

**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="2014"/>	<input type="text" value="1105120.38"/>	<input type="text" value="1105120.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1030429.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="42180.54"/>	<input type="text" value="782113.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1072610.29"/>	<input type="text" value="1887233.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="196312.91"/>	<input type="text" value="1010936.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="876297.38"/>	<input type="text" value="876297.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24550.23	400692.73
(ii) Unitemized	16621.30	378149.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41171.53	778842.05
(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)	41171.53	778842.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1700.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9.01	1571.33
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))..... ▶	42180.54	782113.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42180.54	782113.38

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	712.91	9322.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	712.91	9322.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	122.50
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	195500.00	999300.00
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	100.00	691.63
(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)).....	100.00	691.63
29. Other Disbursements	0.00	1500.00
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)) ..	196312.91	1010936.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	196312.91	1010936.38

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)	41171.53	778842.05
34. Total Contribution Refunds (from Line 28(d))	100.00	691.63
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41071.53	778150.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	712.91	9322.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	712.91	9322.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 121
	<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

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. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1126 Washington Ave
 City Winter Park State FL Zip Code 32789-5657
 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 ▼ 250.04

Date of Receipt 07 / 09 / 2014
Transaction ID : 60614550
 Amount of Each Receipt this Period 41.74

B. David Vincent Maruska MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 E Division St
 City Fond du Lac State WI Zip Code 54935-4560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AGNESIAN HEALTHCARE INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 11 / 2014
Transaction ID : 60759385
 Amount of Each Receipt this Period 600.00

C. Mrs. Lisa Kiyo Taniguchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 81-937 Halekii St. Ste. 4
 City Kealakekua State HI Zip Code 96750-8182
 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 ▼ 500.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 60847047
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1141.74
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 7 OF 121
	<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. Linda Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1960
 City Soldotna State AK Zip Code 99669-1960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHREACH HEALTHCARE 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 / 2014
Transaction ID : 60855333
 Amount of Each Receipt this Period
 41.66

B. Mark Mandabach MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th St S
 UAB Dept of Anesthesiology
 City Birmingham State AL Zip Code 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAHSF PSYCHIATRY 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 / 2014
Transaction ID : 60855334
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST JOHNS HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855335
 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 8 OF 121
	<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. Timothy Michael Beittel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Wildwood Rd
 City Aberdeen State NC Zip Code 28315-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACT MEDICAL GROUP PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855336
 Amount of Each Receipt this Period 41.66

B. Paul Erik Houmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Kershaw Ct
 City Greenville State SC Zip Code 29607-5986
 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 / 2014
Transaction ID : 60855338
 Amount of Each Receipt this Period 41.66

C. 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 07 / 21 / 2014
Transaction ID : 60855340
 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 9 OF 121
	<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. Lance Allen Talmage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Exmoor
 City State Zip Code
 Ottawa Hills OH 43615-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROMEDICA PHYSICIAN GROUP 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 / 2014
Transaction ID : 60855341
 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 State Zip Code
 Sarasota FL 34232-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US NAVY Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 296.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855343
 Amount of Each Receipt this Period
 41.66

C. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5451 Coral Reef Ave
 City State Zip Code
 La Jolla CA 92037-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASMG 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 / 2014
Transaction ID : 60855344
 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 121
	<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. Leon Harvey Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Lake Otis Pkwy
 Ste 216
 City Anchorage State AK Zip Code 99508-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A A SPECIALTY HEALTH CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855345
 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 / 2014
Transaction ID : 60855346
 Amount of Each Receipt this Period 41.66

C. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3828
 City Bluffton State SC Zip Code 29910-3828
 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 / 2014
Transaction ID : 60855347
 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 121
	<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. Damon Michael Dietrich MD		Date of Receipt
Mailing Address 229 English Turn Dr		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Orleans	LA	70131-3348
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 60855348
WEST JEFFERSON PHYSICIAN SERVICES	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.62"/>	<input type="text" value="41.66"/>

Full Name (Last, First, Middle Initial) B. James Albert Corwin MD		Date of Receipt
Mailing Address 4516 Robin Ln		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Midland	TX	79707-2219
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 60855349
US ONCOLOGY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.70"/>	<input type="text" value="41.66"/>

Full Name (Last, First, Middle Initial) C. Juan Francisco Fitz MD		Date of Receipt
Mailing Address 6003 84th St		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lubbock	TX	79424-3686
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 60855350
COVENANT MEDICAL GROUP ADMINISTRAT	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.62"/>	<input type="text" value="41.66"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 121
(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. Masud Iqbal Malik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 N Mulford Rd
 City State Zip Code
 Rockford IL 61114-5603
 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 / 2014
Transaction ID : 60855351
 Amount of Each Receipt this Period
 41.66

B. Dennis Lee Galinsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 E Erie St
 Apt 1905
 City State Zip Code
 Chicago IL 60611-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NOMC MACNEAL RADIATION THERAPY 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 / 2014
Transaction ID : 60855353
 Amount of Each Receipt this Period
 41.66

C. Erick Allen Eiting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 S Grand Ave
 Apt 805
 City State Zip Code
 Los Angeles CA 90015-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JACOBI MEDICAL CENTER Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855355
 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 121
	<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. Jason Michael Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Coral Hills Dr
 Ste 340
 City Coral Springs State FL Zip Code 33065-4172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855356
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855357
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855358
 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 121
	<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. 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 **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855359
 Amount of Each Receipt this Period
41.66

B. Theodore A Calianos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Whitmar Rd
 City Cotuit State MA Zip Code 02635-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855360
 Amount of Each Receipt this Period
41.66

C. 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 **291.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855361
 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 121
	<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. 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 **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855362
 Amount of Each Receipt this Period **41.66**

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 **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855364
 Amount of Each Receipt this Period **41.66**

C. 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 **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855366
 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 16 OF 121
	(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

A. 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855367
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855369
 Amount of Each Receipt this Period
 41.66

C. Niranjana Marino Selvarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 Burrstone Rd
 Slocum Dickson Medical Group Pllc
 City New Hartford State NY Zip Code 13413-1001
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855370
 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 121
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855371
 Amount of Each Receipt this Period
 41.66

B. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855372
 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 ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855373
 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 121
	<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 Anthony Severyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Ginger Hill Rd
 City Utica State OH Zip Code 43080-9577
 Name of Employer OHIO STATE SPINE CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855374
 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 ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855375
 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 ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855376
 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 121
	<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. William Alan Handelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 Litchfield St Ste 200
 City Torrington State CT Zip Code 06790-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOC 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 / 2014
Transaction ID : 60855377
 Amount of Each Receipt this Period
 41.66

B. John Weeks Culclasure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Demonbreun St Apt 1208
 City Nashville State TN Zip Code 37203-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWELL ALLEN CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855379
 Amount of Each Receipt this Period
 41.66

C. Michael Vest DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Wineberry Dr
 City Hockessin State DE Zip Code 19707-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855380
 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 121
	<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. Gary Lewis Woods MD
Full Name (Last, First, Middle Initial)

Mailing Address 264 Pleasant St

City State Zip Code
Concord NH 03301-2551

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

Name of Employer Occupation
CONCORD ORTHOPAEDICS PA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **291.62**

Date of Receipt
07 / 21 / 2014

Transaction ID : 60855381

Amount of Each Receipt this Period
41.66

B. Kenneth Ian Barron MD
Full Name (Last, First, Middle Initial)

Mailing Address 1126 Washington Ave

City State Zip Code
Winter Park FL 32789-5657

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

Name of Employer Occupation
TRUESDALE OBGYN Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **291.70**

