

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

Office Use Only

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

American Medical Group Association PAC

ADDRESS (number and street)

3901 Hoyt Avenue

☐Check if different  
than previously  
reported. (ACC)

Everett

WA

98290

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408120

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2009

through

03

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

Mark E. Mantei

Signature of Treasurer

Electronically Filed by Mark E. Mantei

Date

09

17

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 32

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

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	2009	34932.01
(b) Cash on Hand at Beginning of Reporting Period .....	35798.58	
(c) Total Receipts (from Line 19) .....	45301.00	47301.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81099.58	82233.01
7. Total Disbursements (from Line 31) .....	5374.38	6507.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75725.20	75725.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 32

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

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) .....	42801.00	44801.00
(ii) Unitemized .....	2500.00	2500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	45301.00	47301.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	45301.00	47301.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	45301.00	47301.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	45301.00	47301.00

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	5000.00	6000.00	
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.....	374.38	507.81	
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))..	5374.38	6507.81	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5374.38	6507.81	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 32

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) .....	45301.00	47301.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45301.00	47301.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Barbara Alpert

Mailing Address 41 Pond Hill Road

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5027

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Louis N Aurisicchio

Mailing Address 11 Brian Court

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4962

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Elliott Barsh

Mailing Address 211 Briarwood Drive

City

Somers

State

NY

Zip Code

10589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4983

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Russell Beckley

Mailing Address 2427 56th St SW

City

Everett

State

WA

Zip Code

98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David Berck

Mailing Address 16 Alta Lane

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.5002

Amount of Each Receipt this Period

1001.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Warren Bromberd

Mailing Address 43 Evergreen Row

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period

500.00

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

2501.00

**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 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Bukosky

Mailing Address 602 West University Ave

City

Urbana

State

IL

Zip Code

61801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carle Clinic AssociationOccupation  
Exec VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: SA11AI.5029

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lynda Rojas Carroll

Mailing Address 180 Stebins Road

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical GroupOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	9	

Transaction ID: SA11AI.5006

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alan Carter

Mailing Address 10724 58th Ave W

City

Mukilteo

State

WA

Zip Code

98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett ClinicOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: SA11AI.5008

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 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

I J Cehelsky

Mailing Address 126 South Bedford Rd

City

Poundridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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 Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4979

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Chee Chan

Mailing Address One Bay Club Dr  
#9B

City

Bayside

State

NY

Zip Code

11360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dominick Chiarieri

Mailing Address 90 S. Bedford Road

City

Mt. Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt. Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4971

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: PAGE 10 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Marvin Chinitz

Mailing Address 60 Jerome Ave

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Cooper

Mailing Address 15512 27th Drive SE

City

Mill Creek

State

WA

Zip Code

98012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5030

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Louis A Corsaro

Mailing Address 355 N Salem Road

City

Brewster

State

NY

Zip Code

10509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.5004

Amount of Each Receipt this Period

300.00

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

1550.00

**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 11 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Harold Dash, MD

Mailing Address 1928 151st. Street SE

City

Mill Creek

State

WA

Zip Code

98012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation

President, Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5042

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sheryl Ann Dreyer

Mailing Address 7808 171st Streer SW

City

Edmonds

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5034

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Albert W. Fisk, M.D.

Mailing Address 1027 Marine View Drive

City

Mukilteo

State

WA

Zip Code

98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5009

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Beverly F Frank

Mailing Address 4 Butternut Hollow Road

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5025

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jane M. Geders, MD

Mailing Address 1 Cold Spring Court

City

Mt. Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt. Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5024

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Regina M Giuffrida

Mailing Address 5 Reynolds Lane

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4964

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: PAGE 13 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Goldberg

Mailing Address 255 Soundview Avenue

City

White Plains

State

NY

Zip Code

10606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kiisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5023

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Goodman

Mailing Address 18420 Olympic View Drive

City

Edmonds

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.5044

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jacob Handszer

Mailing Address 8 Brady Lane

City

Somers

State

NY

Zip Code

10589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4981

Amount of Each Receipt this Period

250.00

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

1750.00

**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 14 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott D. Hayworth, MD

Mailing Address 90 South Bedford Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Disco Med. Grp.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4986

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Nilo Herrera

Mailing Address 358 Grapehollow Road

City

Holmes

State

NY

Zip Code

12531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marc Hertz

Mailing Address 204 Country Ridge

City

Rye Brook

State

NY

Zip Code

10573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount kisco Medical Group

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 Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4995

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Martin Hickey

Mailing Address 12809 W Dodge Road

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alegent Health

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5038

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Horowitz

Mailing Address 545 Wellington Drive

City

Wychoff

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4965

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alice Huong

Mailing Address 18 Noah Bridge Place

City

Mt. Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5021

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: PAGE 16 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Loren Ihle

Mailing Address 625 9th Street

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5035

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marilyn Jacobowitz

Mailing Address 212 Sunnyridge Road

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Jacobson

Mailing Address 3118 139th ave SE

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5036

Amount of Each Receipt this Period

1000.00

**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: PAGE 17 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Helene Kaminski

Mailing Address 6 Hobby Lane

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.5001

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Evan Karas

Mailing Address 5 Madison Brook Road

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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 Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5019

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Keller

Mailing Address 30 Gedney Way

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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 Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.5013

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald H. Kirkland, MD

Mailing Address 107 Tuckahoe Road

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Jackson Clinic, P.A.

