALEXANDER STREET

City State Zip Code
ROCHESTER NY 14607

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 ▼ 416.69

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31896

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 24 / 107
	(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

A.	Full Name (Last, First, Middle Initial) DAVID LANCE DONALDSON, MD		Date of Receipt
	Mailing Address 4808 105TH STREET		<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 0 5 / 2 0 / 2 0 0 9
	City	State	Zip Code
	LUBBOCK	TX	79424
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31563
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"/> 600.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) MARC M DREIER, MD		Date of Receipt
	Mailing Address 295 RICHARDS ROAD		<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 0 5 / 2 0 / 2 0 0 9
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31565
Name of Employer VALLEY ER ASSOC		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"/> 600.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JOHN C ECKELS, MD		Date of Receipt
	Mailing Address 4745 18TH STREEET		<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 0 5 / 0 6 / 2 0 0 9
	City	State	Zip Code
	SAN FRANCISCO	CA	94114
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31493
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"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL 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 25 / 107
	<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) LISA EGBERT, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 790 W RAHN ROAD	Transaction ID: SA11AI.31854
	City State Zip Code KETTERING OH 45429	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARAGON WOMENS CARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

B.	Full Name (Last, First, Middle Initial) JESSE EHRENFELD, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 9 WEST BROADWAY	Transaction ID: SA11AI.31798
	City State Zip Code BOSTON MA 02127	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	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 ▼ 208.30	

C.	Full Name (Last, First, Middle Initial) ERICK EITING, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 15 W 107TH STREET	Transaction ID: SA11AI.31898
	City State Zip Code NEW YORK NY 10025	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JACOBI MEDICAL CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

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 26 / 107

(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 W EPPES, JR MD

Mailing Address PO BOX 389

City State Zip Code
FOREST VA 24551

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

Name of Employer
CENTRAL VA FAMILY PHYSICI-
ANS

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	9

Transaction ID: SA11AI.31900

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
KENNETH B FARRIS, MD

Mailing Address 104 ENGLISH TURN DRIVE

City State Zip Code
NEW ORLEANS LA 70131

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

Name of Employer
CONSULTANT PATHOLOGY SERV-
ICE

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.31567

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
DOMENIC FEDERICO, MD

Mailing Address 3800 LAKE MICHIGAN DRIVE NW

City State Zip Code
GRAND RAPIDS MI 49534

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 ▼
416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	9

Transaction ID: SA11AI.31902

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

666.66

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 27 / 107
(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)
RALPH B FILLMORE, MD
Mailing Address 1118 ROSS CLARK CIRCLE

City State Zip Code
DOTHAN AL 36301

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

Name of Employer Occupation
ACMG PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9
Transaction ID: SA11AI.31669
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
JUAN FITZ, MD
Mailing Address 6021 90TH STREET

City State Zip Code
LUBBOCK TX 79424

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 ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9
Transaction ID: SA11AI.31754
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
RAY M FITZGERALD, MD
Mailing Address 15402 BRANDONWOOD PLACE

City State Zip Code
HOUSTON TX 77069

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

Name of Employer Occupation
KSF ORTHOPAEDIC CENTER PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9
Transaction ID: SA11AI.31647
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 583.32

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 28 / 107
(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)
EDWARD P FODY, MD
Mailing Address 6574 PARTRIDGE LANE
City HOLLAND State MI Zip Code 49423
FEC ID number of contributing federal political committee. **C**
Name of Employer WESTERN MI PATHOLOGY Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.69
Date of Receipt 05 / 26 / 2009
Transaction ID: SA11AI.31598
Amount of Each Receipt this Period 416.69

B. Full Name (Last, First, Middle Initial)
DONALD B FRANKLIN, JR MD
Mailing Address 974 E 3RD STREET
City CHATTANOOGA State TN Zip Code 37403
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 ▼ 416.69
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.31981
Amount of Each Receipt this Period 333.36

C. Full Name (Last, First, Middle Initial)
DAVID W FRANTZ, MD
Mailing Address PO BOX 10455
City LYNCHBURG State VA Zip Code 24506
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 ▼ 350.00
Date of Receipt 05 / 27 / 2009
Transaction ID: SA11AI.32008
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 850.05
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 / 107
(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)
SANDRA FRYHOFER, MD

Mailing Address 1938 PEACHTREE ROAD NW

City ATLANTA State GA Zip Code 30309

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 05 / 20 / 2009

Transaction ID: SA11AI.31575

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
DENNIS GALINSKY, MD

Mailing Address 600 N FAIRBANKS COURT

City CHICAGO State IL Zip Code 60611

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

Name of Employer NUCLEAR ONCOLOGY MED CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2009

Transaction ID: SA11AI.31904

Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
JOSEPH GAUTA, MD

Mailing Address 1890 SW HEALTH PARKWAY

City NAPLES State FL Zip Code 34109

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 ▼ 208.38

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.31671

Amount of Each Receipt this Period 41.66

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: (check only one)	PAGE 30 / 107
	<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 G GERKIN, MD		Date of Receipt
	Mailing Address 2300 LAKEMOOR DRIVE		<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 05 / 29 / 2009
	City	State	Zip Code
	KNOXVILLE	TN	37920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31973
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 ▼ 416.69	<input type="text"/> 166.70

B.	Full Name (Last, First, Middle Initial) DIANA GILLIOTTE		Date of Receipt
	Mailing Address 465 WINDING WAY ROAD		<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 05 / 21 / 2009
	City	State	Zip Code
	KETTERING	OH	45429
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31672
Name of Employer N/A		Occupation SPOUSE	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 ▼ 208.30	<input type="text"/> 41.66

C.	Full Name (Last, First, Middle Initial) SHAUN JENSEN GILLIS, MD		Date of Receipt
	Mailing Address 931 HIGHLAND BLVD		<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 05 / 21 / 2009
	City	State	Zip Code
	BOZEMAN	MT	59715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31674
Name of Employer BOZEMAN DEACONESS HOSP		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 ▼ 208.38	<input type="text"/> 41.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.02
TOTAL 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 31 / 107
(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)
STUART GITLOW, MD

Mailing Address 153 GASKILL STREET

City State Zip Code
WOONSOCKET RI 02895

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) ▼ 416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.31800

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
SCOT BRADLEY GLASBERG, MD

Mailing Address 900 PARK AVENUE

City State Zip Code
NEW YORK NY 10021

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) ▼ 416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.31802

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
CAMERON GODFREY, MD

Mailing Address 2308 CLARINDA

City State Zip Code
WICHITA FALLS TX 76308

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) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.31532

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **666.66**

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 32 / 107
(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)
JASON GOLDMAN, MD

Mailing Address 3100 CORAL HILLS DRIVE

City State Zip Code
CORAL SPRINGS FL 33065

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 ▼ 208.38

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31676

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
JEFF GONZALEZ, MD

Mailing Address 1228 WEST AVENUE

City State Zip Code
MIAMI BEACH FL 33139

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31906

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
RANDOLPH GOULD, MD

Mailing Address 6160 KEMPSVILLE CIRCLE

City State Zip Code
NORFOLK VA 23502

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31908

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 33 / 107
(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)
ERICH GROOS, MD
Mailing Address 2400 PATTERSON STREET
City NASHVILLE State TN Zip Code 37203
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 ▼ 208.38
Date of Receipt 05 / 26 / 2009
Transaction ID: SA11AI.31600
Amount of Each Receipt this Period 208.38