Date of Receipt
07 / 21 / 2014

Transaction ID : 60855382

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 State Zip Code
Clarkston MI 48346-2794

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

Name of Employer Occupation
DRA FLINT PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **291.62**

Date of Receipt
07 / 21 / 2014

Transaction ID : 60855383

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 121
	<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. John Albert Kazmierowski MD		Date of Receipt
Mailing Address 2415 NE 134th St Ste 301		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60855384
Vancouver	WA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="41.66"/>
98686-3029		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ALLERGY ASTHMA & DERMATOLOGY ASSO	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.62"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian Andrew Mc Donald MD		Date of Receipt
Mailing Address 9 Gloria Ln		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60855386
Schenectady	NY	Amount of Each Receipt this Period
Zip Code		<input type="text" value="41.66"/>
12309-1158		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SPCCA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.62"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles F Pattavina MD		Date of Receipt
Mailing Address 360 Broadway St Joseph Hospital		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60855387
Bangor	ME	Amount of Each Receipt this Period
Zip Code		<input type="text" value="41.66"/>
04401-3979		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ST. JOSEPH HEALTH CARE	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.62"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 121
	<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. 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 Occupation
 BASSETT HEALTHCARE CLINIC COOPERST(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 / 2014
Transaction ID : 60855388
 Amount of Each Receipt this Period
 41.66

B. 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 Occupation
 UNIVERSITY OF MINNESOTA Resident 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 / 2014
Transaction ID : 60855389
 Amount of Each Receipt this Period
 41.66

C. James Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Indigo Dr U-303
 City Pensacola State FL Zip Code 32507-7604
 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 / 2014
Transaction ID : 60855390
 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 23 OF 121
	<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. 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 ▼
 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855391
 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 / 2014
Transaction ID : 60855392
 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 ▼
 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855393
 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 24 OF 121
	<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 **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855394
 Amount of Each Receipt this Period
41.66

B. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Pine Rd
 City Syosset State NY Zip Code 11791-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN INC 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 / 2014
Transaction ID : 60855396
 Amount of Each Receipt this Period
41.66

C. 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 **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 60855397
 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 121
	<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. Thu Nguyen Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 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 **07 / 21 / 2014**
Transaction ID : 60855398
 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 **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855399
 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 **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855400
 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 26 OF 121
	(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

A. 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 ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : 60855402

Amount of Each Receipt this Period
41.66

B. 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 ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : 60855403

Amount of Each Receipt this Period
41.66

c. 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 ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : 60855404

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 27 OF 121
	<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. Mr. Rodrigo A Sierra			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 60855405		
Mailing Address 3727 N Janssen Ave			Amount of Each Receipt this Period 41.66		
City Chicago	State IL	Zip Code 60613-3701			
FEC ID number of contributing federal political committee. C					
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation AMA Executive			
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 David Salzberg MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 60855406		
Mailing Address PO Box 898			Amount of Each Receipt this Period 41.66		
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: <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. Michael Jay Springer MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 60855407		
Mailing Address 803 Towner Pl			Amount of Each Receipt this Period 41.66		
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: <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 28 OF 121
	<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. Ross Calvin Bloomberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4470 Dockray Dr
 City State Zip Code
 Nashport OH 43830-9057
 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 / 2014
Transaction ID : 60855408
 Amount of Each Receipt this Period
 41.66

B. Robert Thomas Lyon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6525 Mercedes Ave
 City State Zip Code
 Dallas TX 75214-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DALLAS ANESTHESIOLOGY ASSOCIATES 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 / 2014
Transaction ID : 60855409
 Amount of Each Receipt this Period
 41.66

c. Shari Louise Orser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 N 7th St
 City State Zip Code
 Bismarck ND 58501-4423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SANFORD HEALTH 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 / 2014
Transaction ID : 60855410
 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 121
	<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. Gary David Thal MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 E Chestnut St
Apt 49A

City Chicago State IL Zip Code 60611-6027

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 / 2014
Transaction ID : 60855411

Amount of Each Receipt this Period
41.66

B. Michael Bentov Gutman MD
Full Name (Last, First, Middle Initial)

Mailing Address 133 Steele Rd

City West Hartford State CT Zip Code 06119-1047

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 / 2014
Transaction ID : 60855413

Amount of Each Receipt this Period
41.66

C. Rita Fattouch Saikali MD
Full Name (Last, First, Middle Initial)

Mailing Address 52 Prince Of Wales Ct

City Buffalo State NY Zip Code 14221-1900

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

Name of Employer WAGDY GHALY MD PC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
07 / 21 / 2014
Transaction ID : 60855414

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 121
	<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 Gerald Albertini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Professional Park Dr
 Ste 150
 City Winston Salem State NC Zip Code 27103-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKIN SURGERY CENTER 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 / 2014
Transaction ID : 60855415
 Amount of Each Receipt this Period
 41.66

B. James A Taylor Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 609
 City Livingston State LA Zip Code 70754-0609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BR GENERAL 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 / 2014
Transaction ID : 60855416
 Amount of Each Receipt this Period
 41.66

C. Lawrence Mariano Simon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Rimwood Ave
 City Lafayette State LA Zip Code 70501-6560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU NEW ORLEANS 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 / 2014
Transaction ID : 60855417
 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 121
	<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. Michael Ashley Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Via Navarro
 City Greenbrae State CA Zip Code 94904-1215
 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 / 2014**
Transaction ID : 60855418
 Amount of Each Receipt this Period **41.66**

B. Henry Jerrold Kaplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd Eye Specialists Of Louisvi
 City Louisville State KY Zip Code 40202-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE SPECIALISTS OF LOUISVILLE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855419
 Amount of Each Receipt this Period **41.66**

c. Nancy O Naghavi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9307 Shady Lane Cir
 City Houston State TX Zip Code 77063-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY CARE PLUS REHAB Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855420
 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 121
	<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. Lawrence Jay Singerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Enterprise Pkwy
 Ste 300
 City Beachwood State OH Zip Code 44122-7340
 Name of Employer RETINA ASSOCIATES OF CLEVELAND INC
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855421
 Amount of Each Receipt this Period 41.66

B. J Brennan Cassidy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Riverside Ave
 Ste E
 City Newport Beach State CA Zip Code 92663-4080
 Name of Employer WEST COAST LASER
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855422
 Amount of Each Receipt this Period 41.66

C. Stephen Noah Horwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2999 NE 191st St
 Ph 1
 City Aventura State FL Zip Code 33180-3116
 Name of Employer HORWITZ WEISSMAN & MEHREL MD PA
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2014
Transaction ID : 60855424
 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 33 OF 121
	<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. Wade Anthony Weigel MD		Date of Receipt
Mailing Address 1100 9th Ave Dept Of Anesthesia B2-AN		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Seattle	State WA	Zip Code 98101-2756
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 60855426
Name of Employer VIRGINIA MASON MEDICAL CENTER	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
	<input type="text" value="291.62"/>	

Full Name (Last, First, Middle Initial) B. Ajoy Kumar MD		Date of Receipt
Mailing Address 749 Nina Dr		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Tierra Verde	State FL	Zip Code 33715-2038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 60855427
Name of Employer BAYFRONT MEDICAL CENTER	Occupation Family Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
	<input type="text" value="391.62"/>	

