

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="2137038.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2137038.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="62125.67"/>	<input type="text" value="62125.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2199164.03"/>	<input type="text" value="2199164.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13271.47"/>	<input type="text" value="13271.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2185892.56"/>	<input type="text" value="2185892.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6999.99	6999.99
(ii) Unitemized	55094.57	55094.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62094.56	62094.56
(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)	62094.56	62094.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	31.11	31.11
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 Transfers (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))..... ▶	62125.67	62125.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62125.67	62125.67

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	951.25	951.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	951.25	951.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	7320.22	7320.22
(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)).....	7320.22	7320.22
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	13271.47	13271.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13271.47	13271.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62094.56	62094.56
34. Total Contribution Refunds (from Line 28(d))	7320.22	7320.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54774.34	54774.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	951.25	951.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	951.25	951.25

**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 OF 56
	<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. Daniel B Kimball Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Gaelsong Ln
 City Wyomissing State PA Zip Code 19610-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 43590036
 Amount of Each Receipt this Period
 1000.00

B. John Michael Schneider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 W Battlefield St Ste 110
 City Springfield State MO Zip Code 65807-4106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST JOHNS HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 43596666
 Amount of Each Receipt this Period
 250.00

C. Roger John Balogh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8168
 City Zanesville State OH Zip Code 43702-8168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHIO PSYCHIATRIC ASSOCIATES INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 43596667
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<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

Full Name (Last, First, Middle Initial) A. Steve Young Lee		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 Transaction ID : 43769983
Mailing Address 47 E Concord St Apt 2		Amount of Each Receipt this Period 250.00
City Boston	State MA	Zip Code 02118-1986
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

Full Name (Last, First, Middle Initial) B. William Lee Hamilton MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : 43910134
Mailing Address 5171 Cottonwood St Ste 750		Amount of Each Receipt this Period 208.33
City Salt Lake City	State UT	Zip Code 84107-5705
FEC ID number of contributing federal political committee. C		
Name of Employer INTERMOUNTAIN HEALTHCARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.33	

Full Name (Last, First, Middle Initial) C. Michael E Migliori MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : 43910155
Mailing Address 120 Dudley St Ste 301		Amount of Each Receipt this Period 208.33
City Providence	State RI	Zip Code 02905-2429
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 ▼ 208.33	

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: (check only one)	PAGE 9 OF 56
	<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. Mr. Kevin Walker
Full Name (Last, First, Middle Initial)

Mailing Address 10635 Canterbury Rd.

City State Zip Code
Fairfax Station VA 22039-1927

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.33

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2012
Transaction ID : 43910160

Amount of Each Receipt this Period
208.33

B. John Patrick Gallagher MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Dayton Way Bldg B

City State Zip Code
Sharon PA 16146-2185

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

Name of Employer Occupation
THE PRIMARY HEALTH NETWORK Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2012
Transaction ID : 43969283

Amount of Each Receipt this Period
500.00

C. J James Rohack MD
Full Name (Last, First, Middle Initial)

Mailing Address 4409 Leonard Rd

City State Zip Code
Bryan TX 77807-9553

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

Name of Employer Occupation
SCOTT & WHITE HOSPITAL Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2012
Transaction ID : 43973247

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1708.33
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: (check only one)	PAGE 10 OF 56
<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. Robyn Mc Cullem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4605 Maple Leaf Dr
 City Columbia State MO Zip Code 65201-7235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson City Medical Group Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2012
Transaction ID : 44010699
 Amount of Each Receipt this Period
 500.00

B. Lisa Bohman Egbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7720 Paragon Rd Ste A1
 City Dayton State OH Zip Code 45459-4054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARAGON WOMEN'S CARE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : 44010842
 Amount of Each Receipt this Period
 125.00

c. Nancy O Naghavi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9307 Shady Lane Cir
 City Houston State TX Zip Code 77063-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY CARE PLUS REHAB Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : 44010850
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
<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. Alan Barth Pillersdorf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 S Congress Ave Ste 100
 City State Zip Code
 Palm Springs FL 33461-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PLASTIC SURGERY OF PALM BEACH PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -83.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 44173285
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$-83.33

