06/11/2001 15 : 36

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 1101 VERMONT AVENUE, NW

12TH FLOOR

Check if different than previously reported. (ACC)

WASHINGTON | DC | 20005 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00000422

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) X	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 05 01 2001 through 05 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KEVIN WALKER

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 06 11 2001

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 05 01 2001 To: 05 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		1104539.69
(b) Cash on Hand at Begining of Reporting Period	1864584.99	
(c) Total Receipts (from Line 19)	229388.59	1245091.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2093973.58	2349630.84
7. Total Disbursements (from Line 30)	62530.10	318187.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2031443.48	2031443.48
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 800-420-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 05 01 2001 To: 05 31 2001

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)	191011.25	
(ii) Unitemized	12625.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	203636.25	1183265.25
(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 32, page 4) ..... ▶	203636.25	1183265.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3500.00	4500.00
17. Other Federal Receipts Dividends, Interest, etc.)	22252.34	57325.90
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	229388.59	1245091.15
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	229388.59	1245091.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	13006.10	107789.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	13006.10	107789.36
22. Transfers to Affiliated/Other Party Committees	16324.00	38898.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	33000.00	170950.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	200.00	350.00
29. Other Disbursements	0.00	200.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	62530.10	318187.36
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	62530.10	318187.36

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	203636.25	1183265.25
33. Total Contribution Refunds (from Line 28(d))	200.00	350.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	203436.25	1182915.25
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	13006.10	107789.36
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	13006.10	107789.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): ALABAMA MEDICAL PAC
Mailing Address: PO BOX 1900
City: MONTGOMERY State: AL Zip Code: 36102
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2270.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 310.00
Transaction ID: SA11A1.7330

B.
Full Name (Last, First, Middle Initial): ALABAMA MEDICAL PAC
Mailing Address: PO BOX 1900
City: MONTGOMERY State: AL Zip Code: 36102
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3850.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 1380.00
Transaction ID: SA11A1.7331

C.
Full Name (Last, First, Middle Initial): ARIZONA MEDICAL PAC
Mailing Address: 810 W BETHANY HOME ROAD
City: PHOENIX State: AZ Zip Code: 85013
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2670.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 2470.00
Transaction ID: SA11A1.7388

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4160.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): ARKANSAS MEDICAL PAC
Mailing Address: PO BOX 55088
City: LITTLE ROCK State: AR Zip Code: 72215
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 700.00
Transaction ID: SA11A1.7349

B.
Full Name (Last, First, Middle Initial): CALIFORNIA MEDICAL PAC
Mailing Address: 221 MAIN STREET
City: SAN FRANCISCO State: CA Zip Code: 94105
FEC ID number of contributing federal political committee.
Name of Employer: NA
Occupation: NA
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 118075.00
Date of Receipt: 05 21 2001
Amount of Each Receipt this Period: 17500.00
Transaction ID: SA11A1.7346

C.
Full Name (Last, First, Middle Initial): CONNECTICUT MEDICAL PAC
Mailing Address: PO BOX 268
City: MIDDLEFIELD State: CT Zip Code: 06455
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 22690.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 520.00
Transaction ID: SA11A1.7340

SUBTOTAL of Receipts This Page (optional) ..... ▶ **18720.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): CONNECTICUT MEDICAL PAC
Mailing Address: PO BOX 266
City: MIDDLEFIELD State: CT Zip Code: 06455
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 23480.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 790.00
Transaction ID: SA11A1.7341

B.
Full Name (Last, First, Middle Initial): CONNECTICUT MEDICAL PAC
Mailing Address: PO BOX 266
City: MIDDLEFIELD State: CT Zip Code: 06455
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 25430.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 1950.00
Transaction ID: SA11A1.7342

C.
Full Name (Last, First, Middle Initial): FLORIDA MEDICAL PAC
Mailing Address: PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 14328.75
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 918.75
Transaction ID: SA11A1.7338

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3658.75**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): FLORIDA MEDICAL PAC
Mailing Address: PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 18138.75
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 3810.00
Transaction ID: SA11A1.7339