Full Name (Last, First, Middle Initial) C. Mrs. Barbara Hurwitz		Date of Receipt
Mailing Address 690 Dallas Hwy Ste 101		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Villa Rica	State GA	Zip Code 30180-1262
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 60855428
Name of Employer N/A	Occupation Physician Spouse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
	<input type="text" value="291.62"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 121
	<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. Zachary Bregman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 E 18th St Apt 2
 City New York State NY Zip Code 10003-2480
 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 / 2014**
Transaction ID : 60855429
 Amount of Each Receipt this Period **41.66**

B. Mr. William R. Abrams JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7702 Radcliffe Drive Apt. C
 City Madison State WI Zip Code 53719-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WISCONSIN MEDICAL SOCIETY Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.04**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855430
 Amount of Each Receipt this Period **83.33**

c. Sidney Gold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16973 Stardust Pl
 City Granada Hills State CA Zip Code 91344-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER FOUNDATION HEALTH PLAN NATIO Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855431
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional).....	166.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 121
	<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. Spiro G Spanakis DO
Full Name (Last, First, Middle Initial)

Mailing Address 65 Lake Ave
Apt 1005

City Worcester State MA Zip Code 01604-1163

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

Name of Employer: UMASS MEMORIAL HEALTH CARE Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 07 / 21 / 2014
Transaction ID : 60855432

Amount of Each Receipt this Period: 41.66

B. Kathleen Ann Hoye MD
Full Name (Last, First, Middle Initial)

Mailing Address 20 Ashland St

City Taunton State MA Zip Code 02780-3317

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: 07 / 21 / 2014
Transaction ID : 60855433

Amount of Each Receipt this Period: 41.66

C. Asa Carroll Lockhart MD
Full Name (Last, First, Middle Initial)

Mailing Address 2106 Kennebunk Ln

City Tyler State TX Zip Code 75703-0301

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

Name of Employer: EAST TEXAS ANESTHESIOLOGY ASSOCIATI Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 07 / 21 / 2014
Transaction ID : 60855437

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 37 OF 121
	<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. Terry Nye Wooldridge MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 E 22nd St
 Ste 2
 City State Zip Code
 Fremont NE 68025-2661
 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 / 2014
Transaction ID : 60855443
 Amount of Each Receipt this Period
 41.66

B. Wendell Byars Wells MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Darnell Lake Dr
 City State Zip Code
 Mishawaka IN 46545-7277
 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 / 2014
Transaction ID : 60855444
 Amount of Each Receipt this Period
 41.66

C. Michael Michel Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 34700 Valley Rd
 Rogers Memorial Hospital
 City State Zip Code
 Oconomowoc WI 53066-4500
 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 / 2014
Transaction ID : 60855445
 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 38 OF 121
	<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. Daniel M Young MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : 60855446
Mailing Address 33-57 Harrison St Family Medicine Residency Office		Amount of Each Receipt this Period 41.66
City Johnson City	State NY Zip Code 13790-2107	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 291.70
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. Goitom Andom Asgedom MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : 60855448
Mailing Address 1135 Lake Blvd Apt 11		Amount of Each Receipt this Period 41.66
City Marion	State OH Zip Code 43302-6685	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 291.70
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. Leon Everett Butler MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : 60855449
Mailing Address 16605 Chestnut Glen Pl		Amount of Each Receipt this Period 41.66
City Louisville	State KY Zip Code 40245-6121	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 291.70
Name of Employer SELF-EMPLOYED	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 39 OF 121
	<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. Anthony Michael Padula MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8216 Seminole St
 City Philadelphia State PA Zip Code 19118-3930
 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 **07 / 21 / 2014**
Transaction ID : 60855451
 Amount of Each Receipt this Period **41.66**

B. Gregory L Pinto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Maple Ave Ste 200
 City Saratoga Spgs State NY Zip Code 12866-5533
 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 **07 / 21 / 2014**
Transaction ID : 60855452
 Amount of Each Receipt this Period **41.66**

C. Frank G Dowling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1727 Veterans Hwy Ste 300
 City Islandia State NY Zip Code 11749-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SMITHTOWN PSYCHIATRIC SERVICES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 60855453
 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 40 OF 121
	<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. Louito Catherina Edje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2051 W Central Ave
 Director Family Medicine Residency
 City Toledo State OH Zip Code 43606-3948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **FALLEN TIMBERS FAMILY PHYSICIANS** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt: **07 / 21 / 2014**
Transaction ID : 60855454
 Amount of Each Receipt this Period: **41.66**

B. Kevin D Nohner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8141 W Center Rd
 City Omaha State NE Zip Code 68124-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **ALEGENT HEALTH IMMANUEL MEDICAL CENTER** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt: **07 / 21 / 2014**
Transaction ID : 60855460
 Amount of Each Receipt this Period: **41.66**

C. Denise Louise Bobovnyik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3660 Stutz Dr Ste 102
 Primary Care Specialists
 City Canfield State OH Zip Code 44406-8149
 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: **07 / 21 / 2014**
Transaction ID : 60855461
 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 41 OF 121
	<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. Gloria Jean Mays MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Park Pl
 City State Zip Code
 College Sta TX 77840-3090
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 60856588
 Amount of Each Receipt this Period
 1000.00

B. Stephen Howard Orr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8377 Lakewood Dr
 City State Zip Code
 Findlay OH 45840-8885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECTRUM EYE CARE INC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 60856591
 Amount of Each Receipt this Period
 500.00

c. Kevin Christopher Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Deer Grove Ct
 City State Zip Code
 Elizabethtown KY 42701-6986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US ARMY Neuroradiologist
 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 / 22 / 2014
Transaction ID : 60874503
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....	▶	1541.66
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 121
	<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. Joy Ann Maxey MD		Date of Receipt
Mailing Address 455 E Paces Ferry Rd NE Ste 212		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60876124
Atlanta	GA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
30305-3319		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ATLANTA CHILDRENS CLINICAL CENTER PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Keith Francis De Sonier MD		Date of Receipt
Mailing Address 555 Dr Michael Debakey Dr Ste 103		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60876126
Lake Charles	LA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
70601-5700		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Steven Polsley MD		Date of Receipt
Mailing Address 900 Scioto St Ste 7		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 60876127
Urbana	OH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
43078-2251		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
FAMILY PHYSICIANS OF URBANA INC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 43 OF 121
	<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 / 2014
Transaction ID : 60876128
Amount of Each Receipt this Period 83.33

B. James Thos Hay MD
Full Name (Last, First, Middle Initial)
Mailing Address 14202 Recuerdo Dr
City Del Mar State CA Zip Code 92014-2956
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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876130
Amount of Each Receipt this Period 83.33

C. 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 / 2014
Transaction ID : 60876131
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 121
	<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. 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
 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 / 2014
Transaction ID : 60876132
 Amount of Each Receipt this Period 83.33

B. 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
 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 / 2014
Transaction ID : 60876133
 Amount of Each Receipt this Period 83.33

