PAGE 1/9

Image# 11971814708

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

										Office Us	e Only	
	IAME OF COMMITTEE (in ful		E OR PRI	NT ▼		mple: If typing the lines.	ng, type	12FE	4M5			
, Am	erican Medica	al Group	Associa	ation PAC								1
ADDF	RESS (number and s		901 Hoyt A	venue								
Ė	Check if differe	nt _										
Ш	than previously reported. (ACC	. E	verett					WA		98290	<u> </u>	
2. F	EC IDENTIFICAT	ION NUMB	ER ▼	CIT	Υ▲			STATE 4	\		ZIP CO	DE 🛦
	C C00408120				S THIS EPORT		NEW (N) OR	×	AM (A)	ENDED		
	TYPE OF REPO Choose One)	RT (b) Monthly Report	100	20 (M2)		May 20 (M5)		Aug 2	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(6	a) Quarterly Repor	ts:	Due Or	Mar	20 (M3)		Jun 20 (M6)			20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15	Papart (O1)		Apr	20 (M4)	×	Jul 20 (M7)		Oct 2	20 (M10)	_⊔	Jan 31 (YE)
	Quarterly F July 15 Quarterly F		PF	P-Day RE-Election	H	Primary (12F			neral (,		Runoff (12R)
	October 15		Re	eport for the:	Ш	Convention ((12C)	Sp	ecial (1	2S)		
	Quarterly F January 31 Year-End F			Electio	n on	M = M /	D D /	YIYI	Y Y		in the State o	f
	July 31 Mic Report (No Year Only)	n-election	PC	D-Day DST-Election eport for the:		General (300	3)	Ru	noff (30	OR)		Special (30S)
	Termination (TER)	Report	ne.	Electio	n on	M = M /	D D /	YIYI	Y Y		in the State o	f
5. C	Covering Period	06	01	2011	Y	through	M M	/ D 30	D /	y y 201	1 Y	
I certi	fy that I have exar	nined this R	eport and	to the best of	my knov	vledge and	belief it is tr	ue, corre	ct and	complet	e.	
	or Print Name of T		MARK E. M.									
Signa	ture of Treasurer	MARK E.	MANTEI			[Electronicall	y Filed]	Date	M M M	/ D	D /	2011
NOTE	: Submission of fals	e, erroneous	, or incomp	olete information	n may sul	bject the per	son signing	this Repo	rt to th	e penaltie	es of 2 l	J.S.C. §437g.
I	Office Use Only										FOR ev. 12/20	M 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Medical Group Association PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		63587.78
	(b) Cash on Hand at Beginning of Reporting Period	84955.21	
	(c) Total Receipts (from Line 19)	1600.00	36125.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86555.21	99712.78
7.	Total Disbursements (from Line 31)	5119.98	18277.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81435.23	81435.23
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 Group Association PAC

ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1500.00	
Than Political Committees	1500.00	
	1500.00	
(i) Itemized (use Schedule A)		24000 00
	1300.00	34000.00
(ii) Unitemized	100.00	2125.00
(iii) TOTAL (add	7	
Lines 11(a)(i) and (ii)▶	1600.00	36125.00
Political Party Committees	0.00	0.00
	7	
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
	1600.00	36125.00
sfers From Affiliated/Other		
Committees	0.00	0.00
pans Received	0.00	0.00
	7	
Repayments Received	0.00	0.00
ets To Operating Expenditures		
ınds, Rebates, etc.)		
y Totals to Line 37, page 5)	0.00	0.00
nds of Contributions Made		
ederal Candidates and Other		
cal Committees	0.00	0.00
r Federal Receipts		
dends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds		
(from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
sviii i unus (nom ochedule rio)		
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Lines 11(a)(i) and (ii)	(iii) TOTAL (add

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	
Operating Expenditures: (a) Allocated Federal/Non-Federal	rotal fillo I criod	Calelidai Teal-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non Fodoval Chara	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	119.98	119.98	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	119.98	119.98	
Transfers to Affiliated/Other Party	0.00	0.00	
Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	3500.00	12000.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other		0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Tabel Contribution Defined			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
(add Eilios 25(a), (5), and (5),	7		
Other Disbursements	1500.00	6157.57	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)		200	
(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	0.00	222	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5119.98	18277.55	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	5119.98	18277.55	