B. Full Name (Last, First, Middle Initial)
MARTIN GUERRERO, MD
Mailing Address 18 BENCHWOOD CIRCLE
City SAN ANTONIO State TX Zip Code 78248
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 ▼ 416.69
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.31977
Amount of Each Receipt this Period 416.69

C. Full Name (Last, First, Middle Initial)
SCOTT D HAGAMAN, MD
Mailing Address 6614 WINDSOR COURT
City COLUMBIA State MD Zip Code 21044
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 05 / 13 / 2009
Transaction ID: SA11AI.31519
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1625.07
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 34 / 107

(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 L HAMILTON, MD

Mailing Address 8TH AVENUE AND C STREETS

City State Zip Code
SALT LAKE CITY UT 84143

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

Name of Employer Occupation
INTEMOUNTAIN HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 445.82

Date of Receipt

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

Transaction ID: SA11AI.31996

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM L HAMILTON, MD

Mailing Address 8TH AVENUE AND C STREETS

City State Zip Code
SALT LAKE CITY UT 84143

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

Name of Employer Occupation
INTEMOUNTAIN HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 529.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31804

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
WILLIAM HANDELMAN, MD

Mailing Address 89 EAST STREET

City State Zip Code
MORRIS CT 06763

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 ▼ 208.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.31592

Amount of Each Receipt this Period

208.38

SUBTOTAL of Receipts This Page (optional)

341.71

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 / 107

(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)
PERRY L HANEY, MD

Mailing Address PO BOX 22006

City State Zip Code
DENVER CO 80222

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

Name of Employer Occupation
SPINE ONE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.69

Date of Receipt

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

Transaction ID: SA11AI.31987

Amount of Each Receipt this Period

416.69

B.

Full Name (Last, First, Middle Initial)
DAVID T HANNAN, MD

Mailing Address 463 CASTLE STREET

City State Zip Code
GENEVA NY 14456

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

Name of Employer Occupation
ARCADIA FAMILY PRACTICE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31856

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
DAVID HARRIS, JR MD

Mailing Address 1928 ALCOA HIGHWAY

City State Zip Code
KNOXVILLE TN 37920

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

Name of Employer Occupation
UNIVERSITY EYE SURGEONS PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31971

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.02

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 36 / 107
	(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

A.	Full Name (Last, First, Middle Initial) RONALD HARTER, MD		Date of Receipt
	Mailing Address 7825 HOLISTON COURT		<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
	City	State	Zip Code
	DUBLIN	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31858
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"/>
		<input type="text"/> 516.69	<input type="text"/> 83.33

B.	Full Name (Last, First, Middle Initial) STEVE HATTAMER, MD		Date of Receipt
	Mailing Address 27 LATHERON DRIVE		<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
	City	State	Zip Code
	NASHUA	NH	03063
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31860
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"/>
		<input type="text"/> 416.69	<input type="text"/> 83.33

C.	Full Name (Last, First, Middle Initial) JAMES HAY, MD		Date of Receipt
	Mailing Address 477 N EL CAMINO REAL		<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
	City	State	Zip Code
	ENCINITAS	CA	92024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31758
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"/>
		<input type="text"/> 208.30	<input type="text"/> 41.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 208.32
TOTAL 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 37 / 107
(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 L HEACOCK, MD

Mailing Address 2002 MEDICAL PKWY

City State Zip Code
ANNAPOLIS MD 21401

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 ▼ 208.38

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31679

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
M ANN HEATHERS

Mailing Address 3508 S LAFOUNTAIN STREET

City State Zip Code
KOKOMO IN 46902

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

Name of Employer N/A Occupation SPOUSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31759

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
ANTHONY K HEDLEY, MD

Mailing Address 7120 N 46TH STREET

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer A2 INSTITUTE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.31645

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **583.32**

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 38 / 107
(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)
MARILYN J HEINE, MD

Mailing Address 900 TWINING ROAD

City State Zip Code
DRESHER PA 19025

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

Name of Employer
REG HEMATOLOGY ONCOLOGY ASSOC

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
516.69

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31862

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
NORMAN DAVID HENKES, MD

Mailing Address 215 ROCKHILL DRIVE

City State Zip Code
SAN ANTONIO TX 78209

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

Name of Employer
PATHOLOGY ASSOC OF SAN ANTONIO

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.31534

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
DELMER W HENNINGER, MD

Mailing Address 39755 DATE STREET

City State Zip Code
MURRIETA CA 92563

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
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: SA11AI.31547

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1583.33**

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 39 / 107

(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 E HERTZKA, MD

Mailing Address PO BOX 1018

City State Zip Code
RANCHO SANTA FE CA 92067

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 ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31910

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

GERARD J HEVERN, MD

Mailing Address PO BOX 9001

City State Zip Code
SUNCOOK NH 03275

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

Name of Employer Occupation
SUNCOOK FAMILY HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: SA11AI.31969

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS HICKS, MD

Mailing Address 2302 ELLICOTT DRIVE

City State Zip Code
TALLAHASSEE FL 32308

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

Name of Employer Occupation
PATIENTS FIRST PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31761

Amount of Each Receipt this Period

41.66

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 40 / 107

(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)
EDWIN HINTON, MD

Mailing Address 18748 CATHERINE LANE

City State Zip Code
TINLEY PARK IL 60487

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 ▼ -333.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31806

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
PAUL HOUMANN, MD

Mailing Address 1809 CLEVELAND STREET

City State Zip Code
GREENVILLE SC 29607

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 ▼ 208.30

Date of Receipt

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

Transaction ID: SA11AI.31681

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)
PAT HYER

Mailing Address 6401 CAHOBA DRIVE

City State Zip Code
FORT WORTH TX 76135

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

Name of Employer Occupation
N/A SPOUSE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31807

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 41 / 107

(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) STEPHEN IMBEAU, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 800 E. CHEVES STREET	Transaction ID: SA11AI.31912
	City State Zip Code FLORENCE SC 29506	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer ALLERGY ASTHMA & SINUS CE- NTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69	

B.	Full Name (Last, First, Middle Initial) ELVIN COY IRVIN, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 4501 N DAVIS HIGHWAY	Transaction ID: SA11AI.31809
	City State Zip Code PENSACOLA FL 32503	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer GULF COAST FAMILY MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

C.	Full Name (Last, First, Middle Initial) AHMAD KABAKIBI, MD	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 4629 CASS STREET	Transaction ID: SA11AI.31763
	City State Zip Code SAN DIEGO CA 92109	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

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 42 / 107
(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)
HEATHER KAISER

Mailing Address 239 E MLK DRIVE

City State Zip Code
CINCINNATI OH 45219

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

Name of Employer N/A Occupation STUDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31863
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
MIKE KAMINSKI, MD

