

**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"/>		2137038.36
(b) Cash on Hand at Beginning of Reporting Period.....	2282444.80	
(c) Total Receipts (from Line 19)	37252.60	660555.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2319697.40	2797593.62
7. Total Disbursements (from Line 31).....	258009.14	735905.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2061688.26	2061688.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 31 / 2012

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).....	19159.47	302809.65
(ii) Unitemized	18081.61	354271.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37241.08	657081.64
(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)	37241.08	657081.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	850.00
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11.52	123.62
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))..... ▶	37252.60	660555.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37252.60	660555.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	459.14	7643.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	459.14	7643.48
22. Transfers to Affiliated/Other Party Committees.....	-550.00	400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	257000.00	719000.00
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	1100.00	8861.88
(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)).....	1100.00	8861.88
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)) ..	258009.14	735905.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	258009.14	735905.36

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)	37241.08	657081.64
34. Total Contribution Refunds (from Line 28(d))	1100.00	8861.88
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36141.08	648219.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	459.14	7643.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	459.14	7643.48

**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 110
	<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. Julie Goonewardene		Date of Receipt
Mailing Address 608 Hillcrest Rd.		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
West Lafayette	IN	47906-2350
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46217107
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF KANSAS	Vice Chancellor	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. David Eli Rojer MD		Date of Receipt
Mailing Address 419 Walton Rd		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Maplewood	NJ	07040-1119
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46356376
Name of Employer	Occupation	Amount of Each Receipt this Period
UNION COUNTY ORTHOPAEDIC GROUP	Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Joel Thos Bundy MD		Date of Receipt
Mailing Address 3000 Coliseum Dr Attn: Administration		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hampton	VA	23666-5963
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46392972
Name of Employer	Occupation	Amount of Each Receipt this Period
TIDEWATER KIDNEY SPECIALISTS	Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="516.65"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1083.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven James Hattamer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.02

Date of Receipt 07 / 09 / 2012
Transaction ID : 46392973
 Amount of Each Receipt this Period 83.37

B. Linda Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1960
 City Soldotna State AK Zip Code 99669-1960
 Name of Employer NORTHEACH HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432433
 Amount of Each Receipt this Period 41.66

C. Craig Alvin Backs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Chatham Rd
 City Springfield State IL Zip Code 62704-3202
 Name of Employer ST JOHNS HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432436
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional).....▶	166.69
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 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Timothy Michael Beittel MD		Date of Receipt 07 / 21 / 2012 Transaction ID : 46432437
Mailing Address 612 Cody Dr		Amount of Each Receipt this Period 41.66
City Thomasville	State NC	Zip Code 27360-9674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer ACT MEDICAL GROUP PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.70	

Full Name (Last, First, Middle Initial) B. Paul Erik Houmann MD		Date of Receipt 07 / 21 / 2012 Transaction ID : 46432439
Mailing Address 1809 Cleveland Street Ext		Amount of Each Receipt this Period 41.66
City Greenville	State SC	Zip Code 29607-3029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) c. Kevin Christopher Reilly MD		Date of Receipt 07 / 21 / 2012 Transaction ID : 46432441
Mailing Address 108 Deer Grove Ct		Amount of Each Receipt this Period 41.66
City Elizabethtown	State KY	Zip Code 42701-6986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer US ARMY	Occupation Neuroradiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Roy Gilbert Soto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Sycamore Ct
 City Bloomfield State MI Zip Code 48302-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432442
 Amount of Each Receipt this Period
41.66

B. William Wells Simmons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5204 Box Turtle Cir
 City Sarasota State FL Zip Code 34232-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432444
 Amount of Each Receipt this Period
41.66

C. William T Bradley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 E Broad St Ste 504
 City Mansfield State TX Zip Code 76063-6417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432445
 Amount of Each Receipt this Period
41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 Rutgers Rd
 City La Jolla State CA Zip Code 92037-7822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASMG Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432446
 Amount of Each Receipt this Period
41.66

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 **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432448
 Amount of Each Receipt this Period
41.66

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 **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432449
 Amount of Each Receipt this Period
41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 **250.04**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432451
 Amount of Each Receipt this Period **41.66**

B. 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 **249.96**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432452
 Amount of Each Receipt this Period **41.66**

C. Marcy L Zwelling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3771 Katella Ave Ste 108
 City Los Alamitos State CA Zip Code 90720-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432453
 Amount of Each Receipt this Period **41.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Scott Robert Hannum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6554 Lake Burden View Dr
 City Windermere State FL Zip Code 34786-5652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VASCULAR CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432454
 Amount of Each Receipt this Period 41.66

B. Christopher Peter Poje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3580 Sheridan Dr Ste 115
 City Amherst State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEDIATRIC ENT ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432456
 Amount of Each Receipt this Period 41.66

C. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Rose Hill Dr
 City Bluffton State SC Zip Code 29910-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET EAST COOPER SPINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432457
 Amount of Each Receipt this Period 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 249.96

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432458
 Amount of Each Receipt this Period 41.66

B. 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 ▼ 249.96

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432459
 Amount of Each Receipt this Period 41.66

C. 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 ▼ 250.04

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432460
 Amount of Each Receipt this Period 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 110		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432461
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432462
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432463
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dennis Lee Galinsky MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012 Transaction ID : 46432465
Mailing Address 600 N Fairbanks Ct Apt 2501		Amount of Each Receipt this Period 41.66
City Chicago	State IL Zip Code 60611-5856	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.04
Name of Employer NOMC MACNEAL RADIATION THERAPY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jason Michael Goldman MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012 Transaction ID : 46432467
Mailing Address 3001 Coral Hills Dr Ste 340		Amount of Each Receipt this Period 41.66
City Coral Springs	State FL Zip Code 33065-4172	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.96
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elmer G Smith MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012 Transaction ID : 46432468
Mailing Address 4351 Booth Calloway Rd Ste 311		Amount of Each Receipt this Period 41.66
City N Richlnd Hls	State TX Zip Code 76180-7380	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.96
Name of Employer MEDICAL EDGE HEALTH CARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432469
 Amount of Each Receipt this Period
 41.66

