

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 ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 25 Massachusetts Ave, NW Suite 600 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00000422 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2011 through 08 31 2011

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

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Electronically Filed by Kevin Walker Date 09 14 2011

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1463048.95
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	1910174.41									
(c) Total Receipts (from Line 19) .....	49703.20	699659.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1959877.61	2162708.64								
7. Total Disbursements (from Line 31) .....	9057.98	211889.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1950819.63	1950819.63								
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**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	19600.74	258592.16
(ii) Unitemized .....	30087.49	438982.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	49688.23	697574.45
(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) .....	49688.23	697574.45
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.97	85.24
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)) .....	49703.20	699659.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49703.20	699659.69

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.....	557.98	6880.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	557.98	6880.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	400.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8500.00	201500.00
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	2130.03
(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	2130.03
29. Other Disbursements.....	0.00	978.36
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))..	9057.98	211889.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9057.98	211889.01

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) .....	49688.23	697574.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2130.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49688.23	695444.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	557.98	6880.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	557.98	6880.62

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rafael Victor Miguel, MD	Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 25 S Treasure Dr	<b>Transaction ID:</b> 41493905
	City State Zip Code Tampa FL 33609-3508	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UNIVERSITY OF SOUTH FLORIDA PHYSICIANS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Armstrong, Jr. MD	Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 8700 Stony Point Pkwy Ste 110	<b>Transaction ID:</b> 41493910
	City State Zip Code Richmond VA 23235-1968	Amount of Each Receipt this Period 83.40
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Mark Dixon, MD	Date of Receipt MM / DD / YYYY 08 / 10 / 2011
	Mailing Address PO Box 2160	<b>Transaction ID:</b> 41618725
	City State Zip Code Litchfield Pk AZ 85340-2160	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer EAC PHYSICIANS PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1333.40</b>
<b>TOTAL</b> 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 / 78  
(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)  
Phillip Wayne Curtis, MD

Mailing Address PO Box 847

City State Zip Code  
**Liberty Lake WA 99019-0847**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
**INLAND IMAGING ASSOCIATES PC Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2011  
**Transaction ID: 41618726**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Alfonso M Prado, MD

Mailing Address 5913 Patton St

City State Zip Code  
**Crp Christi TX 78414-2429**

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 08 / 10 / 2011  
**Transaction ID: 41618736**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Marshall Panzer, MD

Mailing Address 537 Stanton Christiana Rd  
Ste 107/207

City State Zip Code  
**Newark DE 19713-2146**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
**PANZER DERMATOLOGY & COSMETIC SURGERY Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2011  
**Transaction ID: 41618993**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Irvin Adams, MD		Date of Receipt																					
	Mailing Address 416 Munro Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	0		2	0	1	1														
	City State Zip Code Mill Hall PA 17751-8463		<b>Transaction ID:</b> 41619168																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: HEALTH SERVICES OF CLARION INC Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35		83.37																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven James Hattamer, MD		Date of Receipt																					
	Mailing Address 8 Prospect St Dept Of Anesthesiology		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	0		2	0	1	1														
	City State Zip Code Nashua NH 03060-3925		<b>Transaction ID:</b> 41619169																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: NASHUA ANESTHESIA PARTNERS PLLC Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35		83.37																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD		Date of Receipt																					
	Mailing Address 1620 S Congress Ave Ste 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	0		2	0	1	1														
	City State Zip Code Palm Springs FL 33461-2128		<b>Transaction ID:</b> 41619170																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: PLASTIC SURGERY OF PALM BEACH PA Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35		83.37																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.11
<b>TOTAL</b> 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 / 78  
(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)  
Michael David Olgren, MD

Mailing Address 1042 Eastwood Ave SE

City State Zip Code  
Grand Rapids MI 49506-3578

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
GRAND RIVER EMERGENCY MEDICAL GROUP PL Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** 41619171

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Werner, MD

Mailing Address 1014 Edgewood Cir

City State Zip Code  
Marinette WI 54143-4224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NORTHREACH HEALTHCARE Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.28

