

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Kevin Walker [Electronically Filed] Date / /

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

**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="2013"/>		300481.34
(b) Cash on Hand at Beginning of Reporting Period.....	713227.86	
(c) Total Receipts (from Line 19)	81313.58	616805.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	794541.44	917286.97
7. Total Disbursements (from Line 31).....	4103.92	126849.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	790437.52	790437.52
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

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).....	39390.07	283599.96
(ii) Unitemized	41918.76	332690.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81308.83	616290.36
(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)	81308.83	616290.36
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.75	15.27
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))..... ▶	81313.58	616805.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81313.58	616805.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	903.92	6466.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	903.92	6466.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3200.00	118200.00
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	0.00	2183.33
(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	2183.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4103.92	126849.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4103.92	126849.45

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)	81308.83	616290.36
34. Total Contribution Refunds (from Line 28(d))	0.00	2183.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81308.83	614107.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	903.92	6466.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	903.92	6466.12

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

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

FOR LINE NUMBER: PAGE 6 OF 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Ronald Hayden Kirkland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 W Forest Ave
 City Jackson State TN Zip Code 38301-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON CLINIC Occupation 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
 05 / 03 / 2013
Transaction ID : 51038943
 Amount of Each Receipt this Period
 500.00

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 ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 51046344
 Amount of Each Receipt this Period
 333.36

c. Dawn Carlisle Buckingham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5011 Burnet Rd
 City Austin State TX Zip Code 78756-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALBANY EYE PHYS AND SURG Occupation 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
 05 / 03 / 2013
Transaction ID : 51046349
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.36
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 7 OF 98
	<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. Daniel Dat Bui
Full Name (Last, First, Middle Initial)
Mailing Address 8435 Highgate Dr
City Jacksonville State FL Zip Code 32216-1481
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2013
Transaction ID : 51046350
Amount of Each Receipt this Period 250.00

B. Howard David Clark MD
Full Name (Last, First, Middle Initial)
Mailing Address 798 E Fourth Ave Apt 1
City Morton State MS Zip Code 39117-3724
FEC ID number of contributing federal political committee. **C**
Name of Employer RUSH MEDICAL GROUP INC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 03 / 2013
Transaction ID : 51046351
Amount of Each Receipt this Period 250.00

C. Jo Ellen Linder MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8552
City Portland State ME Zip Code 04104-8552
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 05 / 03 / 2013
Transaction ID : 51046364
Amount of Each Receipt this Period 500.00

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 8 OF 98
(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. Barbara Stark Baxter MD
 Mailing Address 6114 Sherry Ln
 City State Zip Code
 Dallas TX 75225-6301
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 51046506
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. James Lloyd Michener MD
 Mailing Address Dumc 2914
 City State Zip Code
 Durham NC 27710-0001
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 51046545
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. George Eric Lewinnek MD
 Mailing Address 6 Trillium Ct
 City State Zip Code
 Lunenburg MA 01462-4400
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 51046549
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 OF 98
	(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. John Clifford German MD
Full Name (Last, First, Middle Initial)

Mailing Address 17762 Mountain View Cir

City Villa Park	State CA	Zip Code 92861-2624
--------------------	-------------	------------------------

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

Name of Employer PEDIATRIC SURGICAL SPECIALISTS	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2013

Transaction ID : 51046575

Amount of Each Receipt this Period
500.00

B. Robert Lee Fry MD FACS
Full Name (Last, First, Middle Initial)

Mailing Address 217 Old York Rd

City Dillsburg	State PA	Zip Code 17019-9318
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2013

Transaction ID : 51046576

Amount of Each Receipt this Period
1000.00

C. Mrs. Jeannie L. Minardi
Full Name (Last, First, Middle Initial)

Mailing Address 8 Quarry Ridge Road

City Charleston	State WV	Zip Code 25304
--------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2013

Transaction ID : 51054633

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: (check only one)	PAGE 10 OF 98
	<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. Louis James Kraus MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2013 Transaction ID : 51073538
Mailing Address 910 Skokie Blvd STE230		Amount of Each Receipt this Period 83.33
City Northbrook	State IL Zip Code 60062-4040	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.99
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. Louis James Kraus MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2013 Transaction ID : 51074161
Mailing Address 910 Skokie Blvd STE230		Amount of Each Receipt this Period 83.37
City Northbrook	State IL Zip Code 60062-4040	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 333.36
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. Marc Max Dreier MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2013 Transaction ID : 51081349
Mailing Address 295 Richards Rd		Amount of Each Receipt this Period 500.00
City Ridgewood	State NJ Zip Code 07450-1009	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer VALLEY EMERGENCY ROOM ASSOCIATES F	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	666.70
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 98
	<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. James B Bushyhead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 37th Ave
 City Seattle State WA Zip Code 98122-6421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MINOR & JAMES MEDICAL PLLC 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
 05 / 08 / 2013
Transaction ID : 51081363
 Amount of Each Receipt this Period
 250.00

B. John Marcus Downs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8315 Walnut Hill Ln Ste 220
 City Dallas State TX Zip Code 75231-4254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS COLON & RECTAL SURGEONS LLP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 51081364
 Amount of Each Receipt this Period
 500.00

C. William B Lowry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 W Cannon St
 City Fort Worth State TX Zip Code 76104-3146
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 51081365
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 12 OF 98
	<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. Charles Cutler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 Powell St
 The Internal Medicine Group
 City Norristown State PA Zip Code 19401-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORNANCE PHYSICIAN SERVICES INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 51088502
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey Leonard Lovallo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7025 Benjamin St
 City McLean State VA Zip Code 22101-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANDERSON ORTHOPAEDIC CLINIC Occupation 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
 05 / 09 / 2013
Transaction ID : 51088506
 Amount of Each Receipt this Period
 500.00

C. Lee Saml Perrin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Powdermill Ln
 City Southborough State MA Zip Code 01772-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARITAS ANESTHESIA PHYSICIAN PC Occupation 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
 05 / 15 / 2013
Transaction ID : 51227865
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 13 OF 98
	<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. James David Grant MD		Date of Receipt
Mailing Address 1574 Sodon Lake Dr		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield	MI	48302-2362
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51355845
Name of Employer	Occupation	Amount of Each Receipt this Period
Beaumont Health System	Physician	<input type="text" value="416.69"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.69"/>	