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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432470
 Amount of Each Receipt this Period
 41.66

c. Charles Franklin Tate MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 SW 15th St
 City Boca Raton State FL Zip Code 33486-6858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RADIOLOGIST OF N FT LAUDERDALE PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432471
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Allen Dart MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432472
 Amount of Each Receipt this Period
 41.66

B. Harold A Woodcome MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Eddy St
 Retina Consultants
 City Providence State RI Zip Code 02903-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA CONSULTANTS, INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432473
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432474
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432475
 Amount of Each Receipt this Period
 41.66

B. Ted Louie MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432476
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432477
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 **250.04**

Date of Receipt: 07 / 21 / 2012
Transaction ID : 46432478
 Amount of Each Receipt this Period: **41.66**

B. Raj Behari Lal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Meyers Rd
 City Oak Brook State IL Zip Code 60523-1623
 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 **249.96**

Date of Receipt: 07 / 21 / 2012
Transaction ID : 46432479
 Amount of Each Receipt this Period: **41.66**

C. Gary Robert Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Wisteria Ct
 City Dublin State OH Zip Code 43016-8531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PREMIER HEALTHCARE SERVICES, INC.
 Occupation: Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt: 07 / 21 / 2012
Transaction ID : 46432481
 Amount of Each Receipt this Period: **41.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 110
	<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	<input type="checkbox"/> 17

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

A. Steven Anthony Severyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1231 Granville Rd
 City Newark State OH Zip Code 43055-2148
 Name of Employer OHIO STATE SPINE CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432484
 Amount of Each Receipt this Period 41.66

B. Peter Michael Daloni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Highland Rd
 City Hermitage State PA Zip Code 16148-2868
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432485
 Amount of Each Receipt this Period 41.66

C. Thomas Edward Daghish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W Noble Ave
 City Visalia State CA Zip Code 93277-2669
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROU Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 07 / 21 / 2012
Transaction ID : 46432486
 Amount of Each Receipt this Period 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julia Virginia Johnson MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2012
Mailing Address 119 Belmont St Umass Memorial Medical Center		Transaction ID : 46432487
City Worcester	State MA	Zip Code 01605-2903
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.66
Name of Employer UMASS MEMORIAL HOSPITAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. William Alan Handelman MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2012
Mailing Address 780 Litchfield St Ste 200		Transaction ID : 46432488
City Torrington	State CT	Zip Code 06790-6268
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.66
Name of Employer NEPHROLOGY ASSOC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.04	

Full Name (Last, First, Middle Initial) C. Michelle A Berger MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2012
Mailing Address 4100 Duval Rd Ste 4-205		Transaction ID : 46432489
City Austin	State TX	Zip Code 78759-4278
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 110
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Weeks Culclasure MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012
Mailing Address 3325 Love Cir		Transaction ID : 46432490
City Nashville	State TN	Zip Code 37212-3223
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66	
Name of Employer HOWELL ALLEN CLINIC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.04	

Full Name (Last, First, Middle Initial) B. Gary Lewis Woods MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012
Mailing Address 264 Pleasant St		Transaction ID : 46432491
City Concord	State NH	Zip Code 03301-2551
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66	
Name of Employer CONCORD ORTHOPAEDICS PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Thomas Neil Rooke MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2012
Mailing Address 3005 Hedgerow Ln		Transaction ID : 46432492
City Springfield	State IL	Zip Code 62704-6325
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66	
Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432493
 Amount of Each Receipt this Period
 41.66

B. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 President Ave
 Ste 2002
 City Fall River State MA Zip Code 02720-5923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRUESDALE OBGYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432494
 Amount of Each Receipt this Period
 41.66

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)
 Aggregate Year-to-Date **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432495
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 SPPCA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432502
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432503
 Amount of Each Receipt this Period
 41.66

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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432504
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Howard Coblentz Hines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Milford St Ste 301
 City Salisbury State MD Zip Code 21804-6962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PENINSULA DERMATOLOGY ASSOCIATES P Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432505
 Amount of Each Receipt this Period
 41.66

B. Carol Jean Ziel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 Frontis Plaza Blvd Ste 100 Duke Eye Ctr Winston-Salem
 City Winston Salem State NC Zip Code 27103-5663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE EYE CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432506
 Amount of Each Receipt this Period
 41.66

C. James Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3864 Parkview Cir
 City Salt Lake Cty State UT Zip Code 84124-2319
 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 **291.70**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432507
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 OF 110	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 5503 S Congress Ave Ste 103

City	State	Zip Code
Atlantis	FL	33462-6614

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

Name of Employer	Occupation
SOUTH PALM BEACH NEPHROLOGY PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2012

Transaction ID : 46432508

Amount of Each Receipt this Period
41.66

B. Juan Michael Pardo MD
Full Name (Last, First, Middle Initial)

Mailing Address 2002 Medical Pkwy Ste 230

City	State	Zip Code
Annapolis	MD	21401-3282

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

Name of Employer	Occupation
SELF-EMPLOYED	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2012

Transaction ID : 46432509

Amount of Each Receipt this Period
41.66

C. Clarence William Brown MD
Full Name (Last, First, Middle Initial)

Mailing Address 4605 Golf Rd

City	State	Zip Code
Skokie	IL	60076-1209

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 ▼
291.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2012

Transaction ID : 46432510

Amount of Each Receipt this Period
41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janet Johnson Cash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 833 Saint Vincents Dr
 Ste 401
 City Birmingham State AL Zip Code 35205-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHVIEW MEDICAL GROUP PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432511
 Amount of Each Receipt this Period
 41.66

B. Arthur Michael Lauretano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Meeting House Rd Ste 24
 City Chelmsford State MA Zip Code 01824-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS EAR NOSE AND THROAT ASSO Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432512
 Amount of Each Receipt this Period
 41.66

C. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clarkson Ave
 Box 30
 City Brooklyn State NY Zip Code 11203-2056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432513
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dinesh Kushangi MD
Full Name (Last, First, Middle Initial)