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

**Transaction ID:** 41679865

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Mark Mandabach, MD

Mailing Address 619 19th St S  
UAB Dept of Anesthesiology

City State Zip Code  
Birmingham AL 35249-1900

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
UAHSF PSYCHIATRY Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.28

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

**Transaction ID:** 41679866

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... 583.32

**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 10 / 78

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Thos Hay, MD		Date of Receipt	
	Mailing Address 477 N El Camino Real Ste A306		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679867
	Encinitas	CA	92024-1350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 333.28		

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Alvin Backs, MD		Date of Receipt	
	Mailing Address 1776 Chatham Rd		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679868
	Springfield	IL	62704-3202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 333.28		

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD		Date of Receipt	
	Mailing Address 612 Cody Dr		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679869
	Thomasville	NC	27360-9674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 333.28		

**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 11 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City State Zip Code  
Tallahassee FL 32303-2822

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

Name of Employer PATIENTS FIRST Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679871

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Howard Coblentz Hines, MD

Mailing Address 106 Milford St Ste 301

City State Zip Code  
Salisbury MD 21804-6962

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

Name of Employer PENINSULA DERMATOLOGY ASSOCIATES PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679872

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Paul Erik Houmann, MD

Mailing Address 1809 Cleveland Street Ext

City State Zip Code  
Greenville SC 29607-3029

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  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679873

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 12 / 78
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Russell C Raphaely, MD		Date of Receipt	
	Mailing Address 1600 Rockland Rd Dupont Hosp For Child		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679875
	Wilmington	DE	19803-3607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer PROF SERVICE FUND ANES		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Christopher Reilly, MD		Date of Receipt	
	Mailing Address 108 Deer Grove Ct		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679876
	Elizabethtown	KY	42701-6986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer US ARMY		Occupation Neuroradiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jose F Arrascue, MD		Date of Receipt	
	Mailing Address 5503 S Congress Ave Ste 103		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679878
	Atlantis	FL	33462-6614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer SOUTH PALM BEACH NEPHROLO- GY PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.98
<b>TOTAL</b> 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 / 78  
(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)  
Roy Gilbert Soto, MD  
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 ASSOCIATES PC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28  
Date of Receipt 08 / 21 / 2011  
Transaction ID: 41679879  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Judson J Somerville, MD  
Mailing Address PO Box 452128  
City Laredo State TX Zip Code 78045-0052  
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 08 / 21 / 2011  
Transaction ID: 41679880  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
William Wells Simmons, MD  
Mailing Address 5204 Box Turtle Cir  
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:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28  
Date of Receipt 08 / 21 / 2011  
Transaction ID: 41679881  
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 14 / 78  
(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)  
William T Bradley, MD

Mailing Address 2800 E Broad St  
Ste 504

City Mansfield State TX Zip Code 76063-6417

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

Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID: 41679882**  
 Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Terrance Wm Breen, MD

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 ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID: 41679883**  
 Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Juan Manuel Pardo, MD

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 ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID: 41679884**  
 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 15 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)

Juan Michael Pardo, MD

Mailing Address 2002 Medical Pkwy  
Ste 230

City State Zip Code  
Annapolis MD 21401-3282

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679885

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Leon Harvey Chandler, MD

Mailing Address 4100 Lake Otis Pkwy  
Ste 216

City State Zip Code  
Anchorage AK 99508-5230

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

Name of Employer A A SPECIALTY HEALTH CLIN-IC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679886

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Christopher Peter Poje, MD

Mailing Address 3580 Sheridan Dr

City State Zip Code  
Buffalo NY 14226-1645

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 ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679887

Amount of Each Receipt this Period

41.66

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

124.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 78  
(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

**A.** Full Name (Last, First, Middle Initial)  
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill 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 ▼ 333.28

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679888

Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Carol Jean Ziel, MD

Mailing Address 2025 Frontis Plaza Blvd Ste 100  
Duke Eye Ctr Winston-Salem

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer DUKE EYE CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679889

Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Damon Michael Dietrich, MD

Mailing Address 229 English Turn Dr

City New Orleans State LA Zip Code 70131-3348

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

Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679890

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 17 / 78  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
James Albert Corwin, MD

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 ▼ 333.36

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679891

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Juan Francisco Fitz, MD

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 AD-MINISTRATION Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679892

Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Michael Armstrong, Jr. MD

Mailing Address 8700 Stony Point Pkwy Ste 110

City Richmond State VA Zip Code 23235-1968

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 08 / 21 / 2011

Transaction ID: 41679893

Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.98**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Masud Iqbal Malik, MD		Date of Receipt
	Mailing Address 3865 N Mulford Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockford	IL	61114-5603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41679894
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"/>
		<input type="text"/> 333.28	<input type="text"/> 41.66

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Alan Hopkins, MD		Date of Receipt
	Mailing Address 4252 Highland Dr Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Salt Lake City	UT	84124-2690
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41679895
Name of Employer WESTERN UROLOGICAL CLINIC		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"/>
		<input type="text"/> 333.28	<input type="text"/> 41.66

<b>C.</b>	Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD		Date of Receipt
	Mailing Address 600 N Fairbanks Ct Apt 2501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60611-5856
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41679896
Name of Employer NOMC MACNEAL RADIATION TH- ERAPY		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"/>
		<input type="text"/> 333.28	<input type="text"/> 41.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 124.98
<b>TOTAL</b> 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 19 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)  
Marilyn Joan Heine, MD

Mailing Address 900 Twining Rd

City State Zip Code  
Dresher PA 19025-1726

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

Name of Employer  
SEVERN EMERGENCY PHYSICIAN-S

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679898

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)  
Jason Michael Goldman, MD

Mailing Address 3001 Coral Hills Dr  
Ste 340

City State Zip Code  
Coral Springs FL 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 ▼  
333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679899

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)  
Elmer G Smith, MD

Mailing Address 4351 Booth Calloway Rd  
Ste 311

City State Zip Code  
N Richlnd Hls TX 76180-7380

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 ▼  
333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679900

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 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Laurence Heacock, MD		Date of Receipt	
	Mailing Address 2002 Medical Pkwy Ste 230		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679901
	Annapolis	MD	21401-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer ANNAPOLIS ENT		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joydeep Som, MD		Date of Receipt	
	Mailing Address 2002 Medical Pkwy Ste 230		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679902
	Annapolis	MD	21401-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
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 ▼ 333.28		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Franklin Tate, MD		Date of Receipt	
	Mailing Address 1090 SW 15th St		M M / D D / Y Y Y Y 08 / 21 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41679903
	Boca Raton	FL	33486-6858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.66	
Name of Employer RADIOLOGIST OF N FT LAUDE- RDALE PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.98
<b>TOTAL</b> 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 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Allen Dart, MD

Mailing Address 1000 N Oak Ave  
Marshfield Clinic Research Foundat

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 ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

Transaction ID: 41679904

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Harold A Woodcome, MD

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 ▼ 433.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

Transaction ID: 41679905

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Theodore A Calianos, MD

Mailing Address 151 Whitmar Rd

City Cotuit State MA Zip Code 02635-2931

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

Transaction ID: 41679906

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 22 / 78  
(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

**A.**

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

Mailing Address 115 Woodbine Ln

City State Zip Code  
Danville PA 17821-9118

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

Name of Employer Occupation  
GEISINGER MEDICAL CENTER Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679907

Amount of Each Receipt this Period  
41.66

**B.**

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

Mailing Address 44 Buckingham Dr

City State Zip Code  
Belle Mead NJ 08502-4022

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

Name of Employer Occupation  
HIGHLAND PARK MEDICAL ASSOCIATES Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679908