B.
Full Name (Last, First, Middle Initial): GEORGIA MEDICAL PAC
Mailing Address: 1330 W PEACHTREE STREET
City: ATLANTA State: GA Zip Code: 30309
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 14700.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 4350.00
Transaction ID: SA11A1.7333

C.
Full Name (Last, First, Middle Initial): GEORGIA MEDICAL PAC
Mailing Address: 1330 W PEACHTREE STREET
City: ATLANTA State: GA Zip Code: 30309
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 20250.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 5550.00
Transaction ID: SA11A1.7334

SUBTOTAL of Receipts This Page (optional) ..... ▶ **13710.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): GEORGIA MEDICAL PAC
Mailing Address: 1330 W PEACHTREE STREET
City: ATLANTA State: GA Zip Code: 30309
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 26000.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 5750.00
Transaction ID: SA11A1.7335

B.
Full Name (Last, First, Middle Initial): ILLINOISE MEDICAL PAC
Mailing Address: 20 N MICHIGAN AVENUE
City: CHICAGO State: IL Zip Code: 60602
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: n/a
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 22849.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 410.00
Transaction ID: SA11A1.7369

C.
Full Name (Last, First, Middle Initial): ILLINOISE MEDICAL PAC
Mailing Address: 20 N MICHIGAN AVENUE
City: CHICAGO State: IL Zip Code: 60602
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: n/a
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 23549.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 900.00
Transaction ID: SA11A1.7370

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7060.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): INDEPENDENT MEDICINES PAC
Mailing Address: PO BOX 120909
City: NASHVILLE State: TN Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 10450.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 900.00
Transaction ID: SA11A1.7344

B.
Full Name (Last, First, Middle Initial): INDEPENDENT MEDICINES PAC
Mailing Address: PO BOX 120909
City: NASHVILLE State: TN Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 14750.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 4300.00
Transaction ID: SA11A1.7345

C.
Full Name (Last, First, Middle Initial): INDIANA MEDICAL PAC
Mailing Address: 322 CANAL WALK
City: INDIANAPOLIS State: IN Zip Code: 46202
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 63230.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 1170.00
Transaction ID: SA11A1.7351

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6370.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): IOWA MEDICAL PAC
Mailing Address: 1001 GRAND AVENUE
City: W. DES MOINES State: IA Zip Code: 50265
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 9250.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 750.00
Transaction ID: SA11A1.7327

B.
Full Name (Last, First, Middle Initial): IOWA MEDICAL PAC
Mailing Address: 1001 GRAND AVENUE
City: W. DES MOINES State: IA Zip Code: 50265
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 10050.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 800.00
Transaction ID: SA11A1.7328

C.
Full Name (Last, First, Middle Initial): KANSAS MEDICAL PAC
Mailing Address: 623 SW 10TH
City: TOPEKA State: KS Zip Code: 66612
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 4690.00
Date of Receipt: 05 30 2001
Amount of Each Receipt this Period: 970.00
Transaction ID: SA11A1.7332

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2520.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): KENTUCKY EDUC MEDICAL PAC
Mailing Address: 4965 US HIGHWAY 42
City: LOUISVILLE State: KY Zip Code: 40222
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 18690.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 2640.00
Transaction ID: SA11A1.7329

B.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70802
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 27280.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 1960.00
Transaction ID: SA11A1.7324

C.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70802
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 28530.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 1250.00
Transaction ID: SA11A1.7325

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5850.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): LOUISIANA MEDICAL PAC
Mailing Address: 6767 PERKINS ROAD
City: BATON ROUGE State: LA Zip Code: 70802
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 29240.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 710.00
Transaction ID: SA11A1.7326

B.
Full Name (Last, First, Middle Initial): MARYLAND MEDICAL PAC
Mailing Address: 1211 CATHEDRAL STREET
City: BALTIMORE State: MD Zip Code: 21201
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 13957.50
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 3862.50
Transaction ID: SA11A1.7355

C.
Full Name (Last, First, Middle Initial): MEDICAL SOC OF THE ST OF NY PAC
Mailing Address: ONE COMMERCE PLAZA
City: ALBANY State: NY Zip Code: 12210
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 117210.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 22920.00
Transaction ID: SA11A1.7352