Mailing Address 15604 Shawnee Dr

City Overland Park State KS Zip Code 66223-3359

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

Name of Employer AAKC - KANSAS Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012

Transaction ID : 46432514

Amount of Each Receipt this Period
 41.66

B. Dragos Macelaru MD
Full Name (Last, First, Middle Initial)

Mailing Address 11668 State Route 30

City Malone State NY Zip Code 12953-5736

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 ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012

Transaction ID : 46432515

Amount of Each Receipt this Period
 41.66

C. Corey E Collins DO
Full Name (Last, First, Middle Initial)

Mailing Address 60 Fairchild Dr

City Reading State MA Zip Code 01867-1259

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

Name of Employer MASS EYE AND EAR INFIRMARY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012

Transaction ID : 46432516

Amount of Each Receipt this Period
 41.66

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sharon R Metzger Richens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 W 200 N
 Ste 200
 City St George State UT Zip Code 84770-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE CARE SPECIALISTS PS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432518
 Amount of Each Receipt this Period
 41.66

B. Dionne Hart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Century Knoll Ln NE
 City Rochester State MN Zip Code 55906-7717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOJ Occupation Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432519
 Amount of Each Receipt this Period
 41.66

C. Charles Rothberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 E Main St
 City Patchogue State NY Zip Code 11772-3142
 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 ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2012
Transaction ID : 46432520
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Edward Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brackenbury Ln
 City Beverly State MA Zip Code 01915-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.04**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432521
 Amount of Each Receipt this Period **41.66**

B. Joseph Robt Sellers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 N Grand St
 City Cobleskill State NY Zip Code 12043-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BASSETT HEALTHCARE CLINIC Occupation Physician
 COOPERSTOWN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432523
 Amount of Each Receipt this Period **41.66**

C. Robert Port Herwick MD
 Full Name (Last, First, Middle Initial)
 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 FRANCISCO Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt **07 / 21 / 2012**
Transaction ID : 46432524
 Amount of Each Receipt this Period **41.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Patrice A Harris MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2012
Mailing Address 99 Jesse Hill Jr Dr SE Ste 400		Transaction ID : 46432578
City Atlanta	State GA	Zip Code 30303-3030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
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 ▼ 583.31	

Full Name (Last, First, Middle Initial) B. Kathleen Blake MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2012
Mailing Address 15 Charles Plz Apt 1402		Transaction ID : 46432579
City Baltimore	State MD	Zip Code 21201-3941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer NEW MEXICO HEART INSTITUTE- ALBUQUERQUE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

Full Name (Last, First, Middle Initial) C. You Sung Sang MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2012
Mailing Address 79 Wawecus St Ste 101		Transaction ID : 46432581
City Norwich	State CT	Zip Code 06360-2173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer NORWICH GI ASSOCIATES PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.02	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 599.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432582

Amount of Each Receipt this Period 83.33

B. 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 ▼ 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432583

Amount of Each Receipt this Period 83.33

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

Mailing Address 1001 Tower Way Ste 150

City Bakersfield State CA Zip Code 93309-1586

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 ▼ 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432584

Amount of Each Receipt this Period 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **249.96**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432585
 Amount of Each Receipt this Period **41.66**

B. Joseph Payne Annis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Sundown Pkwy
 City Austin State TX Zip Code 78746-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT PHYSICIANS-ADMINISTRATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432586
 Amount of Each Receipt this Period **83.33**

c. 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 **599.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432587
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 State Zip Code
 Flint MI 48532-3587
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432588
 Amount of Each Receipt this Period
 83.33

B. 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 ▼
 500.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432589
 Amount of Each Receipt this Period
 83.33

C. William Chas Sternfeld MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 City State Zip Code
 Toledo OH 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TOLEDO CLINIC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432590
 Amount of Each Receipt this Period
 83.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432591
 Amount of Each Receipt this Period **83.33**

B. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432592
 Amount of Each Receipt this Period **83.33**

C. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432593
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **541.65**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432594
 Amount of Each Receipt this Period **83.33**

B. Peter Scott Lund MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W 24th St Ste 101
 City Erie State PA Zip Code 16502-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432595
 Amount of Each Receipt this Period **83.33**

C. 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 **500.02**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432596
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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
 Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF L
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 23 / 2012
 Transaction ID : 46432597
 Amount of Each Receipt this Period 83.33

B. John Robt Mc Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 436A State St
 City Bangor State ME Zip Code 04401-6606
 Name of Employer SELF-EMPLOYED
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 23 / 2012
 Transaction ID : 46432598
 Amount of Each Receipt this Period 83.33

C. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 Name of Employer SPINEONE, INC
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 23 / 2012
 Transaction ID : 46432599
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432600
Amount of Each Receipt this Period 83.33

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 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432601
Amount of Each Receipt this Period 83.33

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 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432602
Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **500.02**

Date of Receipt
07 / 23 / 2012

Transaction ID : 46432603

Amount of Each Receipt this Period
83.33

B. 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 ▼ **249.96**

Date of Receipt
07 / 23 / 2012

Transaction ID : 46432604

Amount of Each Receipt this Period
41.66

C. 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 ▼ **499.98**

Date of Receipt
07 / 23 / 2012

Transaction ID : 46432605

Amount of Each Receipt this Period
83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432606
 Amount of Each Receipt this Period
 83.33

B. Mr. Thomas P. Healy Jr.
 Full Name (Last, First, Middle Initial)
 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432607
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 500.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432608
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gerald Edward Harmon MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : 46432609
Mailing Address 9699 Ocean Hwy PO Box 289		Amount of Each Receipt this Period 83.33
City Pawleys Isl	State SC	
Zip Code 29585-7425		Aggregate Year-to-Date ▼ 583.31
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) ▼

