

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American Medical Group Association PAC

ADDRESS (number and street)

3901 Hoyt Avenue

☐Check if different
than previously
reported. (ACC)

Everett

WA

98290

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408120

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2011

through

03

31

2011

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

Type or Print Name of Treasurer

MARK E. MANTEI

Signature of Treasurer

Electronically Filed by MARK E. MANTEI

Date

04

20

2011

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	63587.78
(b) Cash on Hand at Beginning of Reporting Period	65426.23	
(c) Total Receipts (from Line 19)	15425.00	17425.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80851.23	81012.78
7. Total Disbursements (from Line 31)	5292.97	5454.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75558.26	75558.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 1

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)	14250.00	16250.00
(ii) Unitemized	1175.00	1175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15425.00	17425.00
(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)	15425.00	17425.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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 Transfer (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))	15425.00	17425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15425.00	17425.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	292.97	454.52	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	5292.97	5454.52	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5292.97	5454.52	

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)	15425.00	17425.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15425.00	17425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

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

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

NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

C. Edward Brown

Mailing Address 805 59th Street

City

West Des Moines

State

IA

Zip Code

50266-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Iowa Clinic, P. C.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A289FEC2C4C1E4D73B2D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tom Roberts

Mailing Address 204 Beverly

City

Missoula

State

MT

Zip Code

59801-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Montana Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A1CB6DD6FBB404B13B0C

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HAROLD DASH

Mailing Address 1928 151st ST SE

City

Mill Creek

State

WA

Zip Code

98012-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Everett Clinic

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AC3999ACC699C4511B28

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

Sally Petito

Mailing Address 749 Fairfield Lake Drive

City

Chesterfield

State

MO

Zip Code

63017-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy ClinicsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A6650F73925014AE0A66

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JEFF JAMES

Mailing Address 1528 Island Marina Dr

City

Carolina Beach

State

NC

Zip Code

28428-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmington Health

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A5C58FE9C6759485DB99

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Fred Ford

Mailing Address 14528 South Outter 40, Suite 200

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy ClinicsOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AF1D966A12C8D4EBEB88

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

John Hubert

Mailing Address 430 W Swon Avenue

City

Saint Louis

State

MO

Zip Code

63119-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Clinic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ADCEA53DB2B274D81A00

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ALAN SCHILMOELLER

Mailing Address 2725 Mayowood Ln SW

City

Rochester

State

MN

Zip Code

55902-1097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A5088DEA981C44DD7A35

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

AUDREY NELSON

Mailing Address 2105 Valkyrie DR NW

City

Rochester

State

MN

Zip Code

55901-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AA804D85015B844D79F5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT NESSE

Mailing Address 1062 23rd Ave SW

City

Rochester

State

MN

Zip Code

55902-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A0419CA7981C346D3B90

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DONALD W. FISHER

Mailing Address 3814 Ivanhoe Lane

City

Alexandria

State

VA

Zip Code

22310-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AEFECACC193C49C083F

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Theodore Fronczak, III

Mailing Address 1235 E Cherokee St
FMB STE#200

City

Springfield

State

MO

Zip Code

65804-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy ClinicOccupation
Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A24E0CDB92C864603B70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

David Barbe

Mailing Address 120 W. 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Johns ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A98EDDA626C804C9CA3A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MATT KEEP

Mailing Address 11111 Maple Park Drive

City

Fort Smith

State

AR

Zip Code

72916-9243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Clinic

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A80E6AC87738343E8B54

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD JOHNSTON

Mailing Address 6750 N MacArthur

City

Irving

State

TX

Zip Code

75039-2875

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCNT

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB1E821D90498424BB0C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

CHET SPEED

Mailing Address 6004 Cobalt Road

City

Bethesda

State

MD

Zip Code

20816-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Group As-
sociation

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A8331E7EA72914C078CA

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Margaret Horrell

Mailing Address 1424 Buckhurst Ct

City

Ballwin

State

MO

Zip Code

63021-8350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Clinic

Occupation

Director - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A5983A98E63F34527954

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Donn Sorensen

Mailing Address 4299 E. Cross Timbers

City

Springfield

State

MO

Zip Code

65809-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Clinics

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A28C3F8947A69407DA76

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

ABE LEVY

Mailing Address 15 Sarles Road

City

Pound Ridge

State

NY

Zip Code

10576-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Kisco Medical Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A732C85FCC38041798A5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL BUKOSKY

Mailing Address 5302 Summerwood drive

City

Temple

State

TX

Zip Code

76502-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carle Clinic Association

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AB4A20FC719FC43A0ABA

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

ALBERT W. FISK

Mailing Address 10027 Marine View Drive

City

Mukilteo

State

WA

Zip Code

98275-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Everett Clinic

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A4C12365D5A814CF98C4

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

14250.00

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)

PAGE 13 / 14

<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 Group Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Nan Hayworth

Mailing Address PO Box 189

City
Mt Kisco

State
NY

Zip Code
10549

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF73C05CB65264769B74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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)

PAGE 14 / 14

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address PO Box 1206

City
Brea

State
CA

Zip Code
92822-8713

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B704B72F18B124E0CAE7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.97

SUBTOTAL of Disbursements This Page (optional)

131.97

TOTAL This Period (last page this line number only)

131.97