Amount of Each Receipt this Period  
41.66

**C.**

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

Mailing Address 2400 Patterson St Ste 201

City State Zip Code  
Nashville TN 37203-1587

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

Name of Employer Occupation  
CORNEA CONSULTANTS OF NASHVILLE PLLC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679909

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: <span style="float: right;">PAGE 23 / 78</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) John Norris Harrington, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 9301 N Central Expy Ste 595	<b>Transaction ID:</b> 41679910
	City Dallas State TX Zip Code 75231-0812	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 333.28	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Michael Kline, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 446 Beardsley Cir	<b>Transaction ID:</b> 41679911
	City Henderson State NV Zip Code 89052-2669	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer COMPREHENSIVE CANCER CTRS OF NV Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 333.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) Raj Behari Lal, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 2809 Meyers Rd	<b>Transaction ID:</b> 41679912
	City Oak Brook State IL Zip Code 60523-1623	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> 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 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas James Madejski, MD

Mailing Address 100 Ohio St  
Ste C

City State Zip Code  
Medina NY 14103-1191

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 666.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679914

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Patricia J Lindholm, MD

Mailing Address 615 S Mill St  
Lake Region Hlthcare ClnC

City State Zip Code  
Fergus Falls MN 56537-2756

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

Name of Employer Occupation  
FERGUS FALLS MEDICAL GROUP PA Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679915

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)  
Isabel Vega, MD

Mailing Address 525 Cardinal Cir

City State Zip Code  
Muskogee OK 74403-8661

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679920

Amount of Each Receipt this Period

41.66

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

166.65

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

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

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

FOR LINE NUMBER: PAGE 25 / 78  
(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)  
David Glen Morrell, MD  
Mailing Address 2121 N 1700 W

City Layton State UT Zip Code 84041-8803

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID:** 41679921  
 Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Charles Frederick Willson, MD  
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 PHYSIC- IANS Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID:** 41679922  
 Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Richard S Frankenstein, MD  
Mailing Address 3660 Arlington Ave  
Riverside Medical Clinic

City Riverside State CA Zip Code 92506-3912

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

Name of Employer RIVERSIDE MED CLINIC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011  
**Transaction ID:** 41679923  
 Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 78  
(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

**A.** Full Name (Last, First, Middle Initial)  
Howard Bradley Chodash, MD

Mailing Address 3804 Indian Lands Ln

City State Zip Code  
Springfield IL 62711-8214

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

Name of Employer HEALTHCARE NETWORK ASSOCIATES  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679925

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Niranjan Marino Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City State Zip Code  
Oneida NY 13421-1851

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  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679926

Amount of Each Receipt this Period  
41.66

**C.** Full Name (Last, First, Middle Initial)  
Scott Robert Hannum, DO

Mailing Address 6554 Lake Burden View Dr

City State Zip Code  
Windermere FL 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 ▼  
333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID:** 41679927

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 27 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Mc Elroy Mann, MD

Mailing Address 163 N Date St

City Escondido State CA Zip Code 92025-3405

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 08 / 21 / 2011

Transaction ID: 41679928

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Gary Robert Katz, MD

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 ▼ 333.36

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679929

Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Buford Yelvington, MD

Mailing Address 1609 N Medical Dr

City Stuttgart State AR Zip Code 72160-3274

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

Name of Employer STUTTGART REGIONAL CLINIC NETWORK Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679932

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 28 / 78  
(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**

**A.**

Full Name (Last, First, Middle Initial)  
Steven Anthony Severyn, MD

Mailing Address 1231 Granville Rd

City State Zip Code  
Newark OH 43055-2148

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

Name of Employer Occupation  
OHIO STATE SPINE CENTER Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID: 41679933**

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Edward Daghish, MD

Mailing Address 311 W Noble Ave

City State Zip Code  
Visalia CA 93277-2669

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

Name of Employer Occupation  
VISALIA FAMILY PRACTICE MEDICAL GROUP Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID: 41679935**