Full Name (Last, First, Middle Initial) B. Mr. William Butler		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : 46432610
Mailing Address 5206 Bayshore Blvd.		Amount of Each Receipt this Period 83.33
City Tampa	State FL	
Zip Code 33611-4110		Aggregate Year-to-Date ▼ 499.98
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician Spouse	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. John Michael Van Etta MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : 46432612
Mailing Address 1535 Skywood Ln		Amount of Each Receipt this Period 83.33
City Duluth	State MN	
Zip Code 55805-1153		Aggregate Year-to-Date ▼ 583.31
FEC ID number of contributing federal political committee. C		
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATE	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Linda Lee Van Etta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 E Superior St
 Assoc/St Lukes Lakeview 201
 City Duluth State MN Zip Code 55802-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432613
 Amount of Each Receipt this Period **83.33**

B. Nestor A Ramirez-Lopez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Grandview Dr
 City Champaign State IL Zip Code 61820-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE NEONATAL & INFANT CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432614
 Amount of Each Receipt this Period **83.33**

C. Joy Ann Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 Maple Dr NE Ste 315
 City Atlanta State GA Zip Code 30305-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432615
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elvin C Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432616
 Amount of Each Receipt this Period **83.33**

B. Keith Francis De Sonier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Dr Michael Debakey Dr Ste 103
 City Lake Charles State LA Zip Code 70601-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432617
 Amount of Each Receipt this Period **83.33**

C. John Steven Polsley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Scioto St Ste 7
 City Urbana State OH Zip Code 43078-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY PHYSICIANS OF URBANA INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432618
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10308 Fleming Ave.

City Bethesda State MD Zip Code 20814-2136

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt **07 / 23 / 2012**

Transaction ID : 46432619

Amount of Each Receipt this Period **83.33**

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

Mailing Address 3000 Coliseum Dr
Attn: Administration

City Hampton State VA Zip Code 23666-5963

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 ▼ **599.98**

Date of Receipt **07 / 23 / 2012**

Transaction ID : 46432621

Amount of Each Receipt this Period **83.33**

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

Mailing Address 2024 S 6th St

City Brainerd State MN Zip Code 56401-4529

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

Name of Employer BRAINERD MEDICAL CENTER INC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **07 / 23 / 2012**

Transaction ID : 46432622

Amount of Each Receipt this Period **83.33**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼
 500.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432623
 Amount of Each Receipt this Period
 83.33

B. Russell Clark Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Lancia Dr
 City State Zip Code
 McLean VA 22102-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VIRGINIA PEDIATRIC GROUP LTD Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 599.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432624
 Amount of Each Receipt this Period
 83.33

C. Aaron Edward George
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Beechwood Ln
 City State Zip Code
 Chambersburg PA 17201-1489
 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 ▼
 249.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432625
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 500.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : 46432626

Amount of Each Receipt this Period
 83.33

B. Richard Earl Thorp MD
Full Name (Last, First, Middle Initial)

Mailing Address 6470 Pentz Rd Ste B

City Paradise State CA Zip Code 95969-3674

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

Name of Employer PARADISE MEDICAL GROUP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : 46432627

Amount of Each Receipt this Period
 83.33

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

Mailing Address 129 Mechanic St The Skin Care Ctr

City Lebanon State NH Zip Code 03766-1522

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : 46432628

Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Susan Rudd Bailey MD
 Full Name (Last, First, Middle Initial)
 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 ASSOCIAT
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432629
 Amount of Each Receipt this Period
 83.33

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432630
 Amount of Each Receipt this Period
 83.33

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 ▼ 541.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432631
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John M De Figueiredo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 573
 City Cheshire State CT Zip Code 06410-0573
 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432632
 Amount of Each Receipt this Period **83.33**

B. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432633
 Amount of Each Receipt this Period **83.33**

C. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432634
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432635
 Amount of Each Receipt this Period
83.33

B. 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 **599.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432636
 Amount of Each Receipt this Period
83.33

C. 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 **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432637
 Amount of Each Receipt this Period
41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432638
 Amount of Each Receipt this Period **83.33**

B. 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432639
 Amount of Each Receipt this Period **83.33**

C. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 S Ingleside Ave
 City Chicago State IL Zip Code 60615-5013
 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 **499.98**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432640
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432641
 Amount of Each Receipt this Period 41.66

B. Albert J Osbahr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Daisy Ln
 City Hickory State NC Zip Code 28602-9539
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432642
 Amount of Each Receipt this Period 83.33

C. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432643
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 110
	<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	<input type="checkbox"/> 17

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

A. 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 ▼ 341.64

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432644

Amount of Each Receipt this Period 83.33

B. Alik Sunil Widge MD
Full Name (Last, First, Middle Initial)

Mailing Address 126 12th Ave E

City Seattle State WA Zip Code 98102-5804

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

Name of Employer UNIVERSITY OF WASHINGTON Occupation Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432645

Amount of Each Receipt this Period 41.66

C. John Michael Montgomery MD MPH FAA
Full Name (Last, First, Middle Initial)

Mailing Address 2636 Country Side Dr

City Orange Park State FL Zip Code 32003-4951

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

Name of Employer UNIVERSITY OF FLORIDA JACKSONVILLE PH Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432646

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶ 208.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Keith Irvin Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Munro Rd
 City Mill Hall State PA Zip Code 17751-8463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432648
 Amount of Each Receipt this Period 83.33

B. Gregory Jude Gallina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 W Spring Valley Ave Ste 103
 City Maywood State NJ Zip Code 07607-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432649
 Amount of Each Receipt this Period 83.33

C. James Allan Goodyear MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr Ste 310
 City Lansdale State PA Zip Code 19446-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432650
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mary Susan Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 769
 City Winner State SD Zip Code 57580-0769
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432652
 Amount of Each Receipt this Period 83.33

B. Gary Lee Dillehay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 N Sheridan Rd Apt 1402
 City Chicago State IL Zip Code 60640-1636
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432653
 Amount of Each Receipt this Period 83.33

C. Stuart Gitlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 583.31

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432654
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Randolph J Gould MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Windy Ridge Pt
 City Virginia Bch State VA Zip Code 23454-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORFOLK SURGICAL GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432655
 Amount of Each Receipt this Period **83.33**

B. Steven James Hattamer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432656
 Amount of Each Receipt this Period **83.33**

C. Robert Ernest Hertzka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1018
 City Rcho Santa Fe State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432657
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Jos Kennedy Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432658
 Amount of Each Receipt this Period
 83.33

