

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 4720 Montgomery Lane Suite 430
 Check if different than previously reported. (ACC)
Bethesda MD 20814

2. **FEC IDENTIFICATION NUMBER** C00423228
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 10 31 2009

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 Damian H. Augustyn, MD

Signature of Treasurer Electronically Filed by Damian H. Augustyn, MD Date 10 19 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Gastroenterological Association Inc. PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		92840.07
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	79869.20									
(c) Total Receipts (from Line 19)	10570.83	32599.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90440.03	125440.03								
7. Total Disbursements (from Line 31)	0.00	35000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	90440.03	90440.03								
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

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	8045.83	25054.16
(ii) Unitemized	2525.00	7545.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10570.83	32599.96
(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)	10570.83	32599.96
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10570.83	32599.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10570.83	32599.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	35000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	35000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10570.83	32599.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10570.83	32599.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 14
(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 Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial)
Ho S. Bae, MD
Mailing Address 844 Chula Vista Ave
City Pasadena State CA Zip Code 91103-2765
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 13 / 2009
Transaction ID: C791330
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joel V. Brill
Mailing Address 6602 E. Gold Dust Av
City Scottsdale State AZ Zip Code 85253
FEC ID number of contributing federal political committee. **C**
Name of Employer Predictive Health Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 09 / 2009
Transaction ID: C791175
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Joel A. Cahan
Mailing Address 701 Superior Ave Suite G
City Munster State IN Zip Code 46321-4037
FEC ID number of contributing federal political committee. **C**
Name of Employer Consultants In Gastroenterology Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 13 / 2009
Transaction ID: C791361
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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 Gastroenterological Association Inc. PAC

A.	Full Name (Last, First, Middle Initial) Thomas J. Castellano	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 490 Northampton St. Suite 1	Transaction ID: C790095
	City State Zip Code Kingston PA 18704-4551	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GI Consultants, Inc Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Matthew Edward Cohen	Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 16 Milhaven Rd 3895091	Transaction ID: C794006
	City State Zip Code Woodbridge CT 06525-2515	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gastroenterology Center of Connecticut Occupation Physician Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Rene Shek-Ming Eng	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 217 Grand Street 7th floor	Transaction ID: C797348
	City State Zip Code New York NY 10013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rene Shek-Ming Eng, M.D. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial)
Richard Allen Fieman, MD

Mailing Address 10868 E Crestridge Cir
Ste 104

City Englewood State CO Zip Code 80111-3856

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

Name of Employer self/ RMGA 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791362

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald P. Fogel

Mailing Address 30795 23 Mile Road
Ste 206

City Chesterfield State MI Zip Code 48047-5720

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

Name of Employer Digestive Health Center of Michigan 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
1 0 / 2 7 / 2 0 0 9

Transaction ID: C796842

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ralph A. Giannella

Mailing Address 231 Albert Sabin Way
PO Box 670595, ML 595

City Cincinnati State OH Zip Code 45267-0595

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

Name of Employer Univ of Cincinnati Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: C791172

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: PAGE 9 / 14
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Nadim G. Haddad

Mailing Address 12020 Piney Meetinghouse Rd

City State Zip Code
Potomac MD 20854-1431

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791334

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Neil D. Herbsman

Mailing Address 1842 Williamsbridge Road

City State Zip Code
Bronx NY 10461

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: C796844

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Qazi E. Khusro

Mailing Address 2105 Woodbine Rd

City State Zip Code
Bloomington IL 61704-2813

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

Name of Employer Illinois Gastroenterology Occupation M.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: C796843

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**

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FOR LINE NUMBER: PAGE 10 / 14
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial)
Douglas Alan Kuperman

Mailing Address 2089 Hawthorne St
Ste 200

City State Zip Code
Sarasota FL 34239-2308

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791364

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Justin Robert Miller

Mailing Address 6250 Overlook

City State Zip Code
Clarkston MI 48346-2060

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

Name of Employer Information Requested Occupation Information Requested
Flint Gastroenterology Gastroenterologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: C791173

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lirio S. Polintan

Mailing Address 1600 North Grand Avenue
Suite 345

City State Zip Code
Pueblo CO 81003-2729

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797346

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14
(check only one)

<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 Gastroenterological Association Inc. PAC

A.	Full Name (Last, First, Middle Initial) John E. Poulos	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 4368 Ferncreek Dr	Transaction ID: C789976
	City State Zip Code Fayetteville NC 28314-2525	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fayetteville Gastroenterology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Said Rahban	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 6333 Wilshire Blvd #414	Transaction ID: C791177
	City State Zip Code Los Angeles CA 90048-5722	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) David D. Reynolds	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 321 Watts Hill Rd.	Transaction ID: C791169
	City State Zip Code Honesdale PA 18431	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 12 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial)
Arnaldo Rosa-Torrens, MD

Mailing Address HC-02 Box 5981 Sabana

City State Zip Code
Luquillo PR 773

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791329

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Sharon R Roseman, MD

Mailing Address 109 Bell Farm Ests

City State Zip Code
Sewickley PA 15143-8367

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Sewickley Valley Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C787798

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert S. Sandler, MD

Mailing Address 4157 Bioinformatics Bldg
CB #7555

City State Zip Code
Chapel Hill NC 27599-7555

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
University of North Carolina MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791331

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)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial)
Frederick S. Sherman

Mailing Address 7189 Via Abruzzi

City State Zip Code
Lake Worth FL 33467-6940

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790059

Amount of Each Receipt this Period
250.00

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

Mailing Address 5923 Indian Summer Dr
8186 Lark Brown Rd

City State Zip Code
Clarksville MD 21029-1692

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790057

Amount of Each Receipt this Period
500.00

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

Mailing Address 5566 Dublin Rd

City State Zip Code
Dublin OH 43017-1506

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

Name of Employer Ohio Gastroenterology Gro- up, Inc Occupation Gastroenterologist

Receipt For: 2008 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: C792418

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ► **770.83**

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 14 / 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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 Gastroenterological Association Inc. PAC

A.	Full Name (Last, First, Middle Initial) Barry M. Zingler, MD		Date of Receipt	
	Mailing Address 1555 Center Avenue		M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C797350
	Fort Lee	NJ	07024-4612	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer self		Occupation		
self		MD		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	8045.83