C. Floyd Anthony Buras Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Live Oak St
 City Metairie State LA Zip Code 70005-1243
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876134
 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 121
	<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. Mary Susan Carpenter MD		Date of Receipt
Mailing Address PO Box 769		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Winner	SD	57580-0769
FEC ID number of contributing federal political committee.		Transaction ID : 60876135
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
FAMILY PRACTICE ASSOC OF WINNER PLLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gary Lee Dillehay MD		Date of Receipt
Mailing Address 5555 N Sheridan Rd Apt 1402		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60640-1636
FEC ID number of contributing federal political committee.		Transaction ID : 60876136
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
LOYOLA UNIVERSITY PHYSICIAN FOUNDATION	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stuart Gitlow MD		Date of Receipt
Mailing Address 153 Gaskill St		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woonsocket	RI	02895-1011
FEC ID number of contributing federal political committee.		Transaction ID : 60876137
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.31"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 46 OF 121
	<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 / 2014
Transaction ID : 60876138
 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876139
 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 ▼ 583.35

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876140
 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 47 OF 121
	<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 07 / 23 / 2014
Transaction ID : 60876141
 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 07 / 23 / 2014
Transaction ID : 60876142
 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876143
 Amount of Each Receipt this Period 83.33

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

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

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

FOR LINE NUMBER: PAGE 48 OF 121
(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

Full Name (Last, First, Middle Initial)
A. Glenn Allen Loomis MD

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 / 2014
Transaction ID : 60876144

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Patrick Wm Mc Cormick MD FACS

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 / 2014
Transaction ID : 60876145

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Steven Kay Miller MD

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 / 2014
Transaction ID : 60876146

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 121
	<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 07 / 23 / 2014
Transaction ID : 60876147
 Amount of Each Receipt this Period 83.33

B. Michael Bradley Simon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Gellatly Dr
 City Wappingers Fl State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876148
 Amount of Each Receipt this Period 83.33

C. 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876149
 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 121
	<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 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 **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876150
 Amount of Each Receipt this Period **83.33**

B. John S Mc Intyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Winton Rd S
 Bldg 4
 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 **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876151
 Amount of Each Receipt this Period **83.33**

C. 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 **07 / 23 / 2014**
Transaction ID : 60876152
 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 51 OF 121
	<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. David George Gerkin MD		Date of Receipt 07 / 23 / 2014 Transaction ID : 60876153
Mailing Address 2300 Lakemoor Dr		Amount of Each Receipt this Period 83.33
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: <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. Judson J Somerville MD		Date of Receipt 07 / 23 / 2014 Transaction ID : 60876154
Mailing Address 1503 Palmer Dr		Amount of Each Receipt this Period 83.33
City Laredo	State TX	Zip Code 78045-7506
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

Full Name (Last, First, Middle Initial) C. Donald Franklin Jr. MD		Date of Receipt 07 / 23 / 2014 Transaction ID : 60876155
Mailing Address 5335 Summerfield Ln		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

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 121
	<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. Patrice A Harris MD		Date of Receipt
Mailing Address 99 Jesse Hill Jr Dr SE Ste 400		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Atlanta	State GA	Zip Code 30303-3030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876156
Name of Employer SELF-EMPLOYED		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Aggregate Year-to-Date ▼ <input type="text" value="583.35"/>		

Full Name (Last, First, Middle Initial) B. Kathleen Blake MD		Date of Receipt
Mailing Address 330 N Wabash Ave Ste 39300 American Medical Association		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Chicago	State IL	Zip Code 60611-5885
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876157
Name of Employer AMERICAN MEDICAL ASSOCIATION		Occupation AMA Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Aggregate Year-to-Date ▼ <input type="text" value="583.31"/>		

Full Name (Last, First, Middle Initial) C. Spurgeon Wm Clark III MD		Date of Receipt
Mailing Address 502 Isabella St		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Waycross	State GA	Zip Code 31501-3638
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876158
Name of Employer EMORY HEALTHCARE		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Aggregate Year-to-Date ▼ <input type="text" value="583.35"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 53 OF 121
	<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 ▼ **583.31**

Date of Receipt **07 / 23 / 2014**

Transaction ID : 60876159

Amount of Each Receipt this Period **83.33**

B. Albert Ray MD
Full Name (Last, First, Middle Initial)

Mailing Address 7035 Convoy Ct
Southern Ca Permanente Med Group

City San Diego State CA Zip Code 92111-1016

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 ▼ **583.31**

Date of Receipt **07 / 23 / 2014**

Transaction ID : 60876160

Amount of Each Receipt this Period **83.33**

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

Mailing Address 1251 Talbryn Dr

City Belmont State CA Zip Code 94002-3755

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

Name of Employer PARTNERS HEALTH CARE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt **07 / 23 / 2014**

Transaction ID : 60876161

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 54 OF 121
	<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. 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 ▼ 875.00

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876162
 Amount of Each Receipt this Period 125.00

B. Thomas Walton Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-2238
 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 ▼ 583.35

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876163
 Amount of Each Receipt this Period 83.33

C. Alan Barth Pillersdorf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 S Congress Ave Ste 100
 City Palm Springs State FL Zip Code 33461-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLASTIC SURGERY OF PALM BEACH PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876164
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶	291.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 121
(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

Full Name (Last, First, Middle Initial)
A. William Chas Sternfeld MD FACS

Mailing Address 4235 Secor Rd
Bldg 1

City Toledo State OH Zip Code 43623-4231

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

Name of Employer TOLEDO CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : 60876165

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Carl Alexander Sirio MD

Mailing Address 3000 Arlington Ave
Mail Stop 1018

City Toledo State OH Zip Code 43614-2595

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 ▼
583.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : 60876166

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Evangelos Megariotis MD

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 ▼
583.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : 60876167

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 121
	<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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876168
 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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876169
 Amount of Each Receipt this Period
 83.33

C. Ruth Jean Schulze MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Chestnut Ridge Rd
 City Woodcliff Lk State NJ Zip Code 07677-8409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF L Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876170
 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 121
	<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. Richard Allen Dart MD		Date of Receipt
Mailing Address 9050 Ader Rd Wisconsin Medical Soc		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Marshfield	State WI	Zip Code 54449-9652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876171
Name of Employer MARSHFIELD CLINIC		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="583.31"/>		

Full Name (Last, First, Middle Initial) B. Perry Lynn Haney MD		Date of Receipt
Mailing Address PO Box 6680		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Denver	State CO	Zip Code 80206-0680
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876172
Name of Employer SPINEONE, INC		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="583.31"/>		

Full Name (Last, First, Middle Initial) C. Roni Ephrat MD		Date of Receipt
Mailing Address 116 Broadway		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Norwood	State NJ	Zip Code 07648-1401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60876173
Name of Employer BERGEN ANESTHESIA		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="583.31"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 58 OF 121
	<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. Elizabeth Fay Wu MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876174
Mailing Address 2504 Samaritan Dr Ste 20		Amount of Each Receipt this Period 83.33
City San Jose	State CA	
Zip Code 95124-4005		Aggregate Year-to-Date ▼ 833.30
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. Michael Allan Sandler MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876175
Mailing Address 4270 Barcroft Way		Amount of Each Receipt this Period 83.33
City Orchard Lake	State MI	
Zip Code 48323-1804		Aggregate Year-to-Date ▼ 583.31
FEC ID number of contributing federal political committee. C		
Name of Employer HENRY FORD MEDICAL CENTER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Betty Shuwein Chu MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876176
Mailing Address 233 Warrington Rd		Amount of Each Receipt this Period 83.33
City Bloomfield	State MI	
Zip Code 48304-2952		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) ▼		

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 121
	<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. 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 ▼ **583.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : 60876177

Amount of Each Receipt this Period

83.33

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : 60876178

Amount of Each Receipt this Period

83.33

c. Gerald Edward Harmon MD
Full Name (Last, First, Middle Initial)
Mailing Address 9699 Ocean Hwy
PO Box 289