B. Mark Chas Komorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Trumbull St
 City Bay City State MI Zip Code 48708-7656
 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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432659
 Amount of Each Receipt this Period
 83.33

C. Daniel Joel Koretz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Lake Rd
 City Ontario State NY Zip Code 14519-9792
 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 ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432660
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Glenn Allen Loomis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Thomas More Pkwy
 Ste 160
 City State Zip Code
 Crestview Hills KY 41017-3496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPARROW HEALTH SYSTEM Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432661
 Amount of Each Receipt this Period
 83.33

B. Patrick Wm Mc Cormick MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Cherry St # 2-M200
 City State Zip Code
 Toledo OH 43608-2673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEUROSURGICAL NETWORK INC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432662
 Amount of Each Receipt this Period
 83.33

C. Steven Kay Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 S 900 E
 City State Zip Code
 Salt Lake City UT 84102-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INTERMOUNTAIN EAR NOSE & THROAT SPE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432663
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Judith Richmond Pryblick DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5422 Holiday Dr
 City Allentown State PA Zip Code 18104-9439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES PHYSICIAN GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432664
 Amount of Each Receipt this Period
 83.33

B. Lance Allen Talmage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Exmoor
 City Ottawa Hills State OH Zip Code 43615-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROMEDICA PHYSICIAN GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432665
 Amount of Each Receipt this Period
 83.33

c. Carol Sadie Shapiro MD MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City Fairfax Station State VA Zip Code 22039-2201
 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 ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432667
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 110		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Venu Vadlamudi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6254 Opal Ln
 City Grand Blanc State MI Zip Code 48439-7823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICHIGAN STATE UNIVERSITY Occupation Diagnostic Radiology Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.63

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432669
 Amount of Each Receipt this Period 41.66

B. Jay Yarlagadda
 Full Name (Last, First, Middle Initial)
 Mailing Address 268 South 9th Street Unit C
 City Philadelphia State PA Zip Code 19107-5735
 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 ▼ 291.70

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432670
 Amount of Each Receipt this Period 41.66

C. Sadeq Ali Quraishi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 College Rd
 City Concord State MA Zip Code 01742-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS GENERAL HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432671
 Amount of Each Receipt this Period 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen Francis Darrow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 30th Ave S
 City Minneapolis State MN Zip Code 55417-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MINNESOTA Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.66**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432672
 Amount of Each Receipt this Period **41.66**

B. David Thos Hannan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3669 Countryside Ln Box 110
 City Marion State NY Zip Code 14505-9781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARCADIA FAMILY PRACTICE PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432674
 Amount of Each Receipt this Period **83.33**

C. Stephen Alan Imbeau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 E Cheves St Ste 420 Allergy Asthma and Sinus Ctr
 City Florence State SC Zip Code 29506-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432675
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **208.32**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William Austin Dolan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 Westfall Rd
 Ste A
 City Rochester State NY Zip Code 14618-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESEE VALLEY ORTHOPAEDIC CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432676
 Amount of Each Receipt this Period
83.33

B. Angelo S Carrabba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Blue Hills Ave
 City Bloomfield State CT Zip Code 06002-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432677
 Amount of Each Receipt this Period
83.33

C. Diana Reiko Shiba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 43112 15th St W
 Kaiser Dept. Of Ophthalmology
 City Lancaster State CA Zip Code 93534-6219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432678
 Amount of Each Receipt this Period
41.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John S Mc Intyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Winton Rd S
 Ste 303
 City Rochester State NY Zip Code 14618-3970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITY MENTAL HEALTH Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432679
 Amount of Each Receipt this Period
 83.33

B. Devdutta G Sangvai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Oxboro Cir
 City Durham State NC Zip Code 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432680
 Amount of Each Receipt this Period
 83.33

C. David George Gerkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Lakemoor Dr
 City Knoxville State TN Zip Code 37920-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432681
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Judson J Somerville MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9114 McPherson Rd
 Ste 2508
 City Laredo State TX Zip Code 78045-6511
 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 ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432682
 Amount of Each Receipt this Period
 83.33

B. Donald Franklin Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432683
 Amount of Each Receipt this Period
 83.33

C. Ernesto G Zavaleta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1099 Citrus Tower Blvd
 City Clermont State FL Zip Code 34711-1947
 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 ▼ 583.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46432684
 Amount of Each Receipt this Period
 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mutaz Billah Habal MD FRCS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6358 W Maclaurin Dr
 City Tampa State FL Zip Code 33647-1164
 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 **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432685
 Amount of Each Receipt this Period **83.33**

B. Gerald Robert Stephenson Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 9th Ave
 City Fort Worth State TX Zip Code 76104-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS HEALTH CARE PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432686
 Amount of Each Receipt this Period **83.33**

C. Mrs. Joanne Bergquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 W Tacoma Ave
 City Latrobe State PA Zip Code 15650-1026
 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 **1166.70**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432687
 Amount of Each Receipt this Period **166.66**

SUBTOTAL of Receipts This Page (optional).....▶	333.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin Blaine Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 219th Ave E
 City Lake Tapps State WA Zip Code 98391-5634
 Name of Employer SOUND FAMILY MEDICINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432688
 Amount of Each Receipt this Period 83.33

B. Joan E Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Houston St Apt 701
 City Fort Worth State TX Zip Code 76102-6224
 Name of Employer JOHN PETER SMITH HLTH NETWORK Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432689
 Amount of Each Receipt this Period 83.33

C. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St Ste 950
 City Houston State TX Zip Code 77004-6943
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432690
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 110
	<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	<input type="checkbox"/> 17

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

A. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Main St
 City Glastonbury State CT Zip Code 06033-2943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT VALLEY HOSP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432691
 Amount of Each Receipt this Period 83.33

B. Jerry D Mclaughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5419 N Lovington Hwy Ste 25
 City Hobbs State NM Zip Code 88240-9135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.69

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432692
 Amount of Each Receipt this Period 83.33