B. Jerry D Mclaughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5419 N Lovington Hwy Ste 25
 City State Zip Code
 Hobbs NM 88240-9135
 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 ▼
 -41.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 44173287
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$-41.66

c. Thomas Danl Griffin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Hunt Ln
 City State Zip Code
 Flouertown PA 19031-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARTHUR K BALIN MD PHD PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -83.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 44173288
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$-83.33

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<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. Neil Emerson Winston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1476 S Prairie Ave Unit C
 City Chicago State IL Zip Code 60605-3343
 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 **-83.33**

Date of Receipt **01 / 03 / 2012**
Transaction ID : 44173289
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$-83.33

B. John Norris Harrington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9301 N Central Expy Ste 595
 City Dallas State TX Zip Code 75231-0812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-41.66**

Date of Receipt **01 / 03 / 2012**
Transaction ID : 44173291
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$-41.66

C. Steve Young Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 E Concord St Apt 2
 City Boston State MA Zip Code 02118-1986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.34**

Date of Receipt **01 / 18 / 2012**
Transaction ID : 44173295
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$208.34

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
<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. Frederick Ray Ridge MD
Full Name (Last, First, Middle Initial)
Mailing Address 1043 N 1000 W

City Linton	State IN	Zip Code 47441-5281
----------------	-------------	------------------------

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 ▼ **0.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

Transaction ID : 44173296

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Mokarram Husain Jafri Jr. MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Oakhurst Ct

City Clifton Park	State NY	Zip Code 12065-8719
----------------------	-------------	------------------------

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

Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

Transaction ID : 44173298

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Jason Michael Goldman MD
Full Name (Last, First, Middle Initial)
Mailing Address 3001 Coral Hills Dr
Ste 340

City Coral Springs	State FL	Zip Code 33065-4172
-----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

Transaction ID : 44173299

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Thomas Edward Daghish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W Noble Ave
 City Visalia State CA Zip Code 93277-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROU Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173304
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Thomas Walton Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 389
 City Forest State VA Zip Code 24551-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173306
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

c. Charles Frederick Willson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds
 City Greenville State NC Zip Code 27834-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173307
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<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. Robert Puchalski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 520
 City Lugoff State SC Zip Code 29078-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH CAROLINA ENT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173309
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. John E Christie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2661 Riva Rd Bldg 600
 City Annapolis State MD Zip Code 21401-7353
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173310
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Albert Ray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6127 Seacrest View Rd
 City San Diego State CA Zip Code 92121-4123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER FDN HEALTH PLAN NATION HQ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173311
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
<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. Gregory Laurence Heacock MD
Full Name (Last, First, Middle Initial)

Mailing Address 2002 Medical Pkwy
Ste 230

City Annapolis State MD Zip Code 21401-3282

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

Name of Employer ANNAPOLIS ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173312

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Ilse R Levin DO
Full Name (Last, First, Middle Initial)

Mailing Address 9129 Bradford Rd

City Silver Spring State MD Zip Code 20901-4917

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

Name of Employer BAYSTATE MEDICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173314

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

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

Mailing Address 4270 Barcroft Way

City Orchard Lake State MI Zip Code 48323-1804

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

Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173315

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
<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. Peter Michael Daloni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Highland Rd
 City Hermitage State PA Zip Code 16148-2868
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173316
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Hector R Trevino-Guerra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2176 E Garrison St Ste C
 City Eagle Pass State TX Zip Code 78852-5072
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173318
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Samantha Leona Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39A Danforth St
 City Jamaica Plain State MA Zip Code 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOSTON MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173319
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
<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. Srinivas B Mukkamala MD
Full Name (Last, First, Middle Initial)

Mailing Address 1170 Charter Dr
Ste F

City Flint State MI Zip Code 48532-3587

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173320

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Michael Armstrong Jr. MD
Full Name (Last, First, Middle Initial)

Mailing Address 8700 Stony Point Pkwy
Ste 110

City Richmond State VA Zip Code 23235-1968

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 ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173322