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Julia Virginia Johnson, MD

Mailing Address 119 Belmont St  
Umass Memorial Medical Center

City State Zip Code  
Worcester MA 01605-2903

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

Name of Employer Occupation  
UMASS MEMORIAL HOSPITAL Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2011

**Transaction ID: 41679936**

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 29 / 78  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard Mahlon Unger, MD</p> <p>Mailing Address 116 Silver Palm Ave</p> <p>City State Zip Code Melbourne FL 32901-3172</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.28</p>	<p>Date of Receipt MM / DD / YYYY 08 / 21 / 2011</p> <p><b>Transaction ID:</b> 41679937</p> <p>Amount of Each Receipt this Period 41.66</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) William Alan Handelman, MD</p> <p>Mailing Address 780 Litchfield St Ste 200</p> <p>City State Zip Code Torrington CT 06790-6268</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer NEPHROLOGY ASSOC</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 433.28</p>	<p>Date of Receipt MM / DD / YYYY 08 / 21 / 2011</p> <p><b>Transaction ID:</b> 41679938</p> <p>Amount of Each Receipt this Period 41.66</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michelle A Berger, MD</p> <p>Mailing Address 4100 Duval Rd Ste 4-205</p> <p>City State Zip Code Austin TX 78759-4278</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.28</p>	<p>Date of Receipt MM / DD / YYYY 08 / 21 / 2011</p> <p><b>Transaction ID:</b> 41679939</p> <p>Amount of Each Receipt this Period 41.66</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> 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 30 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)

John Weeks Culclasure, MD

Mailing Address 3325 Love Cir

City State Zip Code  
Nashville TN 37212-3223

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

Name of Employer Occupation  
HOWELL ALLEN CLINIC Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679940

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)

Michael Vest, DO

Mailing Address 11 Sarahs Pl

City State Zip Code  
Wallingford CT 06492-4757

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

Name of Employer Occupation  
YALE UNIVERSITY Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679941

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)

Gary Lewis Woods, MD

Mailing Address 264 Pleasant St

City State Zip Code  
Concord NH 03301-2551

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

Name of Employer Occupation  
CONCORD ORTHOPAEDICS PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 41679942

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 / 78  
(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

**A.**

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

Mailing Address 3005 Hedgerow Ln

City Springfield State IL Zip Code 62704-6325

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 ▼ 333.36

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679943

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Hector R Trevino-Guerra, MD

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 ▼ 333.36

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679944

Amount of Each Receipt this Period 41.66

**C.**

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

Mailing Address 195 Morris Ave

City Providence State RI Zip Code 02906-2428

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 ▼ 333.36

Date of Receipt 08 / 21 / 2011

Transaction ID: 41679945

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 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Margaret Garikes	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 4003 Sharp Place	<b>Transaction ID:</b> 41679946
	City State Zip Code Alexandria VA 22304-1736	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Silleck Bailey, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 700 W El Norte Pkwy # 201	<b>Transaction ID:</b> 41679947
	City State Zip Code Escondido CA 92026-3923	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher James Conlin, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 6590 Andersonville Rd	<b>Transaction ID:</b> 41679948
	City State Zip Code Clarkston MI 48346-2794	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DRA FLINT PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>124.98</b>
<b>TOTAL</b> 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 / 78  
(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)  
David Lawrence Blandford, MD

Mailing Address 1937 Old Main St  
Ste 1

City Maysville State KY Zip Code 41056-8926

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

Name of Employer KENTUCKY EYE INSTITUTE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2011  
Transaction ID: 41679949  
Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
John Albert Kazmierowski, MD

Mailing Address 2415 NE 134th St  
Ste 301

City Vancouver State WA Zip Code 98686-3029

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

Name of Employer ALLERGY ASTHMA & DERMATOLOGY ASSOC PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2011  
Transaction ID: 41679950  
Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Deepak Azad, MD MPH