City Pawleys Isl	State SC	Zip Code 29585-7425
---------------------	-------------	------------------------

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	/	2014

Transaction ID : 60876179

Amount of Each Receipt this Period

83.33

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

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

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

FOR LINE NUMBER: PAGE 60 OF 121
(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

Full Name (Last, First, Middle Initial)
A. Michael Jos Sexton MD

Mailing Address 12 Erica Ct

City State Zip Code
Novato CA 94947-1900

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876180

Amount of Each Receipt this Period
83.33

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

Mailing Address 2024 S 6th St

City State Zip Code
Brainerd MN 56401-4529

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

Name of Employer Occupation
BRAINERD MEDICAL CENTER INC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876181

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
c. Thomas Danl Griffin MD

Mailing Address 741 Hunt Ln

City State Zip Code
Flourtown 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 ▼
583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876182

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 61 OF 121
	<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. Aaron Edward George DO		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876183
Mailing Address PO Box 3886 Dept of Community/Family Medicine		Amount of Each Receipt this Period 41.66
City Durham	State NC	Zip Code 27710-0001
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.66	

Full Name (Last, First, Middle Initial) B. Jack M Chapman MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876184
Mailing Address 2061 Beverly Rd		Amount of Each Receipt this Period 83.33
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: <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. Richard Earl Thorp MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876185
Mailing Address 2395 Tokay Ct		Amount of Each Receipt this Period 83.33
City Paradise	State CA	Zip Code 95969-6658
FEC ID number of contributing federal political committee. C		
Name of Employer PARADISE MEDICAL GROUP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

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 121
	<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. Julia Virginia Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St
 Umass Memorial Medical Center
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UMASS MEMORIAL HOSPITAL Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt: 07 / 23 / 2014
Transaction ID : 60876186
 Amount of Each Receipt this Period: **83.33**

B. 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 **583.31**

Date of Receipt: 07 / 23 / 2014
Transaction ID : 60876187
 Amount of Each Receipt this Period: **83.33**

C. Susan Rudd Bailey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5929 Lovell Ave
 F W A A
 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 **583.31**

Date of Receipt: 07 / 23 / 2014
Transaction ID : 60876188
 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 63 OF 121
	<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. 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876190
 Amount of Each Receipt this Period 83.33

B. John M De Figueiredo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Plaza Ct Unit 1674
 City Groton State CT Zip Code 06340-8362
 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 / 2014
Transaction ID : 60876191
 Amount of Each Receipt this Period 83.33

C. 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876192
 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 121
	<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. Badri N Nath MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13331

City State Zip Code
Palm Desert CA 92255-3331

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

Name of Employer Occupation
SELF-EMPLOYED Surgeon

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 / 2014

Transaction ID : 60876193

Amount of Each Receipt this Period
83.33

B. Leonard Allison Brabson Sr. MD
Full Name (Last, First, Middle Initial)

Mailing Address 939 Emerald Ave Ste 806
Clark Tower

City State Zip Code
Knoxville TN 37917-4502

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 60876194

Amount of Each Receipt this Period
83.33

C. Frederick Ray Ridge MD
Full Name (Last, First, Middle Initial)

Mailing Address 1043 N 1000 W

City State Zip Code
Linton IN 47441-5281

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 60876195

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 121
	<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 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 **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876196
 Amount of Each Receipt this Period **83.33**

B. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Marion St Apt 6C
 City Brookline State MA Zip Code 02446-4499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876197
 Amount of Each Receipt this Period **41.66**

C. Albert J Osbahr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fairgrove Church Rd Cvmc Ohc
 City Hickory State NC Zip Code 28602-9617
 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 / 2014**
Transaction ID : 60876199
 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 66 OF 121
	<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. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876200
 Amount of Each Receipt this Period
83.33

B. Mr. John Robert 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 **583.31**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876201
 Amount of Each Receipt this Period
83.33

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 **833.30**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876202
 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 121
	<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. Carol Sadie Shapiro MD
 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 ▼ 683.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876203
 Amount of Each Receipt this Period 83.33

B. 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 ▼ 583.35

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876204
 Amount of Each Receipt this Period 83.33

C. Louis James Kraus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Skokie Blvd STE230
 City Northbrook State IL Zip Code 60062-4040
 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 ▼ 666.64

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876205
 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 68 OF 121
	<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 **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876206
 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 **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876207
 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 **1166.62**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876208
 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 69 OF 121
	<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. Sherman C Yu MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876209
Mailing Address 1200 Binz St Ste 950		Amount of Each Receipt this Period 83.33
City Houston	State TX	
Zip Code 77004-6943		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. Donald D Timmerman MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876210
Mailing Address 1817 Main St		Amount of Each Receipt this Period 83.33
City Glastonbury	State CT	
Zip Code 06033-2943		Aggregate Year-to-Date ▼ 583.35
FEC ID number of contributing federal political committee. C		
Name of Employer CT VALLEY HOSP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jerry D Mclaughlin MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876211
Mailing Address 5419 N Lovington Hwy Ste 25		Amount of Each Receipt this Period 83.33
City Hobbs	State NM	
Zip Code 88240-9135		Aggregate Year-to-Date ▼ 683.31
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) ▼		

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 70 OF 121
	<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. 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 / 2014**
Transaction ID : 60876212
 Amount of Each Receipt this Period **83.33**

B. David Andrew Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 School St
 City Andover State MA Zip Code 01810-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MGH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876213
 Amount of Each Receipt this Period **83.33**

c. 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 **583.35**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876214
 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 71 OF 121
	<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 William Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Belle Plane Cir
 City Green Bay State WI Zip Code 54313-3211
 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 / 2014**
Transaction ID : 60876215
 Amount of Each Receipt this Period **83.33**

B. Kenneth Michael Certa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 833 Chestnut St Ste 210
 City Philadelphia State PA Zip Code 19107-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS JEFFERSON UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876217
 Amount of Each Receipt this Period **83.33**

C. John Phillip Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5004 W Grove Ln
 City Gibsonia State PA Zip Code 15044-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.68**

Date of Receipt **07 / 23 / 2014**
Transaction ID : 60876218
 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 72 OF 121
	<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. Christopher Todd Askew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2943 McKinley St, NW
 City Washington State DC Zip Code 20015-1217
 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 / 2014
Transaction ID : 60876219
 Amount of Each Receipt this Period 83.33

B. Ardis Dee Hoven MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 Sweet William Ct
 City Lexington State KY Zip Code 40502-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUEGRASS CARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876220
 Amount of Each Receipt this Period 83.33

C. Kenneth Elmassian DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr
 City East Lansing State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANSING ANESTHESIOLOGISTS PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876221
 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 73 OF 121
	<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. E Scott Ferguson MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876222
Mailing Address 200 S Rhodes St Ste B		Amount of Each Receipt this Period 83.33
City West Memphis	State Zip Code AR 72301-4213	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 583.31
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. Neil Emerson Winston MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876223
Mailing Address 1476 S Prairie Ave Unit C		Amount of Each Receipt this Period 83.33
City Chicago	State Zip Code IL 60605-3343	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 583.31
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. Bruce Alan Mac Leod MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876224
Mailing Address 1515 Mohican Dr		Amount of Each Receipt this Period 83.33
City Pittsburgh	State Zip Code PA 15228-1615	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 583.31
Name of Employer ASPN	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 74 OF 121
	<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. Peter Augusto Bernardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3356 Homestead Rd S
 City Salem State OR Zip Code 97302-9752
 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 ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876225
 Amount of Each Receipt this Period 83.33