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Howard Bradley Chodash MD
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Indian Lands Ln

City Springfield State IL Zip Code 62711-8214

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

Name of Employer HEALTHCARE NETWORK ASSOCIATES Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173323

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 20 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Peter Amberg Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Fort Ave
 City Cranston State RI Zip Code 02905-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS BLUE SHIELD OF RI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173325
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Scott Alan Hopkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4252 Highland Dr Ste 200
 City Salt Lake City State UT Zip Code 84124-2690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN UROLOGICAL CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173326
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

c. Maryanne C Bombaugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Clowes Dr
 City Falmouth State MA Zip Code 02540-2333
 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 ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173327
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 21 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 2024 S 6th St

City State Zip Code
Brainerd MN 56401-4529

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

Name of Employer Occupation
BRAINERD MEDICAL CENTER INC Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173329

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
B. Mr. William Butler

Mailing Address 5206 Bayshore Blvd.

City State Zip Code
Tampa FL 33611-4110

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

Name of Employer Occupation
SELF-EMPLOYED Physician Spouse

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173330

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

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

Mailing Address 2504 Samaritan Dr
Ste 20

City State Zip Code
San Jose CA 95124-4005

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173332

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
<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. Carl Alexander Sirio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Quail Hill Rd
 City Blawnox State PA Zip Code 15238-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173333
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Dennis Buford Yelvington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 N Medical Dr
 City Stuttgart State AR Zip Code 72160-3274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STUTTGART REGIONAL CLINIC NETWORK Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173335
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Elmer G Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4351 Booth Calloway Rd Ste 311
 City N Richlnd Hls State TX Zip Code 76180-7380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL EDGE HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173336
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
<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. William Eric Kobler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6729 Millbrook Dr
 City Rockford State IL Zip Code 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSF MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173338
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Michael Jos Sexton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173339
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

c. William Chas Sternfeld MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 City Toledo State OH Zip Code 43623-4231
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173340
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<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. Julia Virginia Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St
 Umass Memorial Medical Center
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173342
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Jack M Chapman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 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 **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173343
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Charles F Pattavina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Broadway
 St Joseph Hospital
 City Bangor State ME Zip Code 04401-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. JOSEPH HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173345
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
<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. Mrs. Nancy Kyler
Full Name (Last, First, Middle Initial)
Mailing Address 675 Sherwood Ln.
City Staunton State VA Zip Code 24401-4425
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Physician Spouse
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173346
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. John M De Figueiredo MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1230
City Enfield State CT Zip Code 06083-1230
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 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173347
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Kalyan S Krishnan MD
Full Name (Last, First, Middle Initial)
Mailing Address 115 Woodbine Ln
City Danville State PA Zip Code 17821-9118
FEC ID number of contributing federal political committee. **C**
Name of Employer GEISINGER MEDICAL CENTER Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173349
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶ 0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
<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. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City Nashville State TN Zip Code 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS GENERAL HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173355
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Damon Michael Dietrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 English Turn Dr
 City New Orleans State LA Zip Code 70131-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173356
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173358
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
<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. Juan Francisco Fitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 90th St
 City Lubbock State TX Zip Code 79424-0814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COVENANT MEDICAL GROUP ADMINISTRAT Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173359
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Marilyn Joan Heine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Twining Rd
 City Dresher State PA Zip Code 19025-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 41.67

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173361
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$41.67

C. Gary Joe Price MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Durham Rd PO Box 368
 City Guilford State CT Zip Code 06437-2076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GARY PRICE, MD, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173362
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<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. Seth Yawki Flagg MD
Full Name (Last, First, Middle Initial)

Mailing Address 9129 Bradford Rd

City Silver Spring State MD Zip Code 20901-4917

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

Name of Employer US NAVY Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173368

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Dieter Pohl MD
Full Name (Last, First, Middle Initial)

Mailing Address 34 Eames St

City Providence State RI Zip Code 02906-3304

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

Name of Employer RHODE ISLAND SURGEONS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173370