Mailing Address 3505 Charlevoix Ct

City Floyds Knobs State IN Zip Code 47119-9761

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 433.36

Date of Receipt 08 / 21 / 2011  
Transaction ID: 41679951  
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 34 / 78
	(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"/> 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James D Palmer, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 200 Jose Figueres Ave Ste 415	<b>Transaction ID:</b> 41679952
	City State Zip Code San Jose CA 95116-1596	Amount of Each Receipt this Period 41.66
	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 ▼ 333.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adam Sungwhan Kim, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2011
	Mailing Address 665 Goodrich Ave	<b>Transaction ID:</b> 41680089
	City State Zip Code Saint Paul MN 55105-3522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MINNESOTA GASTROENTEROLOGY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Robt Stump, MD	Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address 200 Kona Cir	<b>Transaction ID:</b> 41680528
	City State Zip Code Milford DE 19963-5396	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	591.66
<b>TOTAL</b> 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 35 / 78  
(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**

**A.**

Full Name (Last, First, Middle Initial)  
John Michael Van Etta, MD

Mailing Address 1535 Skywood Ln

City State Zip Code  
Duluth MN 55805-1153

FEC ID number of contributing federal political committee. C

Name of Employer  
ST LUKES INTERNAL MEDICINE ASSOCIATES

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684136

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Linda Lee Van Etta, MD

Mailing Address 1001 E Superior St  
Assoc/St Lukes Lakeview 201

City State Zip Code  
Duluth MN 55802-2207

FEC ID number of contributing federal political committee. C

Name of Employer  
ST LUKES INTERNAL MEDICINE ASSOCIATES

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684137

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Nestor A Ramirez-Lopez, MD

Mailing Address 1319 Grandview Dr

City State Zip Code  
Champaign IL 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 ▼  
666.64

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684138

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 36 / 78  
(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**

**A.** Full Name (Last, First, Middle Initial)  
Joy Ann Maxey, MD

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 PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

**Transaction ID:** 41684139

Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Elvin C Irvin, MD

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

**Transaction ID:** 41684140

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Keith Francis De Sonier, MD

Mailing Address 555 Dr Michael Debakey Dr Ste 103

City Lake Charles State LA Zip Code 70601-5700

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

**Transaction ID:** 41684141

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 37 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Steven Polsley, MD		Date of Receipt	
	Mailing Address 900 Scioto St Ste 7		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684142
	Urbana	OH	43078-2251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer FAMILY PHYSICIANS OF URBA- NA INC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

<b>B.</b>	Full Name (Last, First, Middle Initial) William Lee Hamilton, MD		Date of Receipt	
	Mailing Address 5171 Cottonwood St Ste 750		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684143
	Salt Lake City	UT	84107-5705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer INTERMOUNTAIN HEALTHCARE		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.64		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. George E. Cox		Date of Receipt	
	Mailing Address 10308 Fleming Ave.		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684144
	Bethesda	MD	20814-2136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION		Occupation AMA Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.99
<b>TOTAL</b> 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 38 / 78  
(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)  
Mr. Dean Armandroff

Mailing Address 902 Oronoco St.

City State Zip Code  
**Alexandria VA 22314-2235**

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 ▼ 666.68

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684145**

Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Nancy Louise Mueller, MD

Mailing Address 610 E Palisade Ave

City State Zip Code  
**Englewood NJ 07632-1801**

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684146**

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth D. Lancin

Mailing Address 610 East Plaisade Avenue

City State Zip Code  
**Englewood Cliffs NJ 07632-1801**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
**SELF-EMPLOYED Management Consultant**

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684147**

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 39 / 78  
(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)  
Keith Irvin Adams, MD  
 Mailing Address 416 Munro Rd  
 City State Zip Code  
 Mill Hall PA 17751-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEALTH SERVICES OF CLARION INC Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 666.68  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684148  
 Amount of Each Receipt this Period  
 83.33

**B.** Full Name (Last, First, Middle Initial)  
Lisa Bohman Egbert, MD  
 Mailing Address 7720 Paragon Rd  
 Ste A1  
 City State Zip Code  
 Dayton OH 45459-4054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PARAGON WOMEN'S CARE Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 666.64  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684149  
 Amount of Each Receipt this Period  
 83.33