B. Ahmed Bajandas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 489
 City Humacao State PR Zip Code 00792-0489
 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 / 2014
Transaction ID : 60876226
 Amount of Each Receipt this Period 83.33

C. James David Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1574 Sodon Lake Dr
 City Bloomfield State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Health System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876227
 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 76 OF 121
	<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 Berkowitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 22 Malke Dr

City Ocean State NJ Zip Code 07712-3371

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

Name of Employer SEAVIEW ORTHOPAEDIC & MEDICAL ASSOC 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 / 2014

Transaction ID : 60876231

Amount of Each Receipt this Period
83.33

B. Mrs. Destiny K Lucas
Full Name (Last, First, Middle Initial)

Mailing Address 8701 New Trails Dr. Ste 150

City Spring State TX Zip Code 77381-4546

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 ▼ **583.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 60876232

Amount of Each Receipt this Period
83.33

C. Alexis Marie Smith DO
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Centre Ave Apt 1910

City Pittsburgh State PA Zip Code 15219-3527

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

Name of Employer SELF-EMPLOYED Occupation Resident 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 / 2014

Transaction ID : 60876233

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 77 OF 121
	<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. Nicholas V Polifroni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Cross St
 Ste 300
 City Norwalk State CT Zip Code 06851-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL ORTHOPAEDICS 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 / 2014
Transaction ID : 60876234
 Amount of Each Receipt this Period
 83.33

B. Mr. Matthew Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 386 Pforzheimer Mail Center
 56 Linnaean Street
 City Cambridge State MA Zip Code 02138-1527
 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876235
 Amount of Each Receipt this Period
 41.66

C. Ms. Taylor Tonia Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 S Castle St
 City Baltimore State MD Zip Code 21231-1917
 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 60876236
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.65
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 121
	<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. Grayson Wilkes Armstrong		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876237
Mailing Address 15 Pratt St Apt 3		Amount of Each Receipt this Period 41.66
City Providence	State RI	
	Zip Code 02906-1469	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) B. Alyn L Adrain MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876239
Mailing Address 44 W River St		Amount of Each Receipt this Period 83.33
City Providence	State RI	
	Zip Code 02904-2609	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 683.31	

Full Name (Last, First, Middle Initial) C. Jeffrey Paul Katz MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 60876240
Mailing Address 6528 Ocean Shore Ln		Amount of Each Receipt this Period 83.33
City Columbia	State MD	
	Zip Code 21044-6070	
FEC ID number of contributing federal political committee. C		
Name of Employer PHYSICIAN'S HOUSE CALLS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	

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 79 OF 121
	<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. Rattapol Srisinroongruang MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 2728 McKinnon St Apt 1821		Transaction ID : 60876241
City Dallas	State TX	Zip Code 75201-1649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer AEMA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	

Full Name (Last, First, Middle Initial) B. John Alexander Zagat MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 1215 Locust St Apt 4		Transaction ID : 60876242
City Philadelphia	State PA	Zip Code 19107-5680
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 ▼ 583.35	

Full Name (Last, First, Middle Initial) C. Mrs. Kimberly Moser		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 3216 High Ridge Drive		Transaction ID : 60876243
City Taylor Mill	State KY	Zip Code 41015-4411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer N/A	Occupation Physician Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	

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

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

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

FOR LINE NUMBER: PAGE 80 OF 121
(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. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876244
 Amount of Each Receipt this Period 83.33

B. Deepak Azad MD MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City Floyds Knobs State IN Zip Code 47119-9761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 683.35

Date of Receipt 07 / 23 / 2014
Transaction ID : 60876245
 Amount of Each Receipt this Period 83.33

C. Mr. Daniel O'Brien
 Full Name (Last, First, Middle Initial)
 Mailing Address 8625 Sandstone Ct
 City Granite Bay State CA Zip Code 95746-9517
 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 / 2014
Transaction ID : 60876246
 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 81 OF 121
	<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. Richard John Depersio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7557 Dannaer Way
 Ste 220
 City Powell State TN Zip Code 37849-3563
 Name of Employer GREATER KNOXVILLE EAR NOSE & THROAT
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2014
 Transaction ID : 60876247
 Amount of Each Receipt this Period 83.33

B. Tina Rashmi Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 S Maryland Ave
 Ste MC7082
 City Chicago State IL Zip Code 60637-1465
 Name of Employer N/A
 Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2014
 Transaction ID : 60876248
 Amount of Each Receipt this Period 41.66

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

Date of Receipt 07 / 24 / 2014
 Transaction ID : 61006444
 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 82 OF 121
	<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. Mark Stephen Seigel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8406 Lynbrook Dr
 City Bethesda State MD Zip Code 20814-4727
 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 / 24 / 2014**
Transaction ID : 61006448
 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
 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 / 24 / 2014**
Transaction ID : 61006465
 Amount of Each Receipt this Period **166.70**

C. Mr. Dean Armandroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 Gunston Rd.
 City Alexandria State VA Zip Code 22302-2007
 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 / 24 / 2014**
Transaction ID : 61013928
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional).....	333.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 121
	<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. 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 ▼ 1458.31

Date of Receipt 07 / 25 / 2014
Transaction ID : 61014252
 Amount of Each Receipt this Period 208.33

B. William Lee Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 S Cottonwood St Ste 750
 City Salt Lake Cty 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 07 / 25 / 2014
Transaction ID : 61014253
 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 ▼ 1458.31

Date of Receipt 07 / 25 / 2014
Transaction ID : 61014254
 Amount of Each Receipt this Period 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Mr. Kenneth D. Lancin		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014255
Mailing Address 610 East Palisade Avenue		Amount of Each Receipt this Period 208.33
City Englewood Cliffs	State NJ	
Zip Code 07632-1801		Aggregate Year-to-Date ▼ 1458.31
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Management Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Lisa Bohman Egbert MD		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014256
Mailing Address 5335 Far Hills Ave Ste 112		Amount of Each Receipt this Period 208.33
City Dayton	State OH	
Zip Code 45429-2317		Aggregate Year-to-Date ▼ 1458.31
FEC ID number of contributing federal political committee. C		
Name of Employer PARAGON WOMEN'S CARE	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Michael E Migliori MD		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014257
Mailing Address 120 Dudley St Ste 301		Amount of Each Receipt this Period 208.33
City Providence	State RI	
Zip Code 02905-2429		Aggregate Year-to-Date ▼ 1458.31
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) ▼

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 85 OF 121
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014258
 Amount of Each Receipt this Period
 208.33

B. 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 ▼
 1458.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014259
 Amount of Each Receipt this Period
 208.33

C. William Eric Kobler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6729 Millbrook Dr
 City State Zip Code
 Rockford IL 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSF MEDICAL GROUP 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 / 2014
Transaction ID : 61014260
 Amount of Each Receipt this Period
 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 121
	<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. Thomas James Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ohio St
 Ste C
 City State Zip Code
 Medina NY 14103-1191
 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 ▼
 1458.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014261
 Amount of Each Receipt this Period
 208.33

B. Robert Puchalski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 520
 City State Zip Code
 Lugoff SC 29078-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOUTH CAROLINA ENT Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2916.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014262
 Amount of Each Receipt this Period
 416.66