Mailing Address 14410 SE PETROVITSKY RD

City State Zip Code
RENTON WA 98058

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: 05 / 20 / 2009
Transaction ID: SA11AI.31998
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
TRIPTI KATARIA, MD

Mailing Address 843 W ADAMS

City State Zip Code
CHICAGO IL 60607

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

Name of Employer NORTHWESTERN MED FOUNDATION Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31811
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 224.99

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 / 107
(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)
CANDACE KELLER, MD

Mailing Address 8025 LEGEND CREEK DRIVE

City DESTIN State FL Zip Code 32550

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 ▼ 516.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31914
 Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
JOHN KENNEDY, MD

Mailing Address 1675 PROVIDENCE AVENUE

City SCHENECTADY State NY Zip Code 12309

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 ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31865
 Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
HELEN KIM, MD

Mailing Address 1414 VICTORY BOULEVARD

City STATEN ISLAND State NY Zip Code 10301

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

Name of Employer CLOVE LAKES ENT Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31718
 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: (check only one)	PAGE 44 / 107
	<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) KAREN KING, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 4177 GOLDTHREAD COURT	Transaction ID: SA11AI.31916
	City State Zip Code HILLIARD OH 43206	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NW OB GYN ASSOC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.65	

B.	Full Name (Last, First, Middle Initial) WILLIAM KOBLER, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 6729 MILL BROOK DRIVE	Transaction ID: SA11AI.31918
	City State Zip Code ROCKFORD IL 61108	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OSF HEALTHCARE SYS. PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

C.	Full Name (Last, First, Middle Initial) MARK KOMOROWSKI, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 610 S TRUMBULL STREET	Transaction ID: SA11AI.31920
	City State Zip Code BAY CITY MI 48708	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

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 45 / 107
(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)
DANIEL KORETZ, MD
Mailing Address 6200 SLOCUM ROAD
City State Zip Code
ONTARIO NY 14519
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 ▼ 416.65
Date of Receipt 05 / 23 / 2009
Transaction ID: SA11AI.31922
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
ZDENKO KORUNDA, MD
Mailing Address 9089 THE LANE
City State Zip Code
NAPLES FL 34109
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 05 / 27 / 2009
Transaction ID: SA11AI.31641
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
DAVID KRHOVSKY, MD
Mailing Address 2248 SHAWNEE DRIVE SE
City State Zip Code
GRAND RAPIDS MI 49506
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA MEDICAL CONSULTANT Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11AI.31683
Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► 1124.99
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 46 / 107
(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)
KALYAN S KRISHNAN, MD

Mailing Address 100 N ACADEMY AVENUE

City State Zip Code
DANVILLE PA 17822

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

Name of Employer Occupation
GEISINGER HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31606

Amount of Each Receipt this Period
208.38

B. Full Name (Last, First, Middle Initial)
NANCY KYLER, MD

Mailing Address 675 SHERWOOD LANE

City State Zip Code
STAUNTON VA 24401

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 ▼ 416.69

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31604

Amount of Each Receipt this Period
416.69

C. Full Name (Last, First, Middle Initial)
JOSEPH ROBT LACH, MD

Mailing Address 6972 HARBOR DRIVE NW

City State Zip Code
CANTON OH 49718

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

Name of Employer Occupation
WEST MEDICAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31924

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **708.40**

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 47 / 107
(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) KENNETH LANCIN		Date of Receipt MM / DD / YYYY 05 / 23 / 2009
Mailing Address 610 EAST PLAISADE AVENUE		Transaction ID: SA11AI.31812
City ENGLEWOOD CLIFFS	State NJ	Zip Code 07632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation MGMT CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

B.

Full Name (Last, First, Middle Initial) GLORIA L LEWIS, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
Mailing Address 3600 MALONEY ROAD		Transaction ID: SA11AI.31643
City KNOXVILLE	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMAET	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) NICOLE LONETTO		Date of Receipt MM / DD / YYYY 05 / 13 / 2009
Mailing Address 4603 MANOR DRIVE		Transaction ID: SA11AI.31530
City ALEXANDRIA	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1083.33
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 48 / 107
(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 LONG, MD
Mailing Address 155 N NOVA ROAD
City ORMOND BEACH State FL Zip Code 32174
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 ▼ 208.38
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11AI.31685
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
JOHN LONGWELL, MD
Mailing Address 1060 SARATOGA AVENUE
City SAN JOSE State CA Zip Code 95129
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 ▼ 208.30
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11AI.31687
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
GLENN LOOMIS, MD
Mailing Address 849 KELLOGG AVENUE
City JANESVILLE State WI Zip Code 53546
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 ▼ 416.65
Date of Receipt 05 / 23 / 2009
Transaction ID: SA11AI.31867
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 49 / 107
(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)
TED LOUIE, MD
 Mailing Address 44 BUCKINGHAM DRIVE
 City State Zip Code
 BELLE MEAD NJ 08502
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.31596
 Amount of Each Receipt this Period
 208.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HIGHLAND PARK MEDICAL ASS-OC PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.38

B. Full Name (Last, First, Middle Initial)
PETER LUND, MD
 Mailing Address 311 WEST 24TH STREET
 City State Zip Code
 ERIE PA 16502
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.31869
 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) ▼ 516.69

C. Full Name (Last, First, Middle Initial)
JUSTIN MAHIDA
 Mailing Address 1535 NEIL AVENUE
 City State Zip Code
 COLUMBUS OH 43201
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.31870
 Amount of Each Receipt this Period
 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A STUDENT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.38

SUBTOTAL of Receipts This Page (optional) ► 333.37
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 50 / 107
(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 I MALIK, MD
 Mailing Address 3865 N MULFORD ROAD
 City State Zip Code
ROCKFORD IL 61114
 Date of Receipt
MM / DD / YYYY
05 / 21 / 2009
Transaction ID: SA11AI.31765
 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 ▼ 208.30

B. Full Name (Last, First, Middle Initial)
BINA J MAMPILLY, MD
 Mailing Address 234 PRINCETON WOODS LOOP
 City State Zip Code
LAFAYETTE LA 70508
 Date of Receipt
MM / DD / YYYY
05 / 20 / 2009
Transaction ID: SA11AI.31571
 Amount of Each Receipt this Period
500.00
 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 ▼ 500.00

C. Full Name (Last, First, Middle Initial)
MARK MANDABACH, MD
 Mailing Address 619 19TH STREET S
 City State Zip Code
BIRMINGHAM AL 35249
 Date of Receipt
MM / DD / YYYY
05 / 21 / 2009
Transaction ID: SA11AI.31689
 Amount of Each Receipt this Period
41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UARS DEPT OF ANESTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

SUBTOTAL of Receipts This Page (optional) ► 583.32
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 51 / 107