Full Name (Last, First, Middle Initial) B. Alan Randall Gwertzman MD		Date of Receipt
Mailing Address 718 Teaneck Rd Anesth Dept		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Teaneck	NJ	07666-4245
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51355846
Name of Employer	Occupation	Amount of Each Receipt this Period
BERGEN ANESTHESIA ASSOCIATES	Physician	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. Kay Farriester Karasek MD		Date of Receipt
Mailing Address 2310 Bent Tree Ct		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saint Joseph	MO	64506-2400
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51355850
Name of Employer	Occupation	Amount of Each Receipt this Period
HEARTLAND REGIONAL MEDICAL CENTER	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3916.69"/>
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 14 OF 98
	<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. Matthew Katz
Full Name (Last, First, Middle Initial)

Mailing Address 14 Fox Den Way

City Woodbridge State CT Zip Code 06525-1900

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

Name of Employer: CONNECTICUT STATE MEDICAL SOCIETY
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2013
Transaction ID : 51355851

Amount of Each Receipt this Period
500.00

B. Jaideep Hemu Mehta MD
Full Name (Last, First, Middle Initial)

Mailing Address 6431 Fannin St
Msb 5200

City Houston State TX Zip Code 77030-1501

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

Name of Employer: Univ. of TX - Houston
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2013
Transaction ID : 51355857

Amount of Each Receipt this Period
500.00

c. Rattapol Srisinroongruang MD
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Main St
Apt 810

City Dallas State TX Zip Code 75201-5233

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

Name of Employer: AEMA
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2013
Transaction ID : 51355864

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 15 OF 98
	<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. Gustav Crede Wilde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Medical Park Dr
 Ste 104
 City Franklin State NC Zip Code 28734-2653
 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
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013
Transaction ID : 51407183
 Amount of Each Receipt this Period
500.00

B. Graciela M Leija MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2831 Sweet St
 City Brownsville State TX Zip Code 78521-2855
 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
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013
Transaction ID : 51407190
 Amount of Each Receipt this Period
500.00

C. Mr. Clark Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 Roelofs Rd.
 City Yardley State PA Zip Code 19067-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL SOCIETY OF NEW JERSEY Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013
Transaction ID : 51407230
 Amount of Each Receipt this Period
1250.00

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: (check only one)	PAGE 17 OF 98
	<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. Nora D Jose MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 Springfield Dr
 City Mason Neck State VA Zip Code 22079-3912
 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 **400.00**

Date of Receipt **05 / 17 / 2013**
Transaction ID : 51407559
 Amount of Each Receipt this Period **100.00**

B. 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 **208.30**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 51416092
 Amount of Each Receipt this Period **41.66**

C. Niranjn 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 **208.30**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 51416095
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **183.32**
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 18 OF 98
	<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. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416096
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416097
 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 ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416098
 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 98
	<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 1231 Granville Rd
 City Newark State OH Zip Code 43055-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHIO STATE SPINE CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416099
 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
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416100
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROU Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416101
 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 98
	<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 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416102
 Amount of Each Receipt this Period
 41.66

B. Michelle A Berger MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416103
 Amount of Each Receipt this Period
 41.66

c. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416104
 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 98
	<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 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 ▼ 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416105

Amount of Each Receipt this Period 41.66

B. Gary Lewis Woods MD
Full Name (Last, First, Middle Initial)

Mailing Address 264 Pleasant St

City Concord State NH Zip Code 03301-2551

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

Name of Employer CONCORD ORTHOPAEDICS PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416106

Amount of Each Receipt this Period 41.66

C. Thomas Neil Rooke MD
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Parkview Dr

City Springfield State IL Zip Code 62704-2153

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

Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.04

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416107

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 22 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hector R Trevino-Guerra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2176 E Garrison St
 Ste C
 City Eagle Pass State TX Zip Code 78852-5072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416108
 Amount of Each Receipt this Period
 41.66

B. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 President Ave
 Ste 2002
 City Fall River State MA Zip Code 02720-5923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRUESDALE OBGYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416109
 Amount of Each Receipt this Period
 41.66

c. Christopher James Conlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DRA FLINT PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416110
 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 98
	<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 Lawrence Blandford MD		Date of Receipt
Mailing Address 1937 Old Main St Ste 1		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Maysville	KY	41056-8926
FEC ID number of contributing federal political committee.		Transaction ID : 51416111
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
KENTUCKY EYE INSTITUTE	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Albert Kazmierowski MD		Date of Receipt
Mailing Address 2415 NE 134th St Ste 301		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Vancouver	WA	98686-3029
FEC ID number of contributing federal political committee.		Transaction ID : 51416112
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
ALLERGY ASTHMA & DERMATOLOGY ASSOC PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James D Palmer MD		Date of Receipt
Mailing Address 200 Jose Figueres Ave Ste 415		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Jose	CA	95116-1596
FEC ID number of contributing federal political committee.		Transaction ID : 51416113
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
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="208.30"/>	
<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 24 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brian Andrew Mc Donald MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Gloria Ln

City Schenectady State NY Zip Code 12309-1158

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

Name of Employer SPPCA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416116

Amount of Each Receipt this Period
 41.66

B. Charles F Pattavina MD
Full Name (Last, First, Middle Initial)

Mailing Address 360 Broadway
St Joseph Hospital

City Bangor State ME Zip Code 04401-3979

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

Name of Employer ST. JOSEPH HEALTH CARE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416117

Amount of Each Receipt this Period
 41.66

C. 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 NORTHBREACH HEALTHCARE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416119

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 25 OF 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Thos Hay MD			Date of Receipt
Mailing Address 14202 Recuerdo Dr			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51416120
Del Mar	CA	92014-2956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer NORTH COAST FAMILY MEDICAL GROUP		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="208.30"/>	

Full Name (Last, First, Middle Initial) B. Craig Alvin Backs MD			Date of Receipt
Mailing Address 1776 Chatham Rd			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51416121
Springfield	IL	62704-3202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer ST JOHNS HOSPITAL		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="208.30"/>	