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Mrs. Margaret Garikes
Full Name (Last, First, Middle Initial)

Mailing Address 4003 Sharp Place

City Alexandria State VA Zip Code 22304-1736

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173371

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
<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. Evangelos Megariotis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Ravona St
 City Clifton State NJ Zip Code 07012-1521
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173372
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Patricia J Lindholm MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2316 Lakeview Dr
 City Fergus Falls State MN Zip Code 56537-3905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FERGUS FALLS MEDICAL GROUP PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173374
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

c. John Weeks Culclasure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Love Cir
 City Nashville State TN Zip Code 37212-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWELL ALLEN CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173375
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
<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. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 S Maryland Ave
 City Chicago State IL Zip Code 60637-1447
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173376
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Thomas James Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ohio St Ste C
 City Medina State NY Zip Code 14103-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173378
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. James Albert Corwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Robin Ln
 City Midland State TX Zip Code 79707-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ONCOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173379
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<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. Gary Robert Katz MD
Full Name (Last, First, Middle Initial)

Mailing Address 7918 Wisteria Ct

City State Zip Code
Dublin OH 43016-8531

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173380

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

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

Mailing Address 1231 Granville Rd

City State Zip Code
Newark OH 43055-2148

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

Name of Employer Occupation
OHIO STATE SPINE CENTER Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173382

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Joseph Snyder MD
Full Name (Last, First, Middle Initial)

Mailing Address 8630 Fenton St Ste 608

City State Zip Code
Silver Spring MD 20910-3830

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 ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173383

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 34 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Peter Scott Lund MD FACS

Mailing Address 311 W 24th St
 Ste 101

City State Zip Code
 Erie PA 16502-2668

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

Name of Employer Occupation
 ALLIED UROLOGY ASSOCIATES Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : 44173385

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
B. Perry Lynn Haney MD

Mailing Address PO Box 6680

City State Zip Code
 Denver CO 80206-0680

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

Name of Employer Occupation
 SPINEONE, INC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : 44173386

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
C. William Alan Handelman MD

Mailing Address 780 Litchfield St Ste 200

City State Zip Code
 Torrington CT 06790-6268

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

Name of Employer Occupation
 NEPHROLOGY ASSOC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : 44173388

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<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. Leonard Allison Brabson Sr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Emerald Ave Ste 806
 Clark Tower
 City Knoxville State TN Zip Code 37917-4502
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173389
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. David Glen Morrell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 N 1700 W
 City Layton State UT Zip Code 84041-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173391
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Robert Norman Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Erin Dr
 City Knoxville State TN Zip Code 37919-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KNOXVILLE DERMATOPATHOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173392
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
	<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. Dale Clifford Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14023 Southwest Fwy
 Physicians at Sugarcreek
 City Sugar Land State TX Zip Code 77478-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEMORIAL HERMANN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173393
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. John Albert Kazmierowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 NE 134th St
 Ste 301
 City Vancouver State WA Zip Code 98686-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLERGY ASTHMA & DERMATOLOGY ASSOC PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173395
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Michael Vest DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Sarahs Pl
 City Wallingford State CT Zip Code 06492-4757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173396
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
	<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. Gary Lewis Woods MD
Full Name (Last, First, Middle Initial)

Mailing Address 264 Pleasant St

City State Zip Code
Concord NH 03301-2551

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

Name of Employer Occupation
CONCORD ORTHOPAEDICS PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173398

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Ronald Lee Morton MD
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Tower Way Ste 150

City State Zip Code
Bakersfield CA 93309-1586

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 ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173400

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Georgia Anne Tuttle MD
Full Name (Last, First, Middle Initial)

Mailing Address 129 Mechanic St
The Skin Care Ctr

City State Zip Code
Lebanon NH 03766-1522

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 ▼
0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2012