(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) JOY A MAXEY, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 3091 MAPLE DRIVE		Transaction ID: SA11AI.31814		
	City ATLANTA	State GA	Zip Code 30305	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Name of Employer SELF EMPLOYED		
Occupation PHYSICIAN		Aggregate Year-to-Date 416.65			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) LAURENCE J MAZZOTTA, MD		Date of Receipt MM / DD / YYYY 05 / 13 / 2009		
	Mailing Address 480 REDWOOD STREET		Transaction ID: SA11AI.31536		
	City VALLEJO	State CA	Zip Code 94590	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Name of Employer SELF-EMPLOYED		
Occupation PHYSICIAN		Aggregate Year-to-Date 500.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) PATRICK MCCORMICK, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 2222 CHERRY STREET		Transaction ID: SA11AI.31926		
	City TOLEDO	State OH	Zip Code 43608	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Name of Employer SELF-EMPLOYED		
Occupation PHYSICIAN		Aggregate Year-to-Date 416.65			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

666.66

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 52 / 107
(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)
JOHN MCINTYRE, MD

Mailing Address 205 GROSVNOR ROAD

City ROCHESTER State NY Zip Code 14610

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 ▼ 416.65

Date of Receipt 05 / 23 / 2009

Transaction ID: SA11AI.31816

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
JERRY D MCLAUGHLIN, II MD

Mailing Address 413 E ABO DRIVE

City HOBBS State NM Zip Code 88240

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

Name of Employer PECOS VALLEY OF NM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.31767

Amount of Each Receipt this Period 41.66

C.

Full Name (Last, First, Middle Initial)
ARKANSAS MEDICAL PAC

Mailing Address PO BOX 55088

City LITTLE ROCK State AR Zip Code 72215

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.31480

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **524.99**

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 / 107
(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)
ARKANSAS MEDICAL PAC
Mailing Address PO BOX 55088

City State Zip Code
LITTLE ROCK AR 72215

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2940.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.31506

Amount of Each Receipt this Period
440.00

B. Full Name (Last, First, Middle Initial)
COLORADO MEDICAL PAC
Mailing Address PO BOX 17550

City State Zip Code
DENVER CO 80217

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.31627

Amount of Each Receipt this Period
880.00

C. Full Name (Last, First, Middle Initial)
DELAWARE MEDICAL PAC
Mailing Address 1925 LOVERING AVENUE

City State Zip Code
WILMINGTON DE 19806

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1820.00

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 54 / 107
(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)
DELAWARE MEDICAL PAC

Mailing Address 1925 LOVERING AVENUE

City State Zip Code
WILMINGTON DE 19806

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31553

Amount of Each Receipt this Period
700.00

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

Mailing Address 322 CANAL WALK

City State Zip Code
INDIANAPOLIS IN 46202

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 39700.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31485

Amount of Each Receipt this Period
400.00

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

Mailing Address 322 CANAL WALK

City State Zip Code
INDIANAPOLIS IN 46202

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 40200.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.31509

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 107
(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)
INDIANA MEDICAL PAC

Mailing Address 322 CANAL WALK

City State Zip Code
INDIANAPOLIS IN 46202

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 40700.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31552

Amount of Each Receipt this Period
500.00

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

Mailing Address 1001 GRAND AVENUE

City State Zip Code
W. DES MOINES IA 50265

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 11450.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31561

Amount of Each Receipt this Period
1520.00

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

Mailing Address PO BOX 2548

City State Zip Code
RIDGELAND MS 39158

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 18320.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31558

Amount of Each Receipt this Period
1010.00

SUBTOTAL of Receipts This Page (optional) ► 3030.00

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 56 / 107
(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)
MISSISSIPPI MEDICAL PAC

Mailing Address PO BOX 2548

City State Zip Code
RIDGELAND MS 39158

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 19330.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31630

Amount of Each Receipt this Period
1010.00

B.

Full Name (Last, First, Middle Initial)
MISSOURI MEDICAL PAC

Mailing Address PO BOX 1402

City State Zip Code
JEFFERSON CITY MO 65102

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 21370.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31510

Amount of Each Receipt this Period
320.00

C.

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

Mailing Address 2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1406.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31479

Amount of Each Receipt this Period
356.00

SUBTOTAL of Receipts This Page (optional) ► 1686.00

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 57 / 107

(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)
NEW JERSEY MEDICAL PAC

Mailing Address 2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1756.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31511

Amount of Each Receipt this Period

350.00

B.

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

Mailing Address 2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2006.00

Date of Receipt

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

Transaction ID: SA11AI.31554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
OHIO MEDICAL PAC

Mailing Address 3401 MILL RUN DRIVE

City State Zip Code
HILLIARD OH 43206

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 23280.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31631

Amount of Each Receipt this Period

600.00

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: PAGE 58 / 107
(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)
OKLAHOMA MEDICAL PAC

Mailing Address PO BOX 54520

City State Zip Code
OKLAHOMA CITY OK 73154

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 13200.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31481

Amount of Each Receipt this Period
2400.00

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

Mailing Address PO BOX 54520

City State Zip Code
OKLAHOMA CITY OK 73154

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 14200.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31556

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 54520

City State Zip Code
OKLAHOMA CITY OK 73154

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 14500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31560

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 3700.00

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 59 / 107

(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)
PENNSYLVANIA MEDICAL PAC

Mailing Address PO BOX 8820

City	State	Zip Code
HARRISBURG	PA	17105

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 48310.00
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31484

Amount of Each Receipt this Period

900.00

B.

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

Mailing Address PO BOX 8820

City	State	Zip Code
HARRISBURG	PA	17105

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50610.00
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31507

Amount of Each Receipt this Period

2300.00

C.

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

Mailing Address PO BOX 8820

City	State	Zip Code
HARRISBURG	PA	17105

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 51010.00
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.31559

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

3600.00

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 60 / 107
(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)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

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

Name of Employer NA Occupation NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5460.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31482

Amount of Each Receipt this Period
1220.00

B. Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

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

Name of Employer NA Occupation NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6990.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31505

Amount of Each Receipt this Period
1530.00

C. Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

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

Name of Employer NA Occupation NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31628

Amount of Each Receipt this Period
660.00

SUBTOTAL of Receipts This Page (optional) ► **3410.00**

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 61 / 107
(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)
UTAH MEDICAL PAC

Mailing Address 540 EAST FIFTH SOUTH

City State Zip Code
SALT LAKE CITY UT 84102

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3115.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.31555

Amount of Each Receipt this Period
1390.00

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

Mailing Address 540 EAST FIFTH SOUTH

City State Zip Code
SALT LAKE CITY UT 84102

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3535.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.31625

Amount of Each Receipt this Period
420.00

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

Mailing Address 4205 DOVER ROAD

City State Zip Code
RICHMOND VA 23221

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31478

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 2110.00

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 62 / 107
(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 MEDICAL PAC
Mailing Address 4205 DOVER ROAD

City State Zip Code
RICHMOND VA 23221

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31504

Amount of Each Receipt this Period
1400.00

B. Full Name (Last, First, Middle Initial)
VIRGINIA MEDICAL PAC
Mailing Address 4205 DOVER ROAD

City State Zip Code
RICHMOND VA 23221

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31626

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC
Mailing Address 2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

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

Name of Employer Occupation
NA NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28475.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31486

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 63 / 107
(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)
WASHINGTON MEDICAL PAC

Mailing Address 2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
29375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.31508

Amount of Each Receipt this Period
900.00

B.

Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC

Mailing Address 2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30775.00

Date of Receipt

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

Transaction ID: SA11AI.31557

Amount of Each Receipt this Period
1400.00

C.

Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC

Mailing Address 2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
32125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.31629

Amount of Each Receipt this Period
1350.00

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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 64 / 107
(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)
EVANGELOS MEGARIOTIS, MD
Mailing Address 21 RAVONA STREET
City State Zip Code
CLIFTON NJ 07012
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CLIFTON ORTHOPEDIC ASSOC PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 516.69
Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31872
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
AGUEDA L MERCADO ACEVEDO, MD
Mailing Address 920 RIVERSIDE DRIVE
City State Zip Code
NEW YORK NY 10032
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 ▼ 208.38
Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31768
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
MICHAEL E MIGLIORI, MD
Mailing Address 392 ROCHAMBEAU AVENUE
City State Zip Code
PROVIDENCE RI 02906
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 ▼ 416.65
Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31930
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 65 / 107

(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)
STEVEN K MILLER, MD

Mailing Address 22 S 900 E

City State Zip Code
SALT LAKE CITY UT 84102

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 ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31818

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
KENNETH MOORE, MD

Mailing Address 145 SECOND AVENUE SOUTH

City State Zip Code
FRANKLIN TN 37064

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

Name of Employer Occupation
RETIRED PHYSICIAN/VICE MAYOR FRANKLIN

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31503

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MARGARET MARY MOORE, MD

Mailing Address 1595 SOQUEL DRIVE

City State Zip Code
SANTA CRUZ CA 95065

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

Name of Employer Occupation
WOMEN MEDICAL GROUP PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31770

Amount of Each Receipt this Period

41.66

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 66 / 107
(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)
DALE MOQUIST, MD

Mailing Address 14023 WEST ROAD

City HOUSTON State TX Zip Code 77041

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 ▼ 416.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31874

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
ROBERT C MORE, MD

Mailing Address 6 SAND HILL ROAD

City FLEMINGTON State NJ Zip Code 08822

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

Name of Employer HUNTERDON ORTHO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31932

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
ALETHIA LEE MORGAN, MD

Mailing Address 7351 E LOWRY

City DENVER State CO Zip Code 80230

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

Name of Employer COPIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31620

Amount of Each Receipt this Period
416.69

SUBTOTAL of Receipts This Page (optional) ► **583.35**

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 67 / 107
(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)
ALETHIA LEE MORGAN, MD

Mailing Address 7351 E LOWRY

City State Zip Code
DENVER CO 80230

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

Name of Employer Occupation
COPIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.69

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.32007

Amount of Each Receipt this Period
130.00

B. Full Name (Last, First, Middle Initial)
CRAIG MICHAEL MORGAN, MD

Mailing Address 200 CAMELOT DRIVE

City State Zip Code
HUNTINGTON WV 25701

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

Name of Employer Occupation
EYE CONSULTANTS OF HUNTINGTON PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.31965

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LEE R MORISY, MD

Mailing Address 6025 WALNUT GROVE ROAD

City State Zip Code
MEMPHIS TN 38120

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

Name of Employer Occupation
MORISY & WOOD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: SA11AI.31549

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2130.00**

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 68 / 107
(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)
RONALD MORTON, MD

Mailing Address 1001 TOWER WAY

City State Zip Code
BAKERSFIELD CA 93309

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31934

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
MARIO E MOTTA, MD

Mailing Address 19 SKIPPER WAY

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
NORTH SHORE CARDIO ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31488

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
NANCY MUELLER, MD

Mailing Address 610 E PALISADE AVENUE

City State Zip Code
ENGLEWOOD CLIFFS NJ 07632

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 ▼ 450.02

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31820

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ▶ **666.66**

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 69 / 107
(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)
S BOBBY MUKKAMALA, MD

Mailing Address 1170 CHARTER DRIVE

City State Zip Code
FLINT MI 48532

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) ▼ 416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.31936

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
GERALD LEE MURPHY, MD

Mailing Address 2876 SYCAMORE DRIVE

City State Zip Code
SIMI VALLEY CA 93065

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

Name of Employer SIMI OB GYN MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.38

Date of Receipt

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

Transaction ID: SA11AI.31691

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
PETER JOHN NEIDENBACH, MD

Mailing Address 1410B JOHN B WHITE SR BLVD

City State Zip Code
SPARTANBURG SC 29306

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) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.31994

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **224.99**

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 / 107
(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 ANNANDALE State NJ Zip Code 08801

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 ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31938
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
SARAH NEWMAN

Mailing Address 1200 N NASH STREET

City ARLINGTON State VA Zip Code 22209

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31719
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
CHARLES NIVENS, MD

Mailing Address 19 ROSE HILL DRIVE

City BLUFFTON State SC Zip Code 29910

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 ▼ 208.30

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31693
Amount of Each Receipt this Period: 41.66

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: (check only one)	PAGE 71 / 107
	<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) ND COMMISSION ON MED POL ACTION		Date of Receipt
	Mailing Address PO BOX 5538		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BISMARK	ND	58501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31624
Name of Employer N/A		Occupation N/A	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="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) JEANIE OWEN		Date of Receipt
	Mailing Address 8417 HICKORY STREET		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	OMAHA	NE	68124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31580
Name of Employer NEBRASKA METHODIST HOSPITAL		Occupation NURSE	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="83.32"/>
		<input type="text" value="208.30"/>	

C.	Full Name (Last, First, Middle Initial) JUAN MANUEL PARDO, MD		Date of Receipt
	Mailing Address 2002 MEDICAL PARKWAY		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ANNAPOLIS	MD	21401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31695
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="208.30"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1124.98"/>
TOTAL 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 72 / 107
(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 MICHAEL PARDO, MD

Mailing Address 2002 MEDICAL PARKWAY

City State Zip Code
ANNAPOLIS MD 21401

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 ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31697

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
ALFIO K PENNISI, MD

Mailing Address 801 MCELWEE ROAD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer SLRA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.31633

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN PERRY, MD

Mailing Address 970 JOE FRANK HARS PKWY SE

City State Zip Code
CARTERSVILLE GA 30120

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 ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31699

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **1083.32**

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 / 107
(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 A PETTIT, MD
Mailing Address 410 16TH STREET

City State Zip Code
LA GRANDE OR 97850

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 ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31639

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
DIETER POHL, MD
Mailing Address 34 EAMES STREET

City State Zip Code
PROVIDENCE RI 02906

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 ▼ 416.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31940

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER POJE, MD
Mailing Address 1088 DELAWARE AVENUE

City State Zip Code
BUFFALO NY 14209

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

Name of Employer PEDIATRIC ENT ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.31701

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **924.99**

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 74 / 107
(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 162 NEW HAVEN DRIVE
City URBANA State OH Zip Code 43078
FEC ID number of contributing federal political committee. **C**
Name of Employer FAMILY PHYSICIANS OF URBANA Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65
Date of Receipt 05 / 23 / 2009
Transaction ID: SA11AI.31822
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
MICHELLE POWERS
Mailing Address 262 VIVARON
City ST CHARLES State MO Zip Code 63303
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation STUDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.30
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11AI.31720
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
ROBERT CRAIG PRENTICE, MD
Mailing Address 13343 EDINBURGH DRIVE
City PALOS HEIGHTS State IL Zip Code 60463
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 05 / 13 / 2009
Transaction ID: SA11AI.31515
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 75 / 107