Full Name (Last, First, Middle Initial) C. Timothy Michael Beittel MD			Date of Receipt
Mailing Address 612 Cody Dr			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51416122
Thomasville	NC	27360-9674	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer ACT MEDICAL GROUP PA		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.04"/>	

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 26 OF 98
(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. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416124
 Amount of Each Receipt this Period
 41.66

B. Kevin Christopher Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Deer Grove Ct
 City Elizabethtown State KY Zip Code 42701-6986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ARMY Occupation Neuroradiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416126
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416127
 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 98
	<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. Lance Allen Talmage MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2013 Transaction ID : 51416128
Mailing Address 45 Exmoor		Amount of Each Receipt this Period 41.66
City Ottawa Hills	State OH	Zip Code 43615-2174
FEC ID number of contributing federal political committee. C		
Name of Employer PROMEDICA PHYSICIAN GROUP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.98	

Full Name (Last, First, Middle Initial) B. William Wells Simmons MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2013 Transaction ID : 51416130
Mailing Address 5204 Box Turtle Cir		Amount of Each Receipt this Period 41.66
City Sarasota	State FL	Zip Code 34232-4311
FEC ID number of contributing federal political committee. C		
Name of Employer US NAVY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.30	

Full Name (Last, First, Middle Initial) C. William T Bradley MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2013 Transaction ID : 51416131
Mailing Address 2800 E Broad St Ste 504		Amount of Each Receipt this Period 41.66
City Mansfield	State TX	Zip Code 76063-6417
FEC ID number of contributing federal political committee. C		
Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

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 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 Rutgers Rd
 City La Jolla State CA Zip Code 92037-7822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASMG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416132
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416133
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416134
 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 98
	<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. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Rose Hill Dr
 City Bluffton State SC Zip Code 29910-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET EAST COOPER SPINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416135
 Amount of Each Receipt this Period
 41.66

B. James Albert Corwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Robin Ln
 City Midland State TX Zip Code 79707-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ONCOLOGY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416136
 Amount of Each Receipt this Period
 41.66

C. Juan Francisco Fitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 90th St
 City Lubbock State TX Zip Code 79424-0814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COVENANT MEDICAL GROUP ADMINISTRAT Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416137
 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 98
	<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. Dennis Lee Galinsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 E Erie St
 Apt 1905
 City Chicago State IL Zip Code 60611-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOMC MACNEAL RADIATION THERAPY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416139
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416141
 Amount of Each Receipt this Period
 41.66

C. Elmer G Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Airport Fwy
 Ste 405
 City Bedford State TX Zip Code 76021-6607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL EDGE HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416142
 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 31 OF 98
	(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. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416143
 Amount of Each Receipt this Period
 41.66

B. Joydeep Som MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City Annapolis State MD Zip Code 21401-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416144
 Amount of Each Receipt this Period
 41.66

C. Charles Franklin Tate MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 SW 15th St
 City Boca Raton State FL Zip Code 33486-6858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RADIOLOGIST OF N FT LAUDERDALE PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416145
 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 98
	<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 Allen Dart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N Oak Ave
 Ctr For Human Genetics Marshfield
 City Marshfield State WI Zip Code 54449-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHFIELD CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013
Transaction ID : 51416146
 Amount of Each Receipt this Period
41.66

B. Harold A Woodcome MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Eddy St
 Retina Consultants
 City Providence State RI Zip Code 02903-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA CONSULTANTS, INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013
Transaction ID : 51416147
 Amount of Each Receipt this Period
41.66

C. Theodore A Calianos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Whitmar Rd
 City Cotuit State MA Zip Code 02635-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013
Transaction ID : 51416148
 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 33 OF 98
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Kalyan S Krishnan MD
Full Name (Last, First, Middle Initial)

Mailing Address 115 Woodbine Ln

City Danville State PA Zip Code 17821-9118

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

Name of Employer **GEISINGER MEDICAL CENTER** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 51416149

Amount of Each Receipt this Period
41.66

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

Mailing Address 44 Buckingham Dr

City Belle Mead State NJ Zip Code 08502-4022

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

Name of Employer **HIGHLAND PARK MEDICAL ASSOCIATES** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 51416150

Amount of Each Receipt this Period
41.66

C. Erich Bryan Groos MD
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Patterson St Ste 201

City Nashville State TN Zip Code 37203-1587

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

Name of Employer **CORNEA CONSULTANTS OF NASHVILLE PLLC** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 51416151

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 34 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ronald Michael Kline MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 Beardsley Cir
 City Henderson State NV Zip Code 89052-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: COMPREHENSIVE CANCER CTRS OF NV
 Occupation: Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 05 / 21 / 2013
Transaction ID : 51416152
 Amount of Each Receipt this Period: 41.66

B. James Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3864 S Parkview Cir
 City Salt Lake Cty State UT Zip Code 84124-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: SELF-EMPLOYED
 Occupation: Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt: 05 / 21 / 2013
Transaction ID : 51416154
 Amount of Each Receipt this Period: 41.66

C. Jose F Arrascue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 S Congress Ave Ste 103
 City Atlantis State FL Zip Code 33462-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: SOUTH PALM BEACH NEPHROLOGY PA
 Occupation: Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 05 / 21 / 2013
Transaction ID : 51416155
 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 36 OF 98
	<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. Arthur Michael Lauretano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Meeting House Rd Ste 24
 City Chelmsford State MA Zip Code 01824-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS EAR NOSE AND THROAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 51416160
 Amount of Each Receipt this Period **41.66**

B. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clarkson Ave Box 30
 City Brooklyn State NY Zip Code 11203-2056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 51416161
 Amount of Each Receipt this Period **41.66**

C. Lambert Anthony Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 SW Mulvane St Cotton Oneil Heart Ctr
 City Topeka State KS Zip Code 66606-1677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STORMONT-VAIL HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **314.41**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 51416162
 Amount of Each Receipt this Period **26.52**

SUBTOTAL of Receipts This Page (optional)..... **109.84**
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 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dinesh Kushangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15604 Shawnee Dr
 City Overland Park State KS Zip Code 66223-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC - KANSAS Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416163
 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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416164
 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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416165
 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 98
	<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. 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 ▼ 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416167
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 ▼ 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416168
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 ▼ 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416169
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 39 OF 98
	<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. Rodrigo A Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3727 N Janssen Ave
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416170
 Amount of Each Receipt this Period
 41.66

B. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 898
 City Callicoon State NY Zip Code 12723-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416171
 Amount of Each Receipt this Period
 41.66

c. Michael Jay Springer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROFESSIONAL READERS GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416172
 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 98
	<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 ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416173
 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 ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416174
 Amount of Each Receipt this Period
 41.66

c. Shari Louise Orser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5505
 Medcenter One Womens
 City State Zip Code
 Bismarck ND 58506-5505
 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 ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416176
 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 98
	<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. Cheryl Gibson Fountain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1219 Lakepointe St
 City State Zip Code
 Grosse Pointe MI 48230-1011
 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 ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416177
 Amount of Each Receipt this Period
 41.66

B. Gary David Thal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 E Chestnut St
 Apt 49A
 City State Zip Code
 Chicago IL 60611-6027
 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 ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416178
 Amount of Each Receipt this Period
 41.66

C. John Lumir Bender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4674 Snow Mesa Dr
 Ste 140
 City State Zip Code
 Fort Collins CO 80528-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MIRAMONT FAMILY MEDICINE Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416179
 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 42 OF 98
(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 ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Kevin Richard Burke MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416180
Mailing Address 1930 Bishop Ln Ste 1600		Amount of Each Receipt this Period 41.66
City Louisville	State KY	Zip Code 40218-1948
FEC ID number of contributing federal political committee. C		
Name of Employer NORTONS HEALTHCARE	Occupation Primary Care Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) B. Rita Fattouch Saikali MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416181
Mailing Address 52 Prince Of Wales Ct		Amount of Each Receipt this Period 41.66
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) C. John Gerald Albertini MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416183
Mailing Address 1450 Professional Park Dr Ste 150		Amount of Each Receipt this Period 41.66
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

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 43 OF 98
	<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. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416184
 Amount of Each Receipt this Period
 41.66

B. Lawrence Mariano Simon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Henry Clay Ave # 4119
 City New Orleans State LA Zip Code 70118-5720
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416185
 Amount of Each Receipt this Period
 41.66

C. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416186
 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 44 OF 98
	<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. 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
 Name of Employer EYE SPECIALISTS OF LOUISVILLE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416187
 Amount of Each Receipt this Period 41.66

B. Nancy O Naghavi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9307 Shady Lane Cir
 City Houston State TX Zip Code 77063-1306
 Name of Employer FAMILY CARE PLUS REHAB Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416188
 Amount of Each Receipt this Period 41.66

C. 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 208.30

Date of Receipt 05 / 21 / 2013
Transaction ID : 51416189
 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 45 OF 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J Brennan Cassidy MD		Date of Receipt
Mailing Address 177 Riverside Ave Ste E		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Newport Beach State CA Zip Code 92663-4080		Transaction ID : 51416190
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer WEST COAST LASER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.38"/>	

Full Name (Last, First, Middle Initial) B. Stephen Noah Horwitz MD		Date of Receipt
Mailing Address 2999 NE 191st St Ph 1		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Aventura State FL Zip Code 33180-3116		Transaction ID : 51416192
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer HORWITZ WEISSMAN & MEHREL MD PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.38"/>	

Full Name (Last, First, Middle Initial) C. Wade Anthony Weigel MD		Date of Receipt
Mailing Address 1100 9th Ave Dept Of Anesthesia B2-AN		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Seattle State WA Zip Code 98101-2756		Transaction ID : 51416194
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer VIRGINIA MASON MEDICAL CENTER	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.38"/>	

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 46 OF 98
	<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. Ajoy Kumar MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416195
Mailing Address 749 Nina Dr		Amount of Each Receipt this Period 41.66
City Tierra Verde	State FL	
Zip Code 33715-2038		Aggregate Year-to-Date ▼ 208.38
FEC ID number of contributing federal political committee. C		
Name of Employer BAYFRONT MEDICAL CENTER	Occupation Family Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mark Kuhnke MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416196
Mailing Address 800 N 1st St 4th Fl		Amount of Each Receipt this Period 41.66
City Springfield	State IL	
Zip Code 62702-3719		Aggregate Year-to-Date ▼ 208.38
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) C. Mushtaq Ahmad Sheikh MD		Date of Receipt 05 / 21 / 2013 Transaction ID : 51416197
Mailing Address 49 Estates Dr		Amount of Each Receipt this Period 41.66
City Elmira	State NY	
Zip Code 14903-7978		Aggregate Year-to-Date ▼ 208.38
FEC ID number of contributing federal political committee. C		
Name of Employer ARNOT MEDICAL SERVICES	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 47 OF 98
	<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. Mrs. Barbara Hurwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Dallas Hwy
 Ste 101
 City Villa Rica State GA Zip Code 30180-1262
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416198
 Amount of Each Receipt this Period
 41.66

B. Zachary Bregman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 247 3rd Ave
 City New York State NY Zip Code 10010-7457
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416199
 Amount of Each Receipt this Period
 41.66

C. Mr. William R. Abrams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2512 University Ave
 City Madison State WI Zip Code 53705-3813
 Name of Employer WISCONSIN MEDICAL SOCIETY Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 51416200
 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 48 OF 98
	<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. Joseph Robt Sellers MD			Date of Receipt
Mailing Address 265 N Grand St			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51420648
Cobleskill	NY	12043-4127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.40"/>
Name of Employer	Occupation		
BASSETT HEALTHCARE CLINIC COOPERST	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.38"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Damon Michael Dietrich MD			Date of Receipt
Mailing Address 229 English Turn Dr			<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51425507
New Orleans	LA	70131-3348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.40"/>
Name of Employer	Occupation		
WEST JEFFERSON PHYSICIAN SERVICES	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.38"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrice A Harris MD			Date of Receipt
Mailing Address 99 Jesse Hill Jr Dr SE Ste 400			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 51427321
Atlanta	GA	30303-3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<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="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.13"/>
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 49 OF 98
	<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. Kathleen Blake MD		Date of Receipt
Mailing Address 515 N State St Ste 8650		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60654-4854
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 51427322
Name of Employer AMERICAN MEDICAL ASSOCIATION		Amount of Each Receipt this Period
Occupation AMA Executive		<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="416.65"/>	