Transaction ID : 44173401

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
<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. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City Bloomfield State MI Zip Code 48304-2952
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173402
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. David John Schifeling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 W Clairemont Ave
 City Eau Claire State WI Zip Code 54701-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHFIELD CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173404
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Niranjana Marino Selvarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Willow Meadow Way
 City Oneida State NY Zip Code 13421-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173405
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<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. Michelle A Berger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Duval Rd
 Ste 4-205
 City Austin State TX Zip Code 78759-4278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173407
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Russell Clark Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Lancia Dr
 City McLean State VA Zip Code 22102-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA PEDIATRIC GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173408
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

c. Christopher James Conlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DRA FLINT PC Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173410
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
<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

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

Mailing Address 79 Wawecus St
Ste 101

City Norwiche State CT Zip Code 06360-2173

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

Name of Employer NORWICH GI ASSOCIATES PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173411

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

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

Mailing Address 1000 N Oak Ave
Marshfield Clinic Research Foundat

City Marshfield State WI Zip Code 54449-5703

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

Name of Employer MARSHFIELD CLINIC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173413

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

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

Mailing Address 44 Buckingham Dr

City Belle Mead State NJ Zip Code 08502-4022

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

Name of Employer HIGHLAND PARK MEDICAL ASSOCIATES Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173414

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
<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. Ruth Jean Schulze MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Chestnut Ridge Rd
 Ste 2
 City Woodcliff Lk State NJ Zip Code 07677-8400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF L
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173415
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

B. Erich Bryan Groos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Patterson St
 Ste 201
 City Nashville State TN Zip Code 37203-1587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNEA CONSULTANTS OF NASHVILLE PLLC
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173417
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Marion St
 Apt 6C
 City Brookline State MA Zip Code 02446-4499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL
 Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.83

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173418
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 42 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Robert Port Herwick MD

Mailing Address 490 Post St
Ste 700

City San Francisco State CA Zip Code 94102-1415

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

Name of Employer: DERMATOLOGY MED GRP OF SAN FRANCIS
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173419

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

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

Mailing Address 5929 Lovell Ave
Fwaa

City Fort Worth State TX Zip Code 76107-5029

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

Name of Employer: FORT WORTH ALLERGY ASTHMA ASSOCIATES
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173421

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
C. Mr. Thomas P. Healy Jr.

Mailing Address 547 S Clark St Apt 1401

City Chicago State IL Zip Code 60605-1548

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

Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173422

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
	<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. Thomas Neil Rooke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 Hedgerow Ln
 City Springfield State IL Zip Code 62704-6325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173424
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Erick Allen Eiting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Riverside Dr Apt 336
 City Los Angeles State CA Zip Code 90027-1491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACOBI MEDICAL CENTER Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173425
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Joel Thos Bundy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 Battlefield Blvd N
 City Chesapeake State VA Zip Code 23320-0305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIDEWATER KIDNEY SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173427
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
<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. Jeffrey Joseph Kaufhold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9600 Deer Face Ct
 City Dayton State OH Zip Code 45458-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOC OF DAYTON Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173428
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Badri N Nath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41990 Cook St Ste B201
 City Palm Desert State CA Zip Code 92211-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173429
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

c. Isabel Vega MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 Cardinal Cir
 City Muskogee State OK Zip Code 74403-8661
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173431
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Masud Iqbal Malik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 N Mulford Rd
 City Rockford State IL Zip Code 61114-5603
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173432
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Joydeep Som MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City Annapolis State MD Zip Code 21401-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173433
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

c. Roni Ephrat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Broadway
 City Norwood State NJ Zip Code 07648-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BERGEN ANESTHESIA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173435
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
<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. Brian Andrew Mc Donald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Gloria Ln
 City Schenectady State NY Zip Code 12309-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPCCA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173436
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Theodore A Calianos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Whitmar Rd
 City Cotuit State MA Zip Code 02635-2931
 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 **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173437
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Raj Ambay MD, DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 27716 Cashford Cir
 Tampa Institute of Plastic Surgery
 City Wesley Chapel State FL Zip Code 33544-6962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TAMPA INSTITUTE FOR PLASTIC SURGERY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 44173439
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
	<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. Maristella Salgado Evangelista
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Pacific Coast Hwy
 UNIT319
 City State Zip Code
 Huntingtn Bch CA 92648-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Medical Student
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173440
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