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5050

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Harvey Hugh Lederman

Mailing Address 8 Brentwood Drive

City

Poughkeepsie

State

NY

Zip Code

12603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5011

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James Lee

Mailing Address 12503 52nd PL W

City

Mukilteo

State

WA

Zip Code

98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5043

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

FOR LINE NUMBER: PAGE 19 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel Leonard

Mailing Address 16 Bessel Lane

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical GroupOccupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.4972

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas J Lester

Mailing Address 111 Bedford Road

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical GroupOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.4994

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Abe Levy

Mailing Address 15 Sarles Road

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical GroupOccupation  
Medical Director & Chief Qlty Ofcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.4987

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark E. Lieb

Mailing Address 110 Bedford Road

City

Mt Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4966

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew Mannini

Mailing Address 37 Londonderry Lane

City

Somers

State

NY

Zip Code

10589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5010

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ronen Marmur, MD

Mailing Address 446 Central Park West  
Apt. 7B

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt. Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5018

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: PAGE 21 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Timothy D Mattison

Mailing Address 90 South Bedford Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4980

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin McCune

Mailing Address 1775 Dempster

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health

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  
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4990

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah M Mollo

Mailing Address 46 Fox Den road

City

Mt Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4973

Amount of Each Receipt this Period

500.00

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

1750.00

**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 22 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Antoinette Nigro

Mailing Address 90 S. Bedford Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4963

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marshal D. Peris, MD

Mailing Address 17 Cornel Drive

City

Goldens Bridge

State

NY

Zip Code

10526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Med. Grp.

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4984

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Maxwell B Plesset

Mailing Address 7 Brevoort Place

City

Chappaqu

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.5047

Amount of Each Receipt this Period

250.00

**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 23 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Emily Puntillo

Mailing Address 286 Hall Avenue

City

West Harrison

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4998

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Raffalli

Mailing Address 139 Pleasantville Road

City

Pleasantville

State

NY

Zip Code

10570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
Hospitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4976

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Kismore Ranade

Mailing Address 37 Griffith Lane

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period

250.00

**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 24 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Jill I Ratner

Mailing Address 14 Shoshone Drive

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Roger N Riechers

Mailing Address 250 Byram lake Road

City

mount Kisco

State

NM

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas A Roth

Mailing Address 110 Bedford Road

City

Mt. Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4974

Amount of Each Receipt this Period

1000.00

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

2500.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Schachne

Mailing Address 17 Mohawk Trail

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Scott

Mailing Address 9 Deer Creek Lane

City

Mt. Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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 Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel E Shapiro

Mailing Address 41 Weavers Hill

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5041

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: PAGE 26 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Skubic

Mailing Address 3648 Mount Vernon Lane

City

Woodbury

State

MN

Zip Code

58129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4993

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Shawn L. Slack

Mailing Address 5132 27th Avenue W.

City

Everett

State

WA

Zip Code

98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Everett Clinic

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5048

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Chester A. Speed

Mailing Address 6004 Cobalt Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Grp. Ass-  
oc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4991

Amount of Each Receipt this Period

1000.00

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

1750.00

**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 27 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Jodi A Sutton

Mailing Address 6 Pipity Brook Lane

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Wallach

Mailing Address 39 Laurelton Road

City

Mt Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5015

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael S Wein

Mailing Address 71 Harris Road

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

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  
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4982

Amount of Each Receipt this Period

250.00

**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 28 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary Wenick

Mailing Address 2050 route 22

City

Brewster

State

NJ

Zip Code

10509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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 Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4967

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David J Yasgur

Mailing Address 11 Katonah Crossing

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

Occupation  
Physican

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4970

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Roy Yawn

Mailing Address 826 19th St NE

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olmstead Medical Group

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  
0 3 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.4985

Amount of Each Receipt this Period

250.00

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

1750.00

**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 29 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Maria Linda Zapson

Mailing Address 111 Bedford Road

City

Katanah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Kisco Medical Group

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  
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4969

Amount of Each Receipt this Period

500.00

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

500.00

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

42801.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MAX BAUCUS

Mailing Address BOX 586

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB23.5055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City  
Sacramento

State  
CA

Zip Code  
95841

Purpose of Disbursement  
cash contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 01

**Transaction ID:** SB23.5057

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City  
SEATTLE

State  
WA

Zip Code  
98124

Purpose of Disbursement  
Cash contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: WA District: 00

**Transaction ID:** SB23.5054

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 32

<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

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

NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address PO BOX 3498

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: OR District: 00

Transaction ID: SB23.5056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 32

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

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

NAME OF COMMITTEE (In Full)

American Medical Group Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 1206

City  
Brea

State  
CA

Zip Code  
92822-8713

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB29.4900

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.36

**B.**

Full Name (Last, First, Middle Initial)

Chester A. Speed

Mailing Address 6004 Cobalt Road

City  
Bethesda

State  
MD

Zip Code  
20816

Purpose of Disbursement  
postage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB29.5051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

320.02

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

374.38

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

374.38