SUBTOTAL of Receipts This Page (optional) ..... ▶ **27492.50**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): MICHIGAN DOCTORS PAC
Mailing Address: PO BOX 769
City: EAST LANSING State: MI Zip Code: 48826
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 28490.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 950.00
Transaction ID: SA11A1.7366

B.
Full Name (Last, First, Middle Initial): MINNESOTA MEDICAL PAC
Mailing Address: PO BOX 18855
City: MINNEAPOLIS State: MN Zip Code: 55418
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 7560.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 2110.00
Transaction ID: SA11A1.7356

C.
Full Name (Last, First, Middle Initial): MISSISSIPPI MEDICAL PAC
Mailing Address: PO BOX 5229
City: JACKSON State: MS Zip Code: 39296
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 16400.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 900.00
Transaction ID: SA11A1.7353

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3960.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): NC MEDICAL POL EDUC & ACTION CMMTT
Mailing Address: PO BOX 25934
City: RALEIGH State: NC Zip Code: 27611
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 8050.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 1980.00
Transaction ID: SA11A1.7367

B.
Full Name (Last, First, Middle Initial): ND COMMISSION ON MED POL ACTION
Mailing Address: PO BOX 5538
City: BISMARK State: ND Zip Code: 58501
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 1250.00
Transaction ID: SA11A1.7364

C.
Full Name (Last, First, Middle Initial): OHIO MEDICAL PAC
Mailing Address: 3401 MILL RUN DRIVE
City: HILLIARD State: OH Zip Code: 43206
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 29110.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 3500.00
Transaction ID: SA11A1.7365

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6710.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): OKLAHOMA MEDICAL PAC
Mailing Address: PO BOX 54520
City: OKLAHOMA CITY State: OK Zip Code: 73154
FEC ID number of contributing federal political committee.
Name of Employer: NA
Occupation: NA
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 12000.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 3050.00
Transaction ID: SA11A1.7323

B.
Full Name (Last, First, Middle Initial): OREGON MEDICAL PAC
Mailing Address: 5210 SW CORBETT STREET
City: PORTLAND State: OR Zip Code: 97201
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 7870.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 6050.00
Transaction ID: SA11A1.7347

C.
Full Name (Last, First, Middle Initial): PENNSYLVANIA MEDICAL PAC
Mailing Address: PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 28900.00
Date of Receipt: 05 30 2001
Amount of Each Receipt this Period: 4750.00
Transaction ID: SA11A1.7359

SUBTOTAL of Receipts This Page (optional) ..... ▶ **13850.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): PENNSYLVANIA MEDICAL PAC
Mailing Address: PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 32000.00
Date of Receipt: 05 30 2001
Amount of Each Receipt this Period: 3100.00
Transaction ID: SA11A1.7360

B.
Full Name (Last, First, Middle Initial): SAMUEL M. GELFAND
Mailing Address: 48 ARRNDALE ROAD
City: ROCKVILLE CENTER State: NY Zip Code: 11570
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.7373

C.
Full Name (Last, First, Middle Initial): SOUTH CAROLINA MEDICAL PAC
Mailing Address: PO BOX 11188
City: COLUMBIA State: SC Zip Code: 29211
FEC ID number of contributing federal political committee.
Name of Employer: NA
Occupation: NA
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 10050.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 400.00
Transaction ID: SA11A1.7354

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): SOUTH DAKOTA MEDICAL PAC
Mailing Address: 1323 S MINNESOTA AVENUE
City: SIOUX FALLS State: SD Zip Code: 57105
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1550.00
Date of Receipt: 05 09 2001
Amount of Each Receipt this Period: 900.00
Transaction ID: SA11A1.7336

B.
Full Name (Last, First, Middle Initial): SOUTH DAKOTA MEDICAL PAC
Mailing Address: 1323 S MINNESOTA AVENUE
City: SIOUX FALLS State: SD Zip Code: 57105
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2450.00
Date of Receipt: 05 21 2001
Amount of Each Receipt this Period: 900.00
Transaction ID: SA11A1.7337