**C.** Full Name (Last, First, Middle Initial)  
Gregory Jude Gallina, MD  
 Mailing Address 255 W Spring Valley Ave  
 Ste 103  
 City State Zip Code  
 Maywood NJ 07607-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 COLON RECTAL SURGERY PA Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 666.64  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684150  
 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 40 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Allan Goodyear, MD FACS		Date of Receipt	
	Mailing Address 2100 N Broad St Ste 100 North Penn Surgical Assoc		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684151
	Lansdale	PA	19446-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer NORTH PENN SURGICAL ASSOCIATES		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.68		

<b>B.</b>	Full Name (Last, First, Middle Initial) Floyd Anthony Buras, Jr. MD		Date of Receipt	
	Mailing Address 713 Live Oak St		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684152
	Metairie	LA	70005-1243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer LEBOEUF & BURAS MDS INC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Susan Carpenter, MD		Date of Receipt	
	Mailing Address PO Box 769		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 41684153
	Winner	SD	57580-0769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.33	
Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.99
<b>TOTAL</b> 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 41 / 78  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Lee Dillehay, MD</p> <p>Mailing Address 5555 N Sheridan Rd Apt 1402</p> <p>City State Zip Code Chicago IL 60640-1636</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer LOYOLA UNIVERSITY PHYSICI- AN FOUNDATION</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">666.64</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 2 3 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 41684154</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Stuart Gitlow, MD</p> <p>Mailing Address 153 Gaskill St</p> <p>City State Zip Code Woonsocket RI 02895-1011</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">666.64</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 2 3 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 41684155</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Randolph J Gould, MD FACS</p> <p>Mailing Address 1801 Windy Ridge Pt</p> <p>City State Zip Code Virginia Bch VA 23454-1534</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NORFOLK SURGICAL GROUP LTD</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">766.64</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 2 3 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 41684156</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">249.99</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Steven James Hattamer, MD

Mailing Address 8 Prospect St  
Dept Of Anesthesiology

City State Zip Code  
Nashua NH 03060-3925

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

Name of Employer Occupation  
NASHUA ANESTHESIA PARTNERS Physician  
PLLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684157

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Robert Ernest Hertzka, MD

Mailing Address PO Box 1018

City State Zip Code  
Rcho Santa Fe CA 92067-1018

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

Name of Employer Occupation  
ANESTHESIA SERVICE MEDICAL Physician  
GROUP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684158

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
John Jos Kennedy, Jr. MD

Mailing Address 1675 Providence Ave

City State Zip Code  
Schenectady NY 12309-3919

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684159

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 43 / 78  
(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)  
Mark Chas Komorowski, MD

Mailing Address 610 S Trumbull St

City State Zip Code  
Bay City MI 48708-7656

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684160

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Daniel Joel Koretz, MD

Mailing Address 6200 Slocum Rd

City State Zip Code  
Ontario NY 14519-9142

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684161

Amount of Each Receipt this Period  
83.33

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

Mailing Address 334 Thomas More Pkwy  
Ste 160

City State Zip Code  
Crestview Hills KY 41017-3496

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

Name of Employer SPARROW HEALTH SYSTEM      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
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**Transaction ID:** 41684162

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Wm Mc Cormick, MD FACS		Date of Receipt
	Mailing Address 2222 Cherry St # 2-M200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Toledo	OH	43608-2673
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684163
Name of Employer NEUROSURGICAL NETWORK INC		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"/> 666.64	<input type="text"/> 83.33

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael E Migliori, MD		Date of Receipt
	Mailing Address 120 Dudley St Ste 301		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Providence	RI	02905-2429
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684164
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"/> 666.64	<input type="text"/> 83.33