C. Seth Yawki Flagg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9129 Bradford Rd
 City State Zip Code
 Silver Spring MD 20901-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US NAVY 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 / 2014
Transaction ID : 61014263
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	833.32
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 87 OF 121
(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. Russell Clark Libby MD FAAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Hamaker Ct Ste 200
 City State Zip Code
 Fairfax VA 22031-2220
 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 ▼
 1458.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014264
 Amount of Each Receipt this Period
 208.33

B. Maryanne C Bombaugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Clowes Dr
 City State Zip Code
 Falmouth MA 02540-2333
 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 ▼
 1458.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014265
 Amount of Each Receipt this Period
 208.33

C. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City State Zip Code
 Nashville TN 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VANDERBILT UNIVERSITY 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 / 2014
Transaction ID : 61014266
 Amount of Each Receipt this Period
 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 121
	<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. Luis S Alonzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Grant Ave
 Iroquois Center for Human Dev
 City Greensburg State KS Zip Code 67054-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HORIZONS MENTAL HEALTH CENTER 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 / 2014
Transaction ID : 61014267
 Amount of Each Receipt this Period
208.33

B. Sara S Woodward Dyrstad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Cedar St
 City Minocqua State WI Zip Code 54548-9281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARNES JEWISH HOSPITAL 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 / 2014
Transaction ID : 61014268
 Amount of Each Receipt this Period
208.33

c. Dana M Block-Abraham DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9704 Brevard St
 City Laurel State MD Zip Code 20723-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF MARYLAND MEDICAL CTR Occupation OB/GYN Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **729.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014269
 Amount of Each Receipt this Period
104.16

SUBTOTAL of Receipts This Page (optional).....	520.82
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 89 OF 121
	<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. Dev Appannagari Gnanadev MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 670
 City Redlands State CA Zip Code 92373-0221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARROWHEAD COMMUNITY SURGICAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014270
 Amount of Each Receipt this Period
 208.33

B. Joseph T Inglefield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 18th Street Cir SE
 City Hickory State NC Zip Code 28602-1361
 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 ▼ 1458.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014271
 Amount of Each Receipt this Period
 208.33

C. John Pasteur Hamide MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Carthage St
 City Metairie State LA Zip Code 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014272
 Amount of Each Receipt this Period
 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 121
	<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. Mrs. Julie Lynn Whitis		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014273
Mailing Address PO Box 340903		Amount of Each Receipt this Period 104.16
City Dayton	State OH	Zip Code 45434-0903
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 729.12	

Full Name (Last, First, Middle Initial) B. Marvin H Rorick MD		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014274
Mailing Address 111 Wellington Pl		Amount of Each Receipt this Period 208.33
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: <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) C. Jan Marie Kief MD		Date of Receipt 07 / 25 / 2014 Transaction ID : 61014275
Mailing Address 9501 Sand Hill Ct		Amount of Each Receipt this Period 208.33
City Highlands Ranch	State CO	Zip Code 80126-5266
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

SUBTOTAL of Receipts This Page (optional).....▶	520.82
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 91 OF 121
	<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. Alethia Ellen Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17540
 Risk Management
 City Denver State CO Zip Code 80217-0540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1458.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014276
 Amount of Each Receipt this Period
208.33

B. Michael Arthur Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 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 **1458.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61014277
 Amount of Each Receipt this Period
208.33

C. Christopher Lance Sudduth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 S 14th St
 City Broken Arrow State OK Zip Code 74012-7264
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 61016169
 Amount of Each Receipt this Period
41.66

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: (check only one)	PAGE 92 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Bradley G Butler MD
Full Name (Last, First, Middle Initial)

Mailing Address 489 Turtle Creek Dr

City Longview State TX Zip Code 75605-7746

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

Name of Employer ANESTHESIA CONSULTANTS OF LONGVIEW Occupation Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 28 / 2014
Transaction ID : 61016170

Amount of Each Receipt this Period 41.66

B. Justin Miles Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 602 13th St Unit A

City Lubbock State TX Zip Code 79401-4202

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 ▼ 750.00

Date of Receipt 07 / 25 / 2014
Transaction ID : 61016192

Amount of Each Receipt this Period 750.00

C. Elaine Mowinski Barron MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13037

City El Paso State TX Zip Code 79913-3037

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 / 25 / 2014
Transaction ID : 61016422

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1291.66

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 93 OF 121
	<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. George Eric Lewinnek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Trillium Ct
 City Lunenburg State MA Zip Code 01462-4400
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61016441
 Amount of Each Receipt this Period
250.00

B. Steven Strinden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 8th Ave S
 City Fargo State ND Zip Code 58103-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INNOVIS HEALTH LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61017274
 Amount of Each Receipt this Period
100.00

C. Gaylord Kavlie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 Portage Dr
 City Bismarck State ND Zip Code 58503-0266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRIMECARE HEALTH GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 61017279
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 121
	<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. Michelle A Berger MD

Mailing Address 4100 Duval Rd
Ste 4-205

City Austin State TX Zip Code 78759-4278

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
07 / 28 / 2014
Transaction ID : 61019083

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Elaine Mowinski Barron MD

Mailing Address PO Box 13037

City El Paso State TX Zip Code 79913-3037

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 ▼
600.00

Date of Receipt
07 / 25 / 2014
Transaction ID : 61031230

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. William Clayton Stafford MD

Mailing Address 110 Metker Trl
Stanford Immediate Care

City Stanford State KY Zip Code 40484-1020

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 ▼
210.88

Date of Receipt
07 / 31 / 2014
Transaction ID : 61047162

Amount of Each Receipt this Period
26.36

SUBTOTAL of Receipts This Page (optional).....▶	168.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rafael Jacinto Nobo MD

Mailing Address 222 W Main St Ste B

City Bartow State FL Zip Code 33830-4511

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : 61210647

Amount of Each Receipt this Period
 0.00

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

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	24550.23

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

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

FOR LINE NUMBER: PAGE 96 OF 121
(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 ▼
 71.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 61047373
 Amount of Each Receipt this Period
 9.01
 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).....▶	9.01
TOTAL This Period (last page this line number only).....▶	9.01

**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 97 OF 121
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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. Larson For Congress		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : 60870713
Mailing Address PO Box 261172		Amount of Each Receipt this Period 1000.00
City Hartford	State CT	Zip Code 06126
FEC ID number of contributing federal political committee. C C00330142		2014 Primary-Refund
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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 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

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 61047372

Amount of Each Disbursement this Period

712.91

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

M M M	/	D 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

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D 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)..... ▶

712.91

712.91

**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 Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. John C. Carney Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601327

Amount of Each Disbursement this Period

3000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 General

011

Candidate Name

Steven Daines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601423

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Zinke For Congress

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 General

011

Candidate Name

Ryan Zinke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601429

Amount of Each Disbursement this Period

5000.00

2014 General

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

13000.00

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. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
2014 General

011

Candidate Name

Ms. Yvette Clarke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601430

Amount of Each Disbursement this Period

2000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address PO Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement
2014 General

011

Candidate Name

Ms. Alma Adams

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601432

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601433

Amount of Each Disbursement this Period

3000.00

2014 General

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

10000.00

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. Jenkins For Congress

Mailing Address PO Box 727

City: Huntington State: WV Zip Code: 25711

Purpose of Disbursement
2014 General

011

Candidate Name

Mr. Evan Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : 60601434

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Friends Of Rich Nugent

Mailing Address PO Box 15668

City: Brooksville State: FL Zip Code: 34604

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Richard B. Nugent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 60607514