C.
Full Name (Last, First, Middle Initial): TEXAS MEDICAL PAC
Mailing Address: 401 W 15TH STREET
City: AUSTIN State: TX Zip Code: 78701
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 133920.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 50200.00
Transaction ID: SA11A1.7381

SUBTOTAL of Receipts This Page (optional) ..... ▶ **52000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 19 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): TEXAS MEDICAL PAC
Mailing Address: 401 W 15TH STREET
City: AUSTIN State: TX Zip Code: 78701
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 148320.00
Date of Receipt: 05 30 2001
Amount of Each Receipt this Period: 14400.00
Transaction ID: SA11A1.7362

B.
Full Name (Last, First, Middle Initial): VIRGINIA MEDICAL PAC
Mailing Address: 4205 DOVER ROAD
City: RICHMOND State: VA Zip Code: 23221
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 7800.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.7350

C.
Full Name (Last, First, Middle Initial): WASHINGTON MEDICAL PAC
Mailing Address: 2033 SIXTH AVENUE
City: SEATTLE State: WA Zip Code: 98121
FEC ID number of contributing federal political committee.
Name of Employer: NA
Occupation: NA
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 18400.00
Date of Receipt: 05 02 2001
Amount of Each Receipt this Period: 4600.00
Transaction ID: SA11A1.7357

SUBTOTAL of Receipts This Page (optional) ..... ▶ **19300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 20 / 35

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): WASHINGTON MEDICAL PAC
Mailing Address: 2033 SIXTH AVENUE
City: SEATTLE State: WA Zip Code: 98121
FEC ID number of contributing federal political committee.
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 18900.00
Date of Receipt: 05 16 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.7358

B.
Full Name (Last, First, Middle Initial): WISCONSIN PHYSICIANS MEDICAL PAC
Mailing Address: PO BOX 2595
City: MADISON State: WI Zip Code: 53701
FEC ID number of contributing federal political committee.
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2550.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 1150.00
Transaction ID: SA11A1.7343

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1650.00**

TOTAL This Period (last page this line number only) ..... ▶ **191011.25**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 21 / 35

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
GERALD C 'JERRY' WELLER FOR CONGRESS

Mailing Address
PO BOX 15283

City: WASHINGTON
State: DC
Zip Code: 20003

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: 2000
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
05 16 2001

Amount of Each Receipt this Period
3500.00

REFUND 9/26/2000 CONTRIBUTION

Transaction ID: SA16.7377

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3500.00**

TOTAL This Period (last page this line number only) ..... ▶ **3500.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 22 / 35

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A. Full Name (Last, First, Middle Initial)
RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211

City: WASHINGTON State: DC Zip Code: 20090

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
57325.90

Date of Receipt
05 31 2001

Amount of Each Receipt this Period
22252.34

Transaction ID: SA17.7371

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	22252.34
TOTAL This Period (last page this line number only) ..... ▶	22252.34

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A.
Full Name (Last, First, Middle Initial)
HOFFMAN FITZGERALD SNYDER

Mailing Address
7926 JONES BRANCH DRIVE

City: MCLEAN
State: VA
Zip Code: 22102

Purpose of Disbursement
AUDIT SERVICES

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 04 2001

Amount of Each Disbursement this Period
5044.52

Transaction ID: SB21B.7382

B.
Full Name (Last, First, Middle Initial)
HOFFMAN FITZGERALD SNYDER

Mailing Address
7926 JONES BRANCH DRIVE

City: MCLEAN
State: VA
Zip Code: 22102

Purpose of Disbursement
AUDIT SERVICES

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 20 2001

Amount of Each Disbursement this Period
214.58

Transaction ID: SB21B.7384

C.
Full Name (Last, First, Middle Initial)
HOFFMAN FITZGERALD SNYDER

Mailing Address
7926 JONES BRANCH DRIVE

City: MCLEAN
State: VA
Zip Code: 22102

Purpose of Disbursement
AUDIT SERVICES

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 21 2001

Amount of Each Disbursement this Period
2964.12

Transaction ID: SB21B.7383

SUBTOTAL of Receipts This Page (optional) ..... ▶ **8223.22**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A.
Full Name (Last, First, Middle Initial)
PAYMENTECH