Full Name (Last, First, Middle Initial) B. Spurgeon Wm Clark III MD		Date of Receipt
Mailing Address 502 Isabella St		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Waycross	State GA	Zip Code 31501-3638
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 51427323
Name of Employer EMORY HEALTHCARE		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="416.65"/>	

Full Name (Last, First, Middle Initial) C. You Sung Sang MD		Date of Receipt
Mailing Address 79 Wawecus St Ste 101		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Norwich	State CT	Zip Code 06360-2173
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 51427324
Name of Employer NORWICH GI ASSOCIATES PC		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="416.65"/>	

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 50 OF 98
	<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 ▼ **516.65**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427325

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 ▼ **416.65**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427326

Amount of Each Receipt this Period **83.33**

C. 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 ▼ **598.45**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427327

Amount of Each Receipt this Period **128.78**

SUBTOTAL of Receipts This Page (optional)..... **295.44**

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 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas Walton Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 389
 City Forest State VA Zip Code 24551-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **516.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013
Transaction ID : 51427328
 Amount of Each Receipt this Period
83.33

B. Srinivas B Mukkamala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 Charter Dr Ste F
 City Flint State MI Zip Code 48532-3587
 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013
Transaction ID : 51427329
 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013
Transaction ID : 51427330
 Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 98
	<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. Erick Allen Eiting MD

Mailing Address 1111 S Grand Ave
Apt 805

City Los Angeles State CA Zip Code 90015-2768

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

Name of Employer JACOBI MEDICAL CENTER Occupation Resident Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427331

Amount of Each Receipt this Period
 41.66

Full Name (Last, First, Middle Initial)
B. 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 ▼
416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427332

Amount of Each Receipt this Period
 83.33

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

Mailing Address 50 Quail Hill Rd

City Blawnox State PA Zip Code 15238-1834

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

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427333

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:	PAGE 53 OF 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Evangelos Megariotis MD		Date of Receipt
Mailing Address 21 Ravona St		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Clifton NJ 07012-1521		Transaction ID : 51427334
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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 ▼	
	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) B. William Eric Kobler MD		Date of Receipt
Mailing Address 6729 Millbrook Dr		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Rockford IL 61108-4310		Transaction ID : 51427335
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer OSF MEDICAL GROUP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) C. Marilyn Joan Heine MD		Date of Receipt
Mailing Address 900 Twining Rd		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Dresher PA 19025-1726		Transaction ID : 51427336
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer SEVERN EMERGENCY PHYSICIANS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="416.65"/>	

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 54 OF 98
	<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. Peter Scott Lund MD FACS		Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 51427337
Mailing Address 311 W 24th St Ste 101		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) B. Ruth Jean Schulze MD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 51427338
Mailing Address 577 Chestnut Ridge Rd		Amount of Each Receipt this Period 83.33
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 LAKE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. John Robt Mc Gill MD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 51427339
Mailing Address 436A State St		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 98
	<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. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPINEONE, INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427340
 Amount of Each Receipt this Period
83.33

B. Thomas James Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ohio St Ste C
 City Medina State NY Zip Code 14103-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427342
 Amount of Each Receipt this Period
83.33

C. Elizabeth Fay Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Samaritan Dr Ste 20
 City San Jose State CA Zip Code 95124-4005
 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427343
 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 98
	<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 Allan Sandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4270 Barcroft Way
 City Orchard Lake State MI Zip Code 48323-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427344
 Amount of Each Receipt this Period **83.33**

B. Samantha Leona Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39A Danforth St
 City Jamaica Plain State MA Zip Code 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOSTON MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427345
 Amount of Each Receipt this Period **41.66**

C. John Michael Van Etta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1535 Skywood Ln
 City Duluth State MN Zip Code 55805-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427347
 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 57 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Linda Lee Van Etta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 E Superior St
 Assoc/St Lukes Lakeview 201
 City Duluth State MN Zip Code 55802-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427348
 Amount of Each Receipt this Period
83.33

B. Joy Ann Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 Maple Dr NE
 Ste 315
 City Atlanta State GA Zip Code 30305-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA CHILDRENS CLINICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427349
 Amount of Each Receipt this Period
83.33

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
 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427350
 Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 98
	<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. Keith Francis De Sonier MD		Date of Receipt
Mailing Address 555 Dr Michael Debakey Dr Ste 103		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427351
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="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Steven Polsley MD		Date of Receipt
Mailing Address 900 Scioto St Ste 7		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427352
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="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. George E. Cox		Date of Receipt
Mailing Address 10308 Fleming Ave.		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427353
Bethesda	MD	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="83.33"/>
	20814-2136	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<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 59 OF 98
	<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. 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 ▼ 416.65

Date of Receipt 05 / 23 / 2013
Transaction ID : 51427354

Amount of Each Receipt this Period 83.33

B. 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 ▼ 416.65

Date of Receipt 05 / 23 / 2013
Transaction ID : 51427355

Amount of Each Receipt this Period 83.33

C. Gregory Jude Gallina MD
Full Name (Last, First, Middle Initial)

Mailing Address 255 W Spring Valley Ave Ste 103

City Maywood State NJ Zip Code 07607-1444

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

Name of Employer COLON RECTAL SURGERY PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2013
Transaction ID : 51427356

Amount of Each Receipt this Period 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98
	<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. James Allan Goodyear MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr
 Ste 310
 City Lansdale State PA Zip Code 19446-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427357
 Amount of Each Receipt this Period
 83.33

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427358
 Amount of Each Receipt this Period
 83.33

c. Mary Susan Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 769
 City Winner State SD Zip Code 57580-0769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427359
 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 98
	<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 Lee Dillehay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 N Sheridan Rd
 Apt 1402
 City Chicago State IL Zip Code 60640-1636
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATI
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427360
 Amount of Each Receipt this Period
 83.33

B. Stuart Gitlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 Name of Employer SELF-EMPLOYED
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427361
 Amount of Each Receipt this Period
 83.33