C. Alan Lane Plummer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365 Clifton Rd NE The Emory Clinic
 City Atlanta State GA Zip Code 30322-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2012
Transaction ID : 46432693
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.66
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 68 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Corliss Adam Varnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 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 **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432694
 Amount of Each Receipt this Period **83.33**

B. Sunita S Mann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Embry Farm Rd
 City Marlboro State NJ Zip Code 07746-1081
 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 **583.35**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46432697
 Amount of Each Receipt this Period **83.33**

C. Susan Eva Skochelak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wabash Ave Unit 48J
 City Chicago State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 46433043
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sara Suzanne Woodward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 S Kingshighway Blvd
 Mallinckrodt Inst Of Radiology
 City Saint Louis State MO Zip Code 63110-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARNES JEWISH HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 46433044
 Amount of Each Receipt this Period
41.66

B. William Lee Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 Cottonwood St
 Ste 750
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1458.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2012
Transaction ID : 46532680
 Amount of Each Receipt this Period
208.33

C. Nancy Louise Mueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1458.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2012
Transaction ID : 46532681
 Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... **458.32**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Kenneth D. Lancin		Date of Receipt MM / DD / YYYY 07 / 25 / 2012
Mailing Address 610 East Palisade Avenue		Transaction ID : 46532682
City Englewood Cliffs	State NJ	Zip Code 07632-1801
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33	
Name of Employer SELF-EMPLOYED	Occupation Management Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.35	

Full Name (Last, First, Middle Initial) B. Lisa Bohman Egbert MD		Date of Receipt MM / DD / YYYY 07 / 25 / 2012
Mailing Address 7720 Paragon Rd Ste A1		Transaction ID : 46532683
City Dayton	State OH	Zip Code 45459-4054
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33	
Name of Employer PARAGON WOMEN'S CARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

Full Name (Last, First, Middle Initial) C. Michael E Migliori MD		Date of Receipt MM / DD / YYYY 07 / 25 / 2012
Mailing Address 120 Dudley St Ste 301		Transaction ID : 46532684
City Providence	State RI	Zip Code 02905-2429
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33	
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 ▼ 1458.31	

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼
1458.31

Date of Receipt
07 / 25 / 2012
Transaction ID : 46532685

Amount of Each Receipt this Period
208.33

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

Mailing Address 2600 Glasgow Ave Ste 207

City State Zip Code
Newark DE 19702-5704

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1558.35

Date of Receipt
07 / 25 / 2012
Transaction ID : 46532686

Amount of Each Receipt this Period
208.33

C. Alexander Ding MD
Full Name (Last, First, Middle Initial)

Mailing Address 4 Longfellow Pl 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 ▼
541.65

Date of Receipt
07 / 25 / 2012
Transaction ID : 46532687

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.66

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 72 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **464.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 46532688

Amount of Each Receipt this Period
148.82

B. 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 ▼ **1375.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 46532689

Amount of Each Receipt this Period
208.33

C. Marvin H Rorick MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 Wellington Pl

City Cincinnati State OH Zip Code 45219-1758

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

Name of Employer RIVER HILLS HEALTH CARE Occupation 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
07 / 25 / 2012

Transaction ID : 46532690

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	557.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lambert Anthony Wu MD		Date of Receipt
Mailing Address 929 SW Mulvane St Cotton Oneil Heart Ctr		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Topeka	State KS	Zip Code 66606-1677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46532691
Name of Employer STORMONTVAIL HEALTHCARE	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.33"/>
	<input type="text" value="1458.35"/>	

Full Name (Last, First, Middle Initial) B. Luis S Alonzo MD		Date of Receipt
Mailing Address 108 Dakota Dr		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Hutchinson	State KS	Zip Code 67502-4470
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46532692
Name of Employer HORIZONS MENTAL HEALTH CENTER	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.33"/>
	<input type="text" value="1458.35"/>	

Full Name (Last, First, Middle Initial) C. Thu Anh Nguyen MD		Date of Receipt
Mailing Address 2222 Neilson Way Unit 301		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Santa Monica	State CA	Zip Code 90405-2281
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46532693
Name of Employer SELF-EMPLOYED	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="357.15"/>
	<input type="text" value="1071.45"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="773.81"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michele Anne Nedelka MD		Date of Receipt
Mailing Address 10813 Hurley Ct		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 46639005
Glen Allen	VA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="10.41"/>
23060-6478		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
VCU HEALTH SYSTEMS	Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.28"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Vest DO		Date of Receipt
Mailing Address 13 Wineberry Dr		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 46661165
Hockessin	DE	Amount of Each Receipt this Period
Zip Code		<input type="text" value="125.06"/>
19707-2124		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
YALE UNIVERSITY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.04"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raghav Govindarajan MD		Date of Receipt
Mailing Address 3623 San Simeon Cir		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 46661166
Weston	FL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="125.06"/>
33331-5044		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CLEVELAND CLINIC FLORIDA	Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.70"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="260.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul David Salzberg MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 898

City Callicoon State NY Zip Code 12723-0898

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 ▼ **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 46661167

Amount of Each Receipt this Period
41.66

B. Edmond Bechir Cabbabe MD
Full Name (Last, First, Middle Initial)

Mailing Address 10004 Kennerly Rd Ste 367B

City Saint Louis State MO Zip Code 63128-2178

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 46696218

Amount of Each Receipt this Period
100.00

C. James Thos Hay MD
Full Name (Last, First, Middle Initial)

Mailing Address 477 N El Camino Real Ste A306

City Encinitas State CA Zip Code 92024-1350

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

Name of Employer NORTH COAST FAMILY MEDICAL GROUP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 46696222

Amount of Each Receipt this Period
41.74

SUBTOTAL of Receipts This Page (optional).....▶	183.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Malcolm B Loudon MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4179

City Parkersburg State WV Zip Code 26104-4179

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

Name of Employer PARKERSBURG NEUROLOGICAL ASSOCIAT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2012
Transaction ID : 46696223

Amount of Each Receipt this Period 1000.00

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

Mailing Address 6 Sand Hill Rd Ste 102

City Flemington State NJ Zip Code 08822-4946

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

Name of Employer HUNTERDON ORTHOPEDIC INSTITUTE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 31 / 2012
Transaction ID : 46696224