Mailing Address
4 NORTHEASTERN BLVD

City: SALEM
State: NH
Zip Code: 13079

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 31 2001

Amount of Each Disbursement this Period
82.90

Transaction ID: SB21B.7387

B.
Full Name (Last, First, Middle Initial)
RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211

City: WASHINGTON
State: DC
Zip Code: 20090

Purpose of Disbursement
LOSS ON INVESTMENTS

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 31 2001

Amount of Each Disbursement this Period
2374.81

Transaction ID: SB21B.7385

C.
Full Name (Last, First, Middle Initial)
RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211

City: WASHINGTON
State: DC
Zip Code: 20090

Purpose of Disbursement
ACCRUED INTEREST PAID

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 31 2001

Amount of Each Disbursement this Period
2325.17

Transaction ID: SB21B.7386

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4782.88**

TOTAL This Period (last page this line number only) ..... ▶ **13006.10**

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)
[ ] 21b [X] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

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

Mailing Address
PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 04 / 2001

Amount of Each Disbursement this Period: 5.00

Transaction ID: SB22.7274

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

Mailing Address
PO BOX 10269
City: TALLAHASSEE State: FL Zip Code: 32302

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 21 / 2001

Amount of Each Disbursement this Period: 2573.00

Transaction ID: SB22.7275

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

Mailing Address
1330 W PEACHTREE STREET
City: ATLANTA State: GA Zip Code: 30309

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 29 / 2001

Amount of Each Disbursement this Period: 200.00

Transaction ID: SB22.7273

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2778.00**

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

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

Mailing Address
322 CANAL WALK
City: INDIANAPOLIS State: IN Zip Code: 46202

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 21 / 2001

Amount of Each Disbursement this Period: 5723.00

Transaction ID: SB22.7276

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

Mailing Address
ONE COMMERCE PLAZA
City: ALBANY State: NY Zip Code: 12210

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 29 / 2001

Amount of Each Disbursement this Period: 250.00

Transaction ID: SB22.7277

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

Mailing Address
PO BOX 5229
City: JACKSON State: MS Zip Code: 39296

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 21 / 2001

Amount of Each Disbursement this Period: 3815.00

Transaction ID: SB22.7278

SUBTOTAL of Receipts This Page (optional) ..... ▶ **9788.00**

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

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

Mailing Address
PO BOX 1402
City: JEFFERSON CITY State: MO Zip Code: 65102

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 21 / 2001

Amount of Each Disbursement this Period: 2908.00

Transaction ID: SB22.7271

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

Mailing Address
PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 17 / 2001

Amount of Each Disbursement this Period: 50.00

Transaction ID: SB22.7283

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

Mailing Address
PO BOX 8820
City: HARRISBURG State: PA Zip Code: 17105

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 29 / 2001

Amount of Each Disbursement this Period: 150.00

Transaction ID: SB22.7284

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3108.00**

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

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☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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

A.

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

Mailing Address
401 W 15TH STREET

City: AUSTIN
State: TX
Zip Code: 78701

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 04 2001

Amount of Each Disbursement this Period
500.00

Transaction ID: SB22.7285

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**16174.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT LINDSEY GRAHAM

Mailing Address
P.O. BOX 1155 PO BOX 1155
City SENECA State SC Zip Code 29679

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: SC District: 03

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
05 11 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.7303

B.
Full Name (Last, First, Middle Initial)
COSTELLO FOR CONGRESS COMMITTEE

Mailing Address
P O BOX 8250
City BELLEVILLE State IL Zip Code 62222

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 12

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
05 02 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.7291

C.
Full Name (Last, First, Middle Initial)
CRAIG FOR U S SENATE

Mailing Address
PO BOX 2754 802 W BANNOCK SUITE LP1D1
City BOISE State ID Zip Code 83701

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: ID District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
05 29 2001

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.7320

SUBTOTAL of Receipts This Page (optional) ..... ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address
PO BOX 1631
City: BALTIMORE State: MD Zip Code: 21203