(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) GARY PRICE, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 39 MIDDLE BEACH ROAD		Transaction ID: SA11AI.31612		
	City MADISON	State CT	Zip Code 06443	Amount of Each Receipt this Period 416.69	
	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 ▼ 416.69			

B.	Full Name (Last, First, Middle Initial) JUDITH R PRYBLICK, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 5422 HOLIDAY DRIVE		Transaction ID: SA11AI.31876		
	City ALLENTOWN	State PA	Zip Code 18104	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST LUKES PHYSICIAN GROUP	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 516.65			

C.	Full Name (Last, First, Middle Initial) NESTOR A RAMIREZ-LOPEZ, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 800 E CARPENTER STREET		Transaction ID: SA11AI.31942		
	City SPRINGFIELD	State IL	Zip Code 62769	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 ▼ 416.69			

SUBTOTAL of Receipts This Page (optional)	583.35
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 / 107
	(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

A.	Full Name (Last, First, Middle Initial) RUSSELL RAPHAELY, MD		Date of Receipt
	Mailing Address 1600 ROCKLAND ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 21 / 2009
	City	State	Zip Code
	WILMINGTON	DE	19803
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31703
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 ▼ 208.30	<input type="text"/> 41.66

B.	Full Name (Last, First, Middle Initial) WALTER REILING, MD		Date of Receipt
	Mailing Address 1431 RIDGEFIELD WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 21 / 2009
	City	State	Zip Code
	CENTERVILLE	OH	45459
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31722
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 ▼ 208.30	<input type="text"/> 41.66

C.	Full Name (Last, First, Middle Initial) KEVIN REILLY, MD		Date of Receipt
	Mailing Address 108 DEER GROVE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 21 / 2009
	City	State	Zip Code
	ELIZABETHTOWN	KY	42701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31724
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 ▼ 208.30	<input type="text"/> 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 77 / 107

(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 JAMES RICHARDSON, MD

Mailing Address 62 KINGLET DRIVE SOUTH

City State Zip Code
CRANBURY NJ 08512

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

Name of Employer Occupation
ACNJ PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31824

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
HOBART K RICHEY, MD

Mailing Address 728 THE RIALTO

City State Zip Code
VENICE FL 34285

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.31637

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
KRISTINE A ROMINE, MD

Mailing Address 4350 E CAMELBACK ROAD

City State Zip Code
PHOENIX AZ 85018

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

Name of Employer Occupation
CAMELBACK DERMATOLOGY PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.31979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

833.33

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 78 / 107
(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 NEIL ROOKE, MD

Mailing Address 3005 HEDGEROW LANE

City State Zip Code
SPRINGFIELD IL 62704

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) ▼ 208.30

Date of Receipt

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

Transaction ID: SA11AI.31772

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
MARVIN H RORICK, MD

Mailing Address 111 WELLINGTON PLACE

City State Zip Code
CINCINNATI OH 45219

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

Name of Employer RIVERHILLS HEALTHCARE Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.31944

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
JOSEPH SCOTT RUCCIONE, MD

Mailing Address 2330 JUNE MOUNTAIN COURT

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer CASE Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.31995

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **224.99**

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 79 / 107
	<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) YOU SUNG SANG, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 27 SANDPIPER LANE	Transaction ID: SA11AI.31826
	City State Zip Code EAST LYME CT 06333	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORWICH GI ASSOCIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

B.	Full Name (Last, First, Middle Initial) DEV DUTTA SANGVAI, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 708 OXBORO CREEK	Transaction ID: SA11AI.31946
	City State Zip Code DURHAM NC 27713	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUKE UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69	

C.	Full Name (Last, First, Middle Initial) DAVID J SCHIFELING, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2009
	Mailing Address 900 W CLAIRMONT DRIVE	Transaction ID: SA11AI.31948
	City State Zip Code EAU CLAIRE WI 54701	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MARSHFIELD CLINIC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69	

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 80 / 107
	(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

A.	Full Name (Last, First, Middle Initial) RICHARD ALAN SCHMITT, MD		Date of Receipt
	Mailing Address 9400 COVE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 13 / 2009
	City	State	Zip Code
	MYRTLE BEACH	SC	29572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31521
Name of Employer CAROLINA HEALTH SPECIALIST		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 ▼ 500.00	<input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) EARL A SCHULTE, MD		Date of Receipt
	Mailing Address PO BOX 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 21 / 2009
	City	State	Zip Code
	HUTCHINSON	KS	67504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31726
Name of Employer SCHULTE ANESTHESIOLOGY		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 ▼ 208.38	<input type="text"/> 41.66

C.	Full Name (Last, First, Middle Initial) RUTH SCHULZE, MD		Date of Receipt
	Mailing Address 108 OAK DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 29 / 2009
	City	State	Zip Code
	UPPER SADDLE RUN	NJ	07645
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31967
Name of Employer WOMENS TOTAL HEALTH		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 ▼ 416.69	<input type="text"/> 166.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 608.32
TOTAL 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 81 / 107
(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 J SCOTT, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 707 LITTLE SILVER POINT RD		Transaction ID: SA11AI.31878		
	City LITTLE SILVER	State NJ	Zip Code 07739	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
Name of Employer MERIDIAN HEALTH		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.69			

B.	Full Name (Last, First, Middle Initial) JANET K SEELEY, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2009		
	Mailing Address 2001 S SHIELDS		Transaction ID: SA11AI.32004		
	City FORT COLLINS	State CO	Zip Code 80526	Amount of Each Receipt this Period 130.00	
	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 ▼ 230.00			

C.	Full Name (Last, First, Middle Initial) NIMESH B SHAH, MD		Date of Receipt MM / DD / YYYY 05 / 16 / 2009		
	Mailing Address 3206 TAYLORSVILLE HWY		Transaction ID: SA11AI.31653		
	City STATESVILLE	State NC	Zip Code 28625	Amount of Each Receipt this Period 201.00	
	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 ▼ 201.00			

SUBTOTAL of Receipts This Page (optional)

414.33

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 82 / 107
(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)
JASON W SHARP, MD
Mailing Address 3220 MAPLE AVENUE
City State Zip Code
DALLAS TX 75201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
PARKLAND HEALTH HOSPITAL PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 17 / 2009
Transaction ID: SA11AI.31657
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DIANA R SHIBA
Mailing Address PO BOX 927021
City State Zip Code
SAN DIEGO CA 92192
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
N/A STUDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30
Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31827
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
WILLIAM SIMMONS, MD
Mailing Address 5204 BOX TURTLE CIRCLE
City State Zip Code
SARASOTA FL 34232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
N/A RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.38
Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31774
Amount of Each Receipt this Period: 41.66

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 83 / 107
(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 SIMON, MD

Mailing Address 35 GELLATLY DRIVE

City State Zip Code
WAPPINGERS FL NY 12590

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 ▼ 450.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31829