C. 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
 Name of Employer NORFOLK SURGICAL GROUP LTD
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 516.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427362
 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 62 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven James Hattamer MD		Date of Receipt
Mailing Address 8 Prospect St Dept Of Anesthesiology		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Nashua	State NH	Zip Code 03060-3925
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427363
Name of Employer NASHUA ANESTHESIA PARTNERS PLLC	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="416.65"/>

Full Name (Last, First, Middle Initial) B. Robert Ernest Hertzka MD		Date of Receipt
Mailing Address PO Box 1018		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Rcho Santa Fe	State CA	Zip Code 92067-1018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427364
Name of Employer ANESTHESIA SERVICE MEDICAL GROUP	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="416.69"/>

Full Name (Last, First, Middle Initial) C. John Jos Kennedy Jr. MD		Date of Receipt
Mailing Address 1675 Providence Ave		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Schenectady	State NY	Zip Code 12309-3919
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427365
Name of Employer SELF-EMPLOYED	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="416.65"/>

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 63 OF 98
	<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. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427366
 Amount of Each Receipt this Period
83.33

B. Glenn Allen Loomis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Thomas More Pkwy Ste 160
 City Crestview Hills State KY Zip Code 41017-3496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPARROW HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427367
 Amount of Each Receipt this Period
83.33

C. Patrick Wm Mc Cormick MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Cherry St # 2-M200
 City Toledo State OH Zip Code 43608-2673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROSURGICAL NETWORK INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427368
 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 98
	<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 Kay Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 22 S 900 E

City State Zip Code
Salt Lake City UT 84102-1307

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

Name of Employer Occupation
INTERMOUNTAIN EAR NOSE & THROAT SPE Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 51427369

Amount of Each Receipt this Period
83.33

B. Judith Richmond Pryblick DO
Full Name (Last, First, Middle Initial)

Mailing Address 5422 Holiday Dr

City State Zip Code
Allentown PA 18104-9439

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

Name of Employer Occupation
ST LUKES PHYSICIAN GROUP INC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 51427370

Amount of Each Receipt this Period
83.33

C. Michael Bradley Simon MD
Full Name (Last, First, Middle Initial)

Mailing Address 35 Gellatly Dr

City State Zip Code
Wappingers Fl NY 12590-6452

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

Name of Employer Occupation
NAPA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 51427371

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 98
	<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. Robert Cameron More MD

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 ▼
416.65

Date of Receipt
05 / 23 / 2013
Transaction ID : 51427372

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Stephen Alan Imbeau MD

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 ▼
416.65

Date of Receipt
05 / 23 / 2013
Transaction ID : 51427373

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. John S Mc Intyre MD

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 ▼
416.65

Date of Receipt
05 / 23 / 2013
Transaction ID : 51427374

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 66 OF 98
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
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<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. Devdutta G Sangvai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Oxboro Cir
 City State Zip Code
 Durham NC 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DUKE UNIVERSITY Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427375
 Amount of Each Receipt this Period
 83.33

B. David George Gerkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Lakemoor Dr
 City State Zip Code
 Knoxville TN 37920-2815
 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 ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427376
 Amount of Each Receipt this Period
 83.33

C. Judson J Somerville MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9114 McPherson Rd
 Ste 2508
 City State Zip Code
 Laredo TX 78045-6511
 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 ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427377
 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 67 OF 98
	(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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donald Franklin Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427378
 Amount of Each Receipt this Period **83.33**

B. Mr. Thomas P. Healy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 S Clark St Apt 1401
 City Chicago State IL Zip Code 60605-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427379
 Amount of Each Receipt this Period **83.33**

C. Mokarram Husain Jafri Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Oakhurst Ct
 City Clifton Park State NY Zip Code 12065-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA GROUP OF ALBANY Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427380
 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 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gerald Edward Harmon MD		Date of Receipt
Mailing Address 9699 Ocean Hwy PO Box 289		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Pawleys Isl	State SC	Zip Code 29585-7425
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427381
Name of Employer SELF-EMPLOYED	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) B. Michael Jos Sexton MD		Date of Receipt
Mailing Address 12 Erica Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Novato	State CA	Zip Code 94947-1900
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427382
Name of Employer SELF-EMPLOYED	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) C. Joel Thos Bundy MD FACP FA		Date of Receipt
Mailing Address 3000 Coliseum Dr		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Hampton	State VA	Zip Code 23666-5963
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51427383
Name of Employer TIDEWATER KIDNEY SPECIALISTS	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="616.65"/>	

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 69 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. James J Dehen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 S 6th St
 City Brainerd State MN Zip Code 56401-4529
 Name of Employer BRAINERD MEDICAL CENTER INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2013
 Transaction ID : 51427384
 Amount of Each Receipt this Period 83.33

B. Aaron Edward George
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 3886 Dept of Community/Family Medicine
 City Durham State NC Zip Code 27710-0001
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 23 / 2013
 Transaction ID : 51427386
 Amount of Each Receipt this Period 41.66

C. Jack M Chapman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2013
 Transaction ID : 51427387
 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 70 OF 98
	<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 Earl Thorp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Pentz Rd
 Ste B
 City Paradise State CA Zip Code 95969-3674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARADISE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427388
 Amount of Each Receipt this Period
83.33

B. 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 **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427389
 Amount of Each Receipt this Period
83.33

C. Georgia Anne Tuttle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Mechanic St
 The Skin Care Ctr
 City Lebanon State NH Zip Code 03766-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427390
 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 71 OF 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Susan Rudd Bailey MD		Date of Receipt
Mailing Address 5929 Lovell Ave F W A A		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427391
Fort Worth	TX	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
76107-5029		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
FORT WORTH ALLERGY ASTHMA ASSOCIAT	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John E Christie MD		Date of Receipt
Mailing Address 2661 Riva Rd Bldg 600		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427392
Annapolis	MD	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
21401-7353		
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="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Margaret Garikes		Date of Receipt
Mailing Address 4003 Sharp Place		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 51427393
Alexandria	VA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
22304-1736		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<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 72 OF 98
	<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 M De Figueiredo MD		Date of Receipt
Mailing Address PO Box 573		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cheshire	CT	06410-0573
FEC ID number of contributing federal political committee.		Transaction ID : 51427394
<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="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Peter Amberg Hollmann MD		Date of Receipt
Mailing Address 74 Fort Ave		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cranston	RI	02905-3610
FEC ID number of contributing federal political committee.		Transaction ID : 51427395
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
BLUE CROSS BLUE SHIELD OF RI	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Badri N Nath MD		Date of Receipt
Mailing Address 41990 Cook St Ste B201		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palm Desert	CA	92211-6101
FEC ID number of contributing federal political committee.		Transaction ID : 51427396
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<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:	PAGE 73 OF 98
	(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. Leonard Allison Brabson Sr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Emerald Ave Ste 806
 Clark Tower
 City Knoxville State TN Zip Code 37917-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427397
 Amount of Each Receipt this Period
83.33