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MD District: 07

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 / 23 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7287

B.
Full Name (Last, First, Middle Initial)
DARLENE HOOLEY FOR CONGRESS

Mailing Address
PO BOX 2050
City: SALEM State: OR Zip Code: 97308

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 / 11 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.7295

C.
Full Name (Last, First, Middle Initial)
DAVE WU FOR CONGRESS

Mailing Address
818 SW 3RD ST #1182
City: PORTLAND State: OR Zip Code: 97205

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OR District: 01

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 / 11 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.7293

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
DIANE E WATSON FOR CONGRESS

Mailing Address
601 S GLENOAKS BLVD #208
City: BURBANK State: CA Zip Code: 91502

Purpose of Disbursement
2001 SPECIAL GENERAL

Candidate Name
DIANE E WATSON

Category/Type

Office Sought: X House / Senate / President
State: CA District: 32

Disbursement For: Primary / General / Other (specify) ▼
Special-General

Date of Disbursement
05 / 11 / 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.7388

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF MAX CLELAND FOR US SENATE

Mailing Address
3146 NORTHEAST EXPRESSWAY
City: ATLANTA State: CA Zip Code: 30341

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify) ▼

Date of Disbursement
05 / 02 / 2001

Amount of Each Disbursement this Period
1500.00

Transaction ID: SB23.7311

C.
Full Name (Last, First, Middle Initial)
GREEN FOR CONGRESS

Mailing Address
PO BOX 12571
City: GREEN BAY State: WI Zip Code: 54307

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WI District: 08

Disbursement For: X Primary / General / Other (specify) ▼

Date of Disbursement
05 / 02 / 2001

Amount of Each Disbursement this Period
500.00

Transaction ID: SB23.7305

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
KIRK FOR CONGRESS

Mailing Address
PO BOX 8
City: WINNETKA State: IL Zip Code: 60093

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 05 / 23 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7308

B.
Full Name (Last, First, Middle Initial)
MARION BERRY FOR CONGRESS

Mailing Address
PO BOX 8084
City: JONESBORO State: AR Zip Code: 72403

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: AR District: 01

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 05 / 02 / 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.7297

C.
Full Name (Last, First, Middle Initial)
OXLEY FOR CONGRESS

Mailing Address
BOX 2000
City: FINDLAY State: OH Zip Code: 45839

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OH District: 04

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 05 / 29 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7280

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): PRYCE FOR CONGRESS
Mailing Address: 145 E RICH STREET
City: COLUMBUS State: OH Zip Code: 43215
Purpose of Disbursement: 2002 PRIMARY
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: OH District: 15
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 05 29 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.7282

B.
Full Name (Last, First, Middle Initial): ROGERS FOR CONGRESS
Mailing Address: PO BOX 581
City: BRIGHTON State: MI Zip Code: 48116
Purpose of Disbursement: 2002 PRIMARY
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: MI District: 08
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 05 29 2001
Amount of Each Disbursement this Period: 3000.00
Transaction ID: SB23.7322

C.
Full Name (Last, First, Middle Initial): SIMMONS FOR CONGRESS
Mailing Address: 12 ROOSEVELT AVE BOX 4
City: MYSTIC State: CT Zip Code: 06355
Purpose of Disbursement: 2002 CONVENTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CT District: 02
Disbursement For: Primary / General / Other (specify) Convention
Date of Disbursement: 05 11 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.7301

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address
2021 E DUBLIN GRANVILLE RD # 2000

City: COLUMBUS
State: OH
Zip Code: 43229

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OH District: 12

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
05 11 2001

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.7288

B.
Full Name (Last, First, Middle Initial)
UDALL FOR US ALL

Mailing Address
PO BOX 208

City: SANTA FE
State: NM
Zip Code: 87504

Purpose of Disbursement
2002 PRIMARY

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NM District: 03

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
05 29 2001

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.7289

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5000.00**

TOTAL This Period (last page this line number only) ..... ▶ **33000.00**

Form/Schedule: **SA16** REFUND OF 9/2000 CONTRIBUTION-2000 GENERAL
Transaction ID: **SA16.7377**