B. Alexander Ding MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Longfellow PI Apt 2910
 City State Zip Code
 Boston MA 02114-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARTNERS HEALTH CARE Resident Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173442
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$0.00

C. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 President Ave
 Ste 2002
 City State Zip Code
 Fall River MA 02720-5923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRUESDALE OBGYN Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173443
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<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. Amber Kathleende Sabbatini
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 S Maryland Ave
 Mc 1052
 City Chicago State IL Zip Code 60637-1447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF CHICAGO HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173444
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

B. Kavita Rajendra Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 W Belmont Ave
 Apt 2N
 City Chicago State IL Zip Code 60657-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS JEFFERSON UNIVERSITY HOSPITAL Occupation Resident - OB/GYN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173446
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

c. Kristin Marie Redenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Southpond Rd
 City S Glastonbury State CT Zip Code 06073-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMG HARTFORD, CT Occupation OB/GYN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 44173447
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 56
<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. Nicholas Alexander Zorko
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 W 5th Ave
 City Columbus State OH Zip Code 43201-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173448
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

B. Neal Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Sassafraas Ct
 City N Brunswick State NJ Zip Code 08902-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173450
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

C. Andrew Lutzkanin III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Blacklatch Ln
 City Middletown State PA Zip Code 17057-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 23 / 2012
Transaction ID : 44173451
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
<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. Jordan Metz Vanlare
Full Name (Last, First, Middle Initial)

Mailing Address 790 Riverside Dr
Apt 6L

City New York State NY Zip Code 10032-7437

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173453

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

B. Aaron Edward George
Full Name (Last, First, Middle Initial)

Mailing Address 219 Vine St

City Danville State PA Zip Code 17821-1162

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173454

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.00

C. Marc Mendelsohn
Full Name (Last, First, Middle Initial)

Mailing Address 100 Nicolls Rd
Level 4-170

City Stony Brook State NY Zip Code 11794-0001

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2012
Transaction ID : 44173455

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56
	<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. Andrew Buchholz
Full Name (Last, First, Middle Initial)

Mailing Address 303 Vine St. Apt 201

City Philadelphia State PA Zip Code 19106-1143

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : 44173456

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$20.83 This changes the YTD Total to \$0.00

B. Mr. John R Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 5100 Williamsburg Blvd

City Arlington State VA Zip Code 22207-1813

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ -158.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : 44173457

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$-158.34

C. Jerome Antonio Barakos MD
Full Name (Last, First, Middle Initial)

Mailing Address 2333 Buchanan St
Radiology 2nd Fl

City San Francisco State CA Zip Code 94115-1925

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

Name of Employer CALIFORNIA ADVANCED IMAGING MED ASS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : 44173461

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 56
<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. Ronald Michael Kline MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 Beardsley Cir
 City Henderson State NV Zip Code 89052-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: COMPREHENSIVE CANCER CTRS OF NV
 Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.08**

Date of Receipt: 01 / 30 / 2012
Transaction ID : 44173462
 Amount of Each Receipt this Period: 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$0.08

B. Deepak G. Azad MD MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City Floyds Knobs State IN Zip Code 47119-9761
 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 **100.00**

Date of Receipt: 01 / 31 / 2012
Transaction ID : 44173464
 Amount of Each Receipt this Period: 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$100.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	6999.99

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 53 OF 56
<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

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. PNC ADVISORS

Full Name (Last, First, Middle Initial)
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 ▼ **31.11**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2012

Transaction ID : 44018938

Amount of Each Receipt this Period
31.11

Interest/Dividend

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	31.11
TOTAL This Period (last page this line number only).....▶	31.11

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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

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

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET STOP 3254

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
Credit Card Bank Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 44019286

Amount of Each Disbursement this Period

Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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)

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

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

Full Name (Last, First, Middle Initial)

A. Steve Young Lee

Mailing Address 47 E Concord St
Apt 2

City Boston State MA Zip Code 02118-1986

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			03			2012			

Transaction ID : 43634758

Amount of Each Disbursement this Period

41.66

Refund

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

41.66

41.66