Amount of Each Receipt this Period 166.70

c. Michael Jay Springer MD
Full Name (Last, First, Middle Initial)

Mailing Address 803 Towner Pl

City Louisville State KY Zip Code 40223-2568

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

Name of Employer PROFESSIONAL READERS GROUP INC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 31 / 2012
Transaction ID : 46696227

Amount of Each Receipt this Period 291.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 1458.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Ash Van Meter MD		Date of Receipt
Mailing Address 334 S Patterson Ave Ste 105		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Santa Barbara	State CA	Zip Code 93111-2475
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 46696228
Name of Employer VAN METER BENZIAN HAMMOND AND MILLE		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Michele Anne Nedelka MD		Date of Receipt
Mailing Address 10813 Hurley Ct		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Glen Allen	State VA	Zip Code 23060-6478
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 46698276
Name of Employer VCU HEALTH SYSTEMS		Amount of Each Receipt this Period
Occupation Resident Physician		<input type="text" value="10.41"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="218.69"/>	

Full Name (Last, First, Middle Initial) C. Michael Leonard Margolin MD		Date of Receipt
Mailing Address 210 North Ave E		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Cranford	State NJ	Zip Code 07016-2441
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 46700907
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1010.41"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Madelyn Espinosa Butler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Medical Park Dr
 Ste 300
 City Tampa State FL Zip Code 33613-4696
 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
 07 / 20 / 2012
Transaction ID : 46732504
 Amount of Each Receipt this Period
0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00

B. Vanessa Vanessa Ngakeng MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 Town Center Dr
 Apt 8
 City Granger State IN Zip Code 46530-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Resident
 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
 07 / 27 / 2012
Transaction ID : 46732506
 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

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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	19159.47

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

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

FOR LINE NUMBER: PAGE 79 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼
 123.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 46708451
 Amount of Each Receipt this Period
 11.52
 Interest

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 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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	11.52
TOTAL This Period (last page this line number only).....▶	11.52

**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

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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 : 46696928

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEVADA MEDICAL PAC

Mailing Address 3660 BAKER LANE

City RENO State NV Zip Code 89509

Purpose of Disbursement
Void - Nevada Medical Political Action Committee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

008
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 46696254

Amount of Each Disbursement this Period

-550.00

Void - Nevada Medical Political Action Committee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y 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)..... ▶

-550.00

-550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Mr. David Dewhurst

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Runoff2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

Transaction ID : 46191324

Amount of Each Disbursement this Period

1000.00

2012 Primary Runoff

Full Name (Last, First, Middle Initial)

B. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Mr. David Dewhurst

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Runoff2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

Transaction ID : 46191326

Amount of Each Disbursement this Period

1000.00

2012 Primary Runoff

Full Name (Last, First, Middle Initial)

C. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Mr. David Dewhurst

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Runoff2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

Transaction ID : 46191327

Amount of Each Disbursement this Period

1000.00

2012 Primary Runoff

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Primary Runoff

011

Category/
Type

Candidate Name

Mr. David Dewhurst

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Runoff2012

Date of Disbursement

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

Transaction ID : 46191328

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

2012 Primary Runoff

Full Name (Last, First, Middle Initial)

B. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Primary Runoff

011

Category/
Type

Candidate Name

Mr. David Dewhurst

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Runoff2012

Date of Disbursement

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

Transaction ID : 46191329

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

2012 Primary Runoff

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

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

Transaction ID : 46191331

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

2012 Primary

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

7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367527

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement
2012 General

011

Candidate Name

Mr. Brad Wenstrup

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367530

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. George Faught For Congress

Mailing Address PO Box 1450

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Mr. George Faught

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367531

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Primary Runoff

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

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lucas For Congress

Mailing Address PO Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Rep. Frank D. Lucas

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OK District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367534

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Rep. Thomas Cole

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367535

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Rep. James Paul Lankford

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : 46367536

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

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

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEB Fund

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

JEB Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 46381438

Amount of Each Disbursement this Period

2500.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Amanda Aguirre For Congress D3

Mailing Address 330 W 24th Street

City State Zip Code
Yuma AZ 85364

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Ms. Amanda Aguirre

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388480

Amount of Each Disbursement this Period

2000.00

2012 Primary

Full Name (Last, First, Middle Initial)

C. Doug Lamalfa Committee

Mailing Address 2150 River Plaza Dr., #150

City State Zip Code
Sacramento CA 95833

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Mr. Doug Lamalfa

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388482

Amount of Each Disbursement this Period

5000.00

2012 General

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Huffman For Congress 2012 Exploratory Committee

Date of Disbursement

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

Mailing Address P.O. Box 151563

Transaction ID : 46388485

City San Rafael State CA Zip Code 94915

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2012 General

0	1	1
---	---	---

Category/
Type

2012 General

Candidate Name

Mr. Jared Huffman

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Date of Disbursement

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

Mailing Address Post Office Box 582496

Transaction ID : 46388486

City Elk Grove State CA Zip Code 95758

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2012 General

0	1	1
---	---	---

Category/
Type

2012 General

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Date of Disbursement

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

Mailing Address P.O. Box 261060

Transaction ID : 46388487

City Los Angeles State CA Zip Code 90026

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2012 General

0	1	1
---	---	---

Category/
Type

2012 General

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Tavaglione For Congress

Mailing Address 4201 Brockton Ave Ste 100

City Riverside State CA Zip Code 92501

Purpose of Disbursement
2012 General

011

Candidate Name

Mr. John Tavaglione

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388489

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

B. Friends Of Connie Mack

Mailing Address P.O. Box 519

City Naples State FL Zip Code 34106

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep Connie Mack IV

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388490

Amount of Each Disbursement this Period

5000.00

2012 Primary

Full Name (Last, First, Middle Initial)

C. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Jeff B. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388495

Amount of Each Disbursement this Period

1500.00

2012 Primary

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Bill Posey

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Bill Posey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