B. Frederick Ray Ridge MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 N 1000 W
 City Linton State IN Zip Code 47441-5281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **516.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427398
 Amount of Each Receipt this Period
83.33

C. Jordan Metz Vanlare
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Riverside Dr
 Apt 6L
 City New York State NY Zip Code 10032-7437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427399
 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 74 OF 98
	<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. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City Nashville State TN Zip Code 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS GENERAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427400
 Amount of Each Receipt this Period
83.33

B. Gary Joe Price MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Durham Rd
 PO Box 368
 City Guilford State CT Zip Code 06437-2076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GARY PRICE, MD, PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427401
 Amount of Each Receipt this Period
83.33

C. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 S Ingleside Ave
 City Chicago State IL Zip Code 60615-5013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427402
 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 75 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Marion St
 Apt 6C
 City Brookline State MA Zip Code 02446-4499
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427403
 Amount of Each Receipt this Period
 41.66

B. Raghav Govindarajan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3623 San Simeon Cir
 City Weston State FL Zip Code 33331-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLEVELAND CLINIC FLORIDA Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427404
 Amount of Each Receipt this Period
 41.66

C. Albert J Osbahr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Daisy Ln
 City Hickory State NC Zip Code 28602-9539
 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427405
 Amount of Each Receipt this Period
 83.33

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 76 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427406
 Amount of Each Receipt this Period
83.33

B. Mr. John R Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Williamsburg Blvd
 City Arlington State VA Zip Code 22207-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427407
 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427408
 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 77 OF 98
	<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. Leanne Japree Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Willow St
 # 1
 City Bloomfield State NJ Zip Code 07003-3216
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427409
 Amount of Each Receipt this Period
 41.66

B. Carol Sadie Shapiro MD MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City Fairfax Station State VA Zip Code 22039-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427410
 Amount of Each Receipt this Period
 83.33

C. Susan Eva Skochelak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wabash Ave
 Unit 48J
 City Chicago State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427411
 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 78 OF 98
	<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. Louis James Kraus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Skokie Blvd
 STE230
 City Northbrook State IL Zip Code 60062-4040
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427413
 Amount of Each Receipt this Period
 83.33

B. Mutaz Billah Habal MD FRCSC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6358 W Maclaurin Dr
 City Tampa State FL Zip Code 33647-1164
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427414
 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
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427416
 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 79 OF 98
	<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. Joan E Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Houston St Apt 701
 City Fort Worth State TX Zip Code 76102-6224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOHN PETER SMITH HLTH NETWORK Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427417
 Amount of Each Receipt this Period
83.33

B. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St Ste 950
 City Houston State TX Zip Code 77004-6943
 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427418
 Amount of Each Receipt this Period
83.33

C. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427421
 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 80 OF 98
	<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. David Andrew Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39A Danforth St
 City State Zip Code
 Jamaica Plain MA 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MGH Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427422
 Amount of Each Receipt this Period
 83.33

B. Sara S Woodward Dyrstad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 S Kingshighway Blvd
 Mallinckrodt Inst Of Radiology
 City State Zip Code
 Saint Louis MO 63110-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BARNES JEWISH HOSPITAL Resident Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427423
 Amount of Each Receipt this Period
 41.66

C. Sunita S Mann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Embry Farm Rd
 City State Zip Code
 Marlboro NJ 07746-1081
 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 ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427424
 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 81 OF 98
	<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 ▼ **416.65**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427425

Amount of Each Receipt this Period **83.33**

B. 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 ▼ **416.65**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427426

Amount of Each Receipt this Period **83.33**

C. 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 ▼ **416.69**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427427

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 82 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Phillip Williams MD		Date of Receipt
Mailing Address 5004 W Grove Ln		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gibsonia	PA	15044-6053
FEC ID number of contributing federal political committee.		Transaction ID : 51427428
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
UPMC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Christopher Todd Askew		Date of Receipt
Mailing Address 2943 McKinley St, NW		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20015-1217
FEC ID number of contributing federal political committee.		Transaction ID : 51427429
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ardis Dee Hoven MD		Date of Receipt
Mailing Address 2912 Sweet William Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lexington	KY	40502-2975
FEC ID number of contributing federal political committee.		Transaction ID : 51427430
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
BLUEGRASS CARE CLINIC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<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 83 OF 98
	<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. Walter Alan Harmon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shircliff Way
 Ste 400
 City Jacksonville State FL Zip Code 32204-4780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BORLAND GROOVER CLINIC ADMIN OFFICE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427431
 Amount of Each Receipt this Period
83.33

B. 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 **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427432
 Amount of Each Receipt this Period
83.33

C. E Scott Ferguson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Rhodes St
 Ste B
 City West Memphis State AR Zip Code 72301-4213
 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 **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 51427433
 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 84 OF 98
	<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. Neil Emerson Winston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1476 S Prairie Ave Unit C
 City Chicago State IL Zip Code 60605-3343
 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 **416.69**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427434
 Amount of Each Receipt this Period **83.33**

B. Bruce Alan MacLeod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASPN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427435
 Amount of Each Receipt this Period **83.33**

C. Peter Augusto Bernardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Bellevue St SE Ste 230
 City Salem State OR Zip Code 97301-3855
 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 **416.69**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 51427436
 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 85 OF 98
	<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. Ahmed Bajandas MD

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 ▼ **416.69**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51427437

Amount of Each Receipt this Period **83.33**

Full Name (Last, First, Middle Initial)
B. Steven Berkowitz MD

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 ASSOCIAT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.69**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51431036