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City: Hartford State: CT Zip Code: 06126

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. John B. Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 60607515

Amount of Each Disbursement this Period

1000.00

2014 Primary

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

7000.00

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. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : 60607516

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

2014 General

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement
2014 General

011

Candidate Name

Sen. John Cornyn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	4

Transaction ID : 60756855

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

2014 General

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	4

Transaction ID : 60756999

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

2014 Primary

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	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. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
2014 General

011

Candidate Name
Brian Babin

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : 60757085

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2014 Primary

011

Candidate Name
Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 60760049

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 60760051

Amount of Each Disbursement this Period

2500.00

2014 Contribution

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

8500.00

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. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Jeff B. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60766653

Amount of Each Disbursement this Period

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

2014 Primary

Full Name (Last, First, Middle Initial)

B. Ted Yoho For Congress

Mailing Address 5745 Sw 75th Street, #283

City Gainesville State FL Zip Code 32608

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mr. Theodore Yoho

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60766656

Amount of Each Disbursement this Period

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

2014 Primary

Full Name (Last, First, Middle Initial)

C. Crenshaw For Congress Campaign

Mailing Address 7235 Bonneval Road
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Ander Crenshaw

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60766824

Amount of Each Disbursement this Period

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

2014 Primary

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

7	0	0	0	0	0
---	---	---	---	---	---

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

7	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. Friends Of Corrine Brown

Mailing Address PO Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Corrine Brown

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60767228

Amount of Each Disbursement this Period

2014 Primary

Full Name (Last, First, Middle Initial)

B. Ron Desantis For Congress

Mailing Address PO Box 405

City Pointe Vedra State FL Zip Code 32004

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Mr. Ronald Desantis

Office Sought: House
 Senate
 President
State: FL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60767233

Amount of Each Disbursement this Period

2014 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
2014 Primary

011
Category/
Type

Candidate Name

Rep. Richard B. Nugent

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60767240

Amount of Each Disbursement this Period

2014 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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
2014 Primary

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60767241

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2014 Primary

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ms. Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60767244

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2014 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Dennis Ross

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Dennis A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 60767252

Amount of Each Disbursement this Period

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

2014 Primary

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

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	3	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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Vern Buchanan

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60767253

Amount of Each Disbursement this Period

4000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Tom Rooney For Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Thomas J. Rooney

Office Sought: House
 Senate
 President
State: FL District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60767254

Amount of Each Disbursement this Period

1500.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Curt Clawson- The Outsider For Congress Committee

Mailing Address 8951 Bonita Beach Rd Ste 525-V2014

City Bonita Springs State FL Zip Code 34135

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Curtis Clawson

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60767257

Amount of Each Disbursement this Period

5000.00

2014 Primary

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

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

10500.00

**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. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street
420

City Miami State FL Zip Code 33173

Purpose of Disbursement
2014 Primary

Candidate Name
Rep. Mario Diaz-Balart

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 60767312

Amount of Each Disbursement this Period

2500.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8770 Sunset Drive #355

City Miami State FL Zip Code 33173

Purpose of Disbursement
2014 Primary

Candidate Name
Carlos Curbelo

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 60767315

Amount of Each Disbursement this Period

5000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
2014 Primary

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 60767317

Amount of Each Disbursement this Period

2500.00

2014 Primary

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

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

10000.00

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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. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Austin Scott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60767318

Amount of Each Disbursement this Period

3000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60767319

Amount of Each Disbursement this Period

3000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement
Void - 6/20/2014 chk.

011

Candidate Name

Ms. Mia Love

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 60768668

Amount of Each Disbursement this Period

-5000.00

Void - 6/20/2014 chk.

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

1000.00

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. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Timothy J. Walz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 60852415

Amount of Each Disbursement this Period

5000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Kline For Congress

Mailing Address 350 W Burnsville Pkwy
Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. John P. Kline

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 60852416

Amount of Each Disbursement this Period

2000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 60852417

Amount of Each Disbursement this Period

4000.00

2014 Primary

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

11000.00

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. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
07 / 21 / 2014

Transaction ID : 60852418

Amount of Each Disbursement this Period

5000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Ellison For Congress

Mailing Address PO Box 6072

City State Zip Code
Minneapolis MN 55406

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Keith Ellison

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
07 / 21 / 2014

Transaction ID : 60852419

Amount of Each Disbursement this Period

4000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Emmer For Congress

Mailing Address PO Box 998

City State Zip Code
Anoka MN 55303

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Thomas Emmer Jr

Office Sought: House
 Senate
 President
State: MN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
07 / 21 / 2014

Transaction ID : 60852421

Amount of Each Disbursement this Period

5000.00

2014 Primary

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

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

14000.00

**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. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56502

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Rep. Collin C. Peterson

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : 60852422

Amount of Each Disbursement this Period

5000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Nolan For Congress Volunteer Committee

Mailing Address PO Box 1041

City State Zip Code
Brainerd MN 56401

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Mr. Richard Nolan

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : 60852423

Amount of Each Disbursement this Period

2000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name

Rep. Earl Blumenauer

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : 60855520

Amount of Each Disbursement this Period

4000.00

2014 General

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

11000.00

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. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Rep. Greg P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

Transaction ID : 61015995

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

Transaction ID : 61016605

Amount of Each Disbursement this Period

1000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rep. Paul A. Gosar

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 61037245

Amount of Each Disbursement this Period

2000.00

2014 Primary

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

8000.00

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. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 61037251

Amount of Each Disbursement this Period

5000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Pingree For Congress

Mailing Address PO Box 17613

City State Zip Code
Portland ME 04112

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Chellie M. Pingree

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 61037253

Amount of Each Disbursement this Period

3000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City State Zip Code
Albany NY 12206

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 61037254

Amount of Each Disbursement this Period

3000.00

2014 General

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

11000.00

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. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
2014 General

011

Candidate Name

Mr. Richard Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : 61037255

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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2014 General

Full Name (Last, First, Middle Initial)

B. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 Primary

011

Candidate Name

Sen. Jack Francis Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : 61037256

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2014 Primary

Full Name (Last, First, Middle Initial)

C. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. David N. Cicilline

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : 61037257

Amount of Each Disbursement this Period

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

2014 Primary

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

9	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	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. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Jim R. Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037258

Amount of Each Disbursement this Period

3000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Rob Bishop For Congress

Mailing Address PO Box 1776

City Brigham City State UT Zip Code 84302

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Rob Bishop

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 01

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037259

Amount of Each Disbursement this Period

2000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
2014 General

011

Candidate Name

Chris Stewart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037260

Amount of Each Disbursement this Period

1500.00

2014 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. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Jason E. Chaffetz

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037261

Amount of Each Disbursement this Period

3000.00

2014 General

Full Name (Last, First, Middle Initial)

B. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement
2014 General

011

Candidate Name

Ms. Mia Love

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037262

Amount of Each Disbursement this Period

5000.00

2014 General

Full Name (Last, First, Middle Initial)

C. Friends For Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
2014 General

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 61037263

Amount of Each Disbursement this Period

2500.00

2014 General

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

10500.00

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. Leibham For Congress

Mailing Address PO Box 941

City Sheboygan State WI Zip Code 53082

Purpose of Disbursement
2014 Primary

Candidate Name

Joe Leibham

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 61037265

Amount of Each Disbursement this Period

5000.00

2014 Primary

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

195500.00