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
CARL SIRIO, MD

Mailing Address 50 QUAIL HILL ROAD

City State Zip Code
BLAWNOX PA 15238

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 ▼ 575.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31831

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
MICHAEL A SLOAN, MD

Mailing Address 1527 PLEASANT HARBOUR WAY

City State Zip Code
TAMPA FL 33602

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 ▼ 416.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.31602

Amount of Each Receipt this Period
166.70

SUBTOTAL of Receipts This Page (optional) ► **333.36**

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 84 / 107

(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)
ELMER SMITH, MD

Mailing Address 4351 BOOTH CALLOWAY ROAD

City State Zip Code
N RICHLAND HILLS TX 76180

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 ▼ 208.38

Date of Receipt

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

Transaction ID: SA11AI.31776

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)
STEPHEN SNOW, MD

Mailing Address 451 JUNCTION ROAD

City State Zip Code
MADISON WI 53717

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

Name of Employer Occupation
UW HEALTH PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.31588

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH SNYDER, MD

Mailing Address 8630 FENTON STREET

City State Zip Code
SILVER SPRING MD 20910

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 ▼ 583.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31833

Amount of Each Receipt this Period

83.33

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 85 / 107
(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)
JOYDEEP SOM, MD

Mailing Address 2002 MEDICAL PKWY

City State Zip Code
ANNAPOLIS MD 21401

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 ▼ 208.38

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31709

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
JUDSON J SOMERVILLE, MD

Mailing Address 6801 MCPHERSON ROAD

City State Zip Code
LAREDO TX 78041

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31835

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
ROY SOTO, MD

Mailing Address 78 GRASSLAND CIRCLE

City State Zip Code
MOUNT SINAI NY 11766

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 ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31837

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 86 / 107
(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 SPENCER, MD
Mailing Address 2001 WEBBER STREET

City State Zip Code
SARASOTA FL 34239

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

Name of Employer Occupation
SARASOTA PATHOLOGY PHYSICIAN

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

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.31985

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRANK R SPRAGUE, MD
Mailing Address 1050 HARBOR POINT COURT

City State Zip Code
MUSKEGON MI 49441

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31991

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
WILLARD STAWSKI, MD
Mailing Address 1999 TALL PINES DRIVE

City State Zip Code
GRAND RAPIDS MI 49546

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

Name of Employer Occupation
HEALTHQUEST PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.38

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.31730

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **741.66**

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 87 / 107
(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)
WILLIAM CHAS STERNFELD, MD

Mailing Address 4235 SECOR ROAD

City Toledo State OH Zip Code 43623

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

Name of Employer TOLEDO CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2009

Transaction ID: SA11AI.31951

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
STEVE COLE STOREY, MD

Mailing Address 632 VININGS ESTATES DR

City MABLETON State GA Zip Code 30126

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

Name of Employer RADIOLOGY ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.31983

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
STEPHEN SULLIVAN, MD

Mailing Address 51 STATE ROAD

City N DARTMOUTH State MA Zip Code 02747

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

Name of Employer EYE HEALTH VISION CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2009

Transaction ID: SA11AI.31586

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **833.33**

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 88 / 107
(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 SULLIVAN, MD

Mailing Address 6 BRACKENBURY LANE

City BEVERLY State MA Zip Code 01915

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 ▼ 416.69

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31614
Amount of Each Receipt this Period: 416.69

B. Full Name (Last, First, Middle Initial)
GARRETT SUTTER, MD

Mailing Address 7201 WOODROW WILSON DRIVE

City LOS ANGELES State CA Zip Code 90068

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 ▼ 208.30

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31778
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
BERNARD T SWIFT, JR MD

Mailing Address 101 WINDING WAY DRIVE

City SAN ANTONIO State TX Zip Code 78232

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: 05 / 13 / 2009
Transaction ID: SA11AI.31517
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1458.35

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 89 / 107
(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)
LANCIE TALMAGE, MD
Mailing Address 45 EXMOOR
City OTTAWA HILLS State OH Zip Code 43615
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 ▼ 416.65
Date of Receipt 05 / 23 / 2009
Transaction ID: SA11AI.31953
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
CHARLES F TATE, MD
Mailing Address 4725 N FEDERAL HWY
City FT LAUDERDALE State FL Zip Code 33308
FEC ID number of contributing federal political committee. **C**
Name of Employer INTERV RADIOLOGY ASSOC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.38
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11AI.31711
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
CHRIS TEIGLAND, MD
Mailing Address 1023 EDGEHILL ROAD SOUTH
City CHARLOTTE State NC Zip Code 28207
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 05 / 20 / 2009
Transaction ID: SA11AI.31577
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: (check only one)	PAGE 90 / 107
	<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 TENNENBAUM, MD	Date of Receipt MM / DD / YYYY 05 / 13 / 2009
	Mailing Address 500 WARWICK AVENUE	Transaction ID: SA11AI.31513
	City State Zip Code TEANECK NJ 07666	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) PETER RICHARD S THOMAS, MD	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 1008 E MCDOWELL ROAD	Transaction ID: SA11AI.31780
	City State Zip Code PHOENIX AZ 85006	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.30	

C.	Full Name (Last, First, Middle Initial) JEFFREY CHRISTIAN THUE, MD	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 120 33RD STREET	Transaction ID: SA11AI.31545
	City State Zip Code MANHATTAN BEACH CA 90266	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1541.66
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 91 / 107

(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 GLASGOD AVENUE

City State Zip Code
NEWARK DE 19702

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 ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31839

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
DONALD TIMMERMAN, MD

Mailing Address 1817 MAIN STREET

City State Zip Code
GLASTONBURY CT 06033

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

Name of Employer Occupation
CT VALLEY HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.69

Date of Receipt

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

Transaction ID: SA11AI.31616

Amount of Each Receipt this Period

416.69

C.

Full Name (Last, First, Middle Initial)
SUSAN TODD

Mailing Address 3920 INWOOD ROAD

City State Zip Code
FT WORTH TX 76109

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

Name of Employer Occupation
N/A SPOUSE

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31539

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.02

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 92 / 107

(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)
GEORGIA A TUTTLE, MD

Mailing Address 129 MECHANIC STREET

City State Zip Code
LEBANON NH 03766

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 ▼ 416.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31955

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
ROY W VANDIVER, MD

Mailing Address 3562 PIEDMONT ROAD

City State Zip Code
ATLANTA GA 30305

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

Name of Employer Occupation
MAG MUTUAL EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31844

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
JOHN M VAN ETTA, MD

Mailing Address 1535 SKYWOOD LANE

City State Zip Code
DULUTH MN 55805

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

Name of Employer Occupation
ST LUKES INT MED ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31841

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 93 / 107
(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)
LINDA L VAN ETTA

Mailing Address 1525 SKYWOOD LANE

City State Zip Code
DULUTH MN 55805

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

Name of Employer N/A Occupation SPOUSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31842
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
THOMAS A VAN METER, MD

Mailing Address 334 S PATTERSON AVENUE

City State Zip Code
SANTA BARBARA CA 93111

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: 05 / 29 / 2009
Transaction ID: SA11AI.31975
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ROBERT E WAILES, MD