Amount of Each Receipt this Period **416.69**

Full Name (Last, First, Middle Initial)
C. Michael Thos Watkins MD

Mailing Address 14 Buchanan Rd

City Boston State MA Zip Code 02132-7707

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

Name of Employer Mass General Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 51431048

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.02**

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: (check only one)	PAGE 86 OF 98
	<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. Mark James Zalla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7766 Ewing Blvd
 Ste 100
 City Florence State KY Zip Code 41042-7537
 Name of Employer DERMATOLOGY ASSOCIATES OF NORTHER Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 51431055
 Amount of Each Receipt this Period 500.00

B. Joseph Anthony Novotny MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Norbloom Ave
 City Bloomington State IL Zip Code 61701-1949
 Name of Employer MCLEAN COUNTY ORTHOPEDICS Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 51431056
 Amount of Each Receipt this Period 500.00

C. Moona Haque MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7737 Southwest Fwy
 Ste 895
 City Houston State TX Zip Code 77074-1889
 Name of Employer MEMORIAL FAMILY PRACTICE CENTER Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 51431057
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1500.00
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 87 OF 98
	<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. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City Bloomfield State MI Zip Code 48304-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 51431171
 Amount of Each Receipt this Period
 83.33

B. Thomas Danl Griffin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Hunt Ln
 City Flourtown State PA Zip Code 19031-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARTHUR K BALIN MD PHD PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 51431172
 Amount of Each Receipt this Period
 83.33

C. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Main St
 City Glastonbury State CT Zip Code 06033-2943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT VALLEY HOSP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 51431173
 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 88 OF 98
	<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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432626
 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432627
 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432628
 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 89 OF 98
	<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. Kenneth D. Lancin
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 East Palisade Avenue
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Management Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432629
 Amount of Each Receipt this Period
 208.33

B. Lisa Bohman Egbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Far Hills Ave Ste 112
 City Dayton State OH Zip Code 45429-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARAGON WOMEN'S CARE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432630
 Amount of Each Receipt this Period
 208.33

C. Michael E Migliori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 301
 City Providence State RI Zip Code 02905-2429
 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432631
 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 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin Walker
Full Name (Last, First, Middle Initial)

Mailing Address 10635 Canterbury Rd.

City State Zip Code
Fairfax Station VA 22039-1927

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.65

Date of Receipt
05 / 25 / 2013
Transaction ID : 51432632

Amount of Each Receipt this Period
208.33

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

Mailing Address 2600 Glasgow Ave
Ste 207

City State Zip Code
Newark DE 19702-5704

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.65

Date of Receipt
05 / 25 / 2013
Transaction ID : 51432633

Amount of Each Receipt this Period
208.33

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

Mailing Address 4 Longfellow Pl
Apt 2910

City State Zip Code
Boston MA 02114-2826

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

Name of Employer Occupation
PARTNERS HEALTH CARE Resident Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.64

Date of Receipt
05 / 25 / 2013
Transaction ID : 51432634

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 91 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Puchalski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 520
 City Lugoff State SC Zip Code 29078-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH CAROLINA ENT Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432635
 Amount of Each Receipt this Period
 416.66

B. Seth Yawki Flagg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9129 Bradford Rd
 City Silver Spring State MD Zip Code 20901-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432636
 Amount of Each Receipt this Period
 104.16

C. Russell Clark Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Lancia Dr
 City McLean State VA Zip Code 22102-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA PEDIATRIC GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432637
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	729.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 98		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Maryanne C Bombaugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Clowes Dr
 City Falmouth State MA Zip Code 02540-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432638
 Amount of Each Receipt this Period
 208.33

B. Luis S Alonzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Dakota Dr
 City Hutchinson State KS Zip Code 67502-4470
 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432639
 Amount of Each Receipt this Period
 208.33

C. 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 ▼ 909.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432640
 Amount of Each Receipt this Period
 227.28

SUBTOTAL of Receipts This Page (optional).....▶	643.94
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 98
	<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. Daniel Eugene Maddox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 1st St SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2013**
Transaction ID : 51432641
 Amount of Each Receipt this Period **208.33**

B. 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 **520.80**

Date of Receipt **05 / 25 / 2013**
Transaction ID : 51432642
 Amount of Each Receipt this Period **104.16**

C. 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 **1041.65**

Date of Receipt **05 / 25 / 2013**
Transaction ID : 51432643
 Amount of Each Receipt this Period **208.33**

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 94 OF 98
	<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 T Inglefield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 18th Street Cir SE
 City State Zip Code
 Hickory NC 28602-1361
 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 ▼
 1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : 51432644
 Amount of Each Receipt this Period
 208.33

B. Anton Nasif Hasso MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1165 W Highland Ave
 City State Zip Code
 Redlands CA 92373-6656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCI MEDICAL CENTER Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 51569264
 Amount of Each Receipt this Period
 250.00

C. Robert Alan Fuhrman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 Westfield Ave
 Summit Medical Group
 City State Zip Code
 Westfield NJ 07090-3312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARAMOUNT MEDICAL GROUP 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
 05 / 30 / 2013
Transaction ID : 51569265
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	958.33
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 98
(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)
James Walter Wooldridge Jr. MD

Mailing Address 13510 Kingsmill Rd

City Midlothian State VA Zip Code 23113-3818

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 ▼
 237.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 51570049

Amount of Each Receipt this Period
 87.50

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).....▶	87.50
TOTAL This Period (last page this line number only).....▶	39390.07

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 98
(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. PNC ADVISORS

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 ▼
15.27

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : 51595280

Amount of Each Receipt this Period
4.75

Interest

Full Name (Last, First, Middle Initial)
B.

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

Full Name (Last, First, Middle Initial)
C.

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).....▶	4.75
TOTAL This Period (last page this line number only).....▶	4.75

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
05		31		2013

Transaction ID : 51595192

Amount of Each Disbursement this Period

903.92

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)..... ▶

903.92

903.92

**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. Charles Boustany Jr. MD For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2013

Transaction ID : 51407262

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Frederick Stephen Upton

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 51428452

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 51428453

Amount of Each Disbursement this Period

1200.00

2014 Primary

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

3200.00

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

3200.00