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	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1600.00	36125.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1600.00	36125.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	119.98	119.98	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	119.98	119.98	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 Group Association PAC Full Name (Last, First, Middle Initial) RICHARD COOPER Date of Receipt Mailing Address 15512 27th Dr. SE 2011 City Zip Code State Transaction ID: A4D31A3747E0F4144B60 WA Mill Creek 98012-4844 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer The Everett Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shawn Slack Date of Receipt Mailing Address 5132 27th Ave W. 06 22 2011 City State Zip Code Transaction ID: AA84A4EB6B62A4B6B98F WA **Everett** 98203 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation The Everett Clinic Md Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 1500.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)			
	Detailed Summary Page	X 21b		24 25 26		
	· ·	27		8b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
American Medical Group Association	on PAC					
Full Name (Last, First, Middle Initial)						
A. Bank Of America	Date of Disbursement					
Mailing Address PO Box 1206	06	30 2011				
,						
	CA 92822-8713			n ID : B67F84EEF2B074427AFE		
Purpose of Disbursement Bank Fees			Amount of Ea	ach Disbursement this Period		
Candidate Name		Category/ Type		119.98		
	nent For: Primary General Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) B.			Date of Disbursement			
Mailing Address	M M / D D / Y Y Y Y					
City	tate Zip Code					
Purpose of Disbursement		Amount of Ea	ach Disbursement this Period			
Candidate Name	Category/ Type					
Office Sought: House Disbursem		71		,		
	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disb	urcoment		
o .						
Mailing Address	M = M /	D D / Y Y Y Y				
City	tate Zip Code					
Purpose of Disbursement	Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Ea	ach Disbursement this Period		
President	nent For: Primary General Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		·····•		119.98		
TOTAL This Period (last page this line number only).				119.98		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 9			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 🗙 23	24 25 26	
		27	28a 28b	28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	and address of any pointed				
American Medical Group Associati	on PAC				
Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , , ,				
A. Kind For Congress Committee	Kind For Congress Committee				
Mailing Address 205 South 5th Ave	06 08				
Suite 428					
,	State Zip Code		Transaction ID	: B4E43FBC07A3A4EC0AA	
La Crosse Purpose of Disbursement	WI 54601		Transaction 12	. 5 12 101 5001 107 12007 11.	
Contribution			Amount of Each	Disbursement this Period	
Candidate Name		Category/			
		Type		1000.00	
Office Sought: House Disburse	ment For: 2012				
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. Dave Camp For Congress 2010			Date of Disburse	ment	
- Dave Camp I of Congress 2010	M M / D D / Y Y Y Y				
Mailing Address 5915 EASTMAN AVE. SUITE 10	06 2	7 2011			
	5915 EASTMAN AVE. SUITE 100				
City MIDLAND	State Zip Code MI 48640		Transaction ID	: B07D804A9CDB547B3A02	
Purpose of Disbursement	40040				
			Amount of Each	Disbursement this Period	
Candidate Name		Category/		2500.00	
Office County House		Туре		2000.00	
	ment For: 2012 Primary General				
President	Other (specify)				
State: District:	()				
Full Name (Last, First, Middle Initial)					
C.					
Mailing Address	Mailing Address				
City	State Zip Code				
	·				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name	Condidate Name				
Candidate Name		Category/ Type			
Office Sought: House Disburse	ment For:	ı yp c	7	7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
				3500.00	
SUBTOTAL of Disbursements This Page (optional)		······•		3300.00	
TOTAL This Pariod (last page this line number only				3500.00	
TOTAL This Period (last page this line number only					

TEMIZED DISBURSEMENTS Use separate schedule(s) to cach category of the cach category of the purpose of Disbursement This Period Ary information copied from such Reports and Statements may not be said or used by any present of the purpose of Joshursement This Period American Medicial Group Association PAC Full Name (Last, First, Middle Initial) A MAGA Mailing Address City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement Candidate Name City State Zip Code Prupose of Disbursement This Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement This Period Category/ Type Category/ Type Category/ Type Amount of Each Disbursement This Period Category/ Type Category/ Ty	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 9			
Content Con	· · · · · · · · · · · · · · · · · · ·		-	TOWELL:		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliting contributions from such committees. NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) A Malling Address City State Zip Code Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement Malling Address City State Zip Code Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Total Name (Last, First, Middle Initial) American Medical Group Association PAC Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Total Category/ Type Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Total Category/ Type Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Amount of Each Disbursement this Period Transaction ID: 80244168168FE4BE2880 Transaction ID: 80244168168FE4BE2880 Tran	II EINIIZED DISDURSEINIEN IS	for each category of the	1 ' — '			
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NAME OF COMMITTEE (in Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) AMGA Mailing Address City State Disbursement Seriate Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Disbursement For: 2014 Seriate Purpose of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Distorts Date of Disbursement Category/ Type Distorts Date of Disbursement this Period Category/ Type Date of Disbursement Category/ Type Distorts Date of Disbursement this Period Category/ Type Distorts Date of Disbursement this Period Category/ Type Distorts Date of Disbursement this Period Distorts Date of Disbursement this Period Distorts Date of Disbursement this Period Category/ Type Distorts Dis						
American Medical Group Association PAC Full Name (Last, First, Middle Initial) Amount of Each Disbursement Mailing Address City State Disbursement For: 2014 Senate President Category' Diffice Sought: Full Name (Last, First, Middle Initial) State: Disfinct: Full Name (Last, First, Middle Initial) State: Disbursement For: 2014 State: City State Disbursement For: Category' Disbursement Category' Diffice Sought: Full Name (Last, First, Middle Initial) State: Disfinct: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Distursement Amount of Each Disbursement this Period Category' Type Date of Disbursement Amount of Each Disbursement this Period Category' Type Date of Disbursement Amount of Each Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Diffice Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Distinct: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Distinct: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Distinct: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Distinct: State: Distinct: State: Distinct: State: Distinct: State: Distinct: Amount of Each Disbursement this Period Category' Type Amount of Each Disbursement this Period Category' Type Distinct: State: Distinct: State: Distinct: Type Distinct: T	NAME OF COMMITTEE (In Full)	·				
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A AMGA Mailing Address City State Zip Code Purpose of Disbursement Immining Uset & AMGA Start Time Candidate Name Candidate Name Condidate Name Condida	/ American wedical Group Association	5111710				
Mailing Address City State Zip Code Transaction ID: B024416B168F4BE2880 Purpose of Disbursement Mailing List & AMGA Staff Time Candidate Name Office Sought: House Senate President Full Name (Last, First, Middle Initial) Senate President State: Dishirch: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Disbursement For: 2014 Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period	Full Name (Last, First, Middle Initial)					
City State Zip Code Purpose of Disbursement Mailing List & AMCA Staff Time Candidate Name Category/ Office Sought: House President Disbursement For: 2014 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Disbursement Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Substract This Page (optional)	A. AMGA			Date of Disbursement		
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