Mailing Address 2729 OCEAN STREET

City State Zip Code
CARLSBAD CA 92008

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

Name of Employer PACIFIC PAIN MEDICINE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 19 / 2009
Transaction ID: SA11AI.31551
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1583.33

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 94 / 107
(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 A WALKER, III MD

Mailing Address 6130 INDIANOLA AVENUE

City INDIANAPOLIS State IN Zip Code 40220

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

Name of Employer IN SCHOOL OF MEDICINE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31957
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
KEVIN WALKER

Mailing Address 10635 CANTERBERRY ROAD

City FAIRFAX STATION State VA Zip Code 22039

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.31958
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
L SAMUEL WANN, MD

Mailing Address 601 N 99TH STREET

City MILWAUKEE State WI Zip Code 53226

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

Name of Employer WHEATON FRANCISIAN HEALTH-CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11AI.31782
Amount of Each Receipt this Period: 41.66

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 95 / 107
(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 G WERDEHOFF, MD

Mailing Address 3013 HAMPTON COVE WAY SE

City State Zip Code
HAMPTON COVE AL 35763

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

Name of Employer Occupation
HUNTSVILLE HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.31490

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 15636 FIDDESTICKS BOULEVARD

City State Zip Code
FORT MYERS FL 33912

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

Name of Employer Occupation
SWFNG PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31960

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
JIM WILSON

Mailing Address 3318 22ND STREET NORTH

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.55

Date of Receipt
MM / DD / YYYY
05 / 23 / 2009

Transaction ID: SA11AI.31961

Amount of Each Receipt this Period
27.78

SUBTOTAL of Receipts This Page (optional) ▶ **611.11**

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 96 / 107
	<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) NEIL EMERSON WINSTON, MD		Date of Receipt
	Mailing Address 1476-2 S PRAIRIE AVENUE		<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 05 / 23 / 2009
	City	State	Zip Code
	CHICAGO	IL	60605
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31963
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 ▼ 416.65	<input type="text"/> 83.33

B.	Full Name (Last, First, Middle Initial) HAROLD A WOODCOME, JR MD		Date of Receipt
	Mailing Address 201 LORIMER AVENUE		<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 05 / 21 / 2009
	City	State	Zip Code
	PROVIDENCE	RI	02906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31622
Name of Employer RETINA CONSULTANTS		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 ▼ 208.38	<input type="text"/> 208.38

C.	Full Name (Last, First, Middle Initial) DENNIS YELVINGTON, MD		Date of Receipt
	Mailing Address 1609 MEDICAL PLAZA		<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 05 / 21 / 2009
	City	State	Zip Code
	STUTTGART	AR	72160
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31784
Name of Employer STUTTGART MEDICAL 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 ▼ 208.30	<input type="text"/> 41.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 333.37
TOTAL 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 97 / 107
(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) CAROL JEAN ZIEL, MD		Date of Receipt																					
	Mailing Address 2025 FRONTIS PLAZA		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	1		2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.31786																				
	WINSTON SALEM	NC	27103	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	41.66																					
Name of Employer DUKE EYE CENTER		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		208.30																						

SUBTOTAL of Receipts This Page (optional)	▶	41.66
TOTAL This Period (last page this line number only)	▶	79369.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 107
(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 checked="" 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)
UNITED STATES TREASURY

Mailing Address PO BOX 149195

City State Zip Code
AUSTIN TX 78714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1631.00

Date of Receipt

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

Transaction ID: SA15.31649

Amount of Each Receipt this Period
1631.00

FEDERAL TAX REFUND

SUBTOTAL of Receipts This Page (optional)	▶	1631.00
TOTAL This Period (last page this line number only)	▶	1631.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 107
	(check only one)	
<input 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 checked="" 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)
FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City State Zip Code
COLUMBIA SC 29211

FEC ID number of contributing federal political committee.
C C00255562

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA16.31648

Amount of Each Receipt this Period
5000.00

2008 GENERAL REFUND

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

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

FOR LINE NUMBER: PAGE 100 / 107
(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)
GREENVILLE HOSPITAL SYSTEM

Mailing Address 701 GROVE ROAD

City Greenville State SC Zip Code 29605

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 13 / 2009
Transaction ID: SA17.31525
 Amount of Each Receipt this Period 300.00
 FUNDS DEPOSITED INCORRECTLY

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

Mailing Address PO BOX 96211

City WASHINGTON State DC Zip Code 20090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 609.23

Date of Receipt 05 / 31 / 2009
Transaction ID: SA17.32009
 Amount of Each Receipt this Period 10.32
 INTEREST

C. Full Name (Last, First, Middle Initial)
REPRODUCTIVE GYNECOLOGY

Mailing Address 95 ARCH STREET

City AKRON State OH Zip Code 44304

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2009
Transaction ID: SA17.31523
 Amount of Each Receipt this Period 1000.00
 FUNDS DEPOSITED INCORRECTLY

SUBTOTAL of Receipts This Page (optional) ► 1310.32

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

Form/Schedule : **SA17**
Transaction ID : **SA17.31525**

Per instructions, item itemized and included in transfer on Line 29.

Form/Schedule : **SA17**
Transaction ID : **SA17.31523**

Per instructions, item itemized and included in transfer on Line 29.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 107
(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)
THE ORTHOPEDIC CLINIC ASSOCIATION

Mailing Address 2222 EAST HIGHLAND AVENUE

City PHOENIX	State AZ	Zip Code 85016
-----------------	-------------	-------------------

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA17.31527

Amount of Each Receipt this Period
700.00

FUNDS DEPOSITED INCORRECTLY

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	2010.32

Form/Schedule : **SA17**

Per instructions, item itemized and included in transfer on Line 29.

Transaction ID : **SA17.31527**

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 104 / 107

<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

A.

Full Name (Last, First, Middle Initial)

FIRST NATIONAL MERCHANT SOLUTIONS

Transaction ID: SB21B.32016

Date of Disbursement

Mailing Address 1620 DODGE STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	9

City	State	Zip Code
OMAHA	NE	68197

Amount of Each Disbursement this Period

1073.85

Purpose of Disbursement
CREDIT CARD BANK CHARGES

001
Category/ Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1073.85

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

1073.85

**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 105 / 107

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC

Mailing Address PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.32014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 107

<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) AMERICA'S LEADERSHIP PAC <hr/> Mailing Address 426 C STREET NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32011 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 CONTRIBUTION
B. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name CHARLES E SENATOR GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 <hr/> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32013 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 PRIMARY
C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO BOX 3176 <hr/> City LONG BRANCH State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name FRANK JR PALLONE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 <hr/> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 PRIMARY

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	9500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 107

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMA POLITICAL EDUCATION FUND

Mailing Address 25 MASSACHUSETTS AVENUE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRANSFER OF FUNDS DEPOSITED INCORRECTLY

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.32012

Date of Disbursement

05 / 19 / 2009

Amount of Each Disbursement this Period

3400.00

SUBTOTAL of Disbursements This Page (optional) ▶

3400.00

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

3400.00