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

Transaction ID : 46388517

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Primary

Full Name (Last, First, Middle Initial)

B. Daniel Webster For Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Daniel Webster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

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

Transaction ID : 46388518

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Rich Nugent

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Richard B. Nugent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

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

Transaction ID : 46388519

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Primary

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

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

Transaction ID : 46388520

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

2012 Primary

Full Name (Last, First, Middle Initial)

B. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. C.W. Bill Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

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

Transaction ID : 46388521

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

2012 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Dennis Ross

Mailing Address PO Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Dennis A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

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

Transaction ID : 46388522

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2012 Primary

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street
420

City Miami State FL Zip Code 33173

Purpose of Disbursement
2012 Primary

Candidate Name

Rep. Mario Diaz-Balart

Office Sought: House
 Senate
 President
State: FL District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388526

Amount of Each Disbursement this Period

1500.00

2012 Primary

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
2012 Primary

Candidate Name

Rep. Ileana Ros-Lehtinen

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388527

Amount of Each Disbursement this Period

1500.00

2012 Primary

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2012 Primary

Candidate Name

Rep. John Lewis

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388528

Amount of Each Disbursement this Period

2500.00

2012 Primary

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress, Inc.

Mailing Address PO Box U

City: Marietta State: GA Zip Code: 30060

Purpose of Disbursement: 2012 Primary

Candidate Name: Rep. Phil Gingrey M.D.

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: GA District: 11

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388529

Amount of Each Disbursement this Period

1000.00

2012 Primary

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City: Topeka State: KS Zip Code: 66601

Purpose of Disbursement: 2012 Primary

Candidate Name: Rep. Lynn Jenkins

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: KS District: 02

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388531

Amount of Each Disbursement this Period

2500.00

2012 Primary

Full Name (Last, First, Middle Initial)

C. Cassis For Congress

Mailing Address 46350 Grand River Ave Suite A

City: Novi State: MI Zip Code: 48374

Purpose of Disbursement: 2012 Primary

Candidate Name: Ms. Nancy Cassis

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: MI District: 11

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388533

Amount of Each Disbursement this Period

2000.00

2012 Primary

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Taj For Congress

Mailing Address PO Box 871807

City State Zip Code
Canton MI 48187

Purpose of Disbursement
2012 Primary

011

Candidate Name

Mr. Syed Taj

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388535

Amount of Each Disbursement this Period

2000.00

2012 Primary

Full Name (Last, First, Middle Initial)

B. Friends Of Nan Hayworth

Mailing Address P.O. Box 188

City State Zip Code
Carmel NY 10512

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Nan Hayworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388536

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
2012 Primary

011

Candidate Name

Rep. Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : 46388538

Amount of Each Disbursement this Period

2000.00

2012 Primary

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 46388539

Amount of Each Disbursement this Period

2500.00

2012 Primary

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

011
Category/
Type

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 46432910

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2012 General

011
Category/
Type

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 46432914

Amount of Each Disbursement this Period

5000.00

2012 General

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Mr. Christopher Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432918

Amount of Each Disbursement this Period

5000.00

2012 Primary

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 234

City Saratoga Springs State NY Zip Code 12866

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Mr. Christopher Gibson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432919

Amount of Each Disbursement this Period

2000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Synergy PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City Mclean State VA Zip Code 22101

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432923

Amount of Each Disbursement this Period

5000.00

2012 Contribution

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement
2012 General

011

Candidate Name

Mr. David Valadao

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : 46533147

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Strickland For Congress 2012

Mailing Address 603 E Alton Ave Ste H

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement
2012 General

011

Candidate Name

Mr. Anthony Strickland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : 46533148

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
2012 General

011

Candidate Name

Mr. Tony Cardenas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : 46533149

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Henry A. Waxman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 46533151

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 46656023

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Baca

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Joe Baca

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 46656030

Amount of Each Disbursement this Period

2500.00

2012 General

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Votetipton.Com

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Scott R. Tipton

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 46660484

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Gardner For Congress 2012

Mailing Address 9227 E. Lincoln Ave., #200-235

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 46660485

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. Lamborn For Congress

Mailing Address P.O. Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Doug Lamborn

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 46660486

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

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

Transaction ID : 46660487

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Steve Chabot For Congress

Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Steve Chabot

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

Transaction ID : 46660488

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. Beatty For Congress

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement
2012 General

011

Candidate Name

Ms. Joyce Beatty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

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

Transaction ID : 46660489

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 General

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Jim Jordan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660490

Amount of Each Disbursement this Period

500.00

2012 General

Full Name (Last, First, Middle Initial)

B. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Robert Latta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660491

Amount of Each Disbursement this Period

1000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Bill Johnson For Congress Committee

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660492

Amount of Each Disbursement this Period

5000.00

2012 General

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gibbs For Congress

Mailing Address 13871 Tr 473

City Lakeville State OH Zip Code 44638

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Robert Brian Gibbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 18

Date of Disbursement

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

Transaction ID : 46660493

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

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

Transaction ID : 46660494

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2012 General

Full Name (Last, First, Middle Initial)

C. Kaptur For Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Marcy Kaptur

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

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

Transaction ID : 46660497

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2012 General

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens For Turner

Mailing Address 120 W 2nd Street
Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Michael R. Turner

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660499

Amount of Each Disbursement this Period

2500.00

2012 General

Full Name (Last, First, Middle Initial)

B. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Marcia L. Fudge

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660549

Amount of Each Disbursement this Period

500.00

2012 General

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 46660550

Amount of Each Disbursement this Period

2500.00

2012 General

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Steven C. LaTourette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : 46660551

Amount of Each Disbursement this Period

1000.00

2012 General

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2012 General

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : 46660552

Amount of Each Disbursement this Period

3000.00

2012 General

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : 46660874

Amount of Each Disbursement this Period

1000.00

2012 Contribution

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

5000.00

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

257000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Madelyn Espinosa Butler MD

Mailing Address 3000 Medical Park Dr
Ste 300

City Tampa State FL Zip Code 33613-4696

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 46424456

Amount of Each Disbursement this Period

Refund of Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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