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Kay Miller, MD		Date of Receipt
	Mailing Address 22 S 900 E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Salt Lake City	UT	84102-1307
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684165
Name of Employer INTERMOUNTAIN EAR NOSE & THROAT SPEC.		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"/> 666.64	<input type="text"/> 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.99
<b>TOTAL</b> 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 45 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Judith Richmond Pryblick, DO	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 5422 Holiday Dr	<b>Transaction ID:</b> 41684166
	City State Zip Code Allentown PA 18104-9439	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ST LUKES PHYSICIAN GROUP INC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lance Allen Talmage, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 45 Exmoor	<b>Transaction ID:</b> 41684167
	City State Zip Code Ottawa Hills OH 43615-2174	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 666.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin Walker	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 10635 Canterbury Rd.	<b>Transaction ID:</b> 41684168
	City State Zip Code Fairfax Station VA 22039-1927	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> 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 46 / 78  
(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

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

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 ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

**Transaction ID:** 41684169

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
David Thos Hannan, MD

Mailing Address 3669 Countryside Ln  
Box 110

City State Zip Code  
Marion NY 14505-9781

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

Name of Employer Occupation  
ARCADIA FAMILY PRACTICE PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

**Transaction ID:** 41684170

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Robert Cameron More, MD

Mailing Address 6 Sand Hill Rd  
Ste 102

City State Zip Code  
Flemington NJ 08822-4946

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

Name of Employer Occupation  
HUNTERDON ORTHOPEDIC INST-ITUTE Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

**Transaction ID:** 41684171

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 47 / 78  
(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)  
Stephen Alan Imbeau, MD

Mailing Address 800 E Cheves St Ste 420  
Allergy Asthma & 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 ▼ 666.64

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684172  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
William Austin Dolan, MD

Mailing Address 880 Westfall Rd  
Ste A

City Rochester State NY Zip Code 14618-2611

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

Name of Employer GENESEE VALLEY ORTHOPAEDIC CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684173  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Angelo S Carrabba, MD

Mailing Address 811 Blue Hills Ave

City Bloomfield State CT Zip Code 06002-3709

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684175  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

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

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

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

FOR LINE NUMBER: PAGE 48 / 78  
(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)  
Diana Reiko Shiba, MD

Mailing Address 9415 Campus Point Dr  
Dept Of Ophthalmology (Oph)

City La Jolla State CA Zip Code 92093-0001

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

Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684176  
Amount of Each Receipt this Period 41.66

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

Mailing Address 2000 Winton Rd S  
Ste 303

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684177  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Devdutta G Sangvai, MD

Mailing Address 708 Oxboro Cir

City Durham State NC Zip Code 27713-8298

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

Name of Employer DUKE UNIVERSITY Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
Transaction ID: 41684178  
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 49 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David George Gerkin, MD		Date of Receipt
	Mailing Address 2300 Lakemoor Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Knoxville	TN	37920-2815
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684179
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 ▼ 666.64	<input type="text"/> 83.33

<b>B.</b>	Full Name (Last, First, Middle Initial) Hans Chin Arora		Date of Receipt
	Mailing Address 540 W Belmont Ave Unit 2B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Chicago	IL	60657-4678
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684180
Name of Employer N/A		Occupation Medical Student	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 ▼ 333.28	<input type="text"/> 41.66

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Franklin, Jr. MD		Date of Receipt
	Mailing Address 5335 Summerfield Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Signal Mtn	TN	37377-2861
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41684181
Name of Employer NEPHROLOGY ASSOCIATES		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 ▼ 666.64	<input type="text"/> 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 208.32
<b>TOTAL</b> 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 50 / 78
	(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"/> 15
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Tildon-Burton, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 2600 Glasgow Ave Ste 207	<b>Transaction ID:</b> 41684183
	City Newark State DE Zip Code 19702-5704	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 666.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrice A Harris, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 99 Jesse Hill Jr Dr SE Ste 400	<b>Transaction ID:</b> 41684184
	City Atlanta State GA Zip Code 30303-3030	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 666.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen Blake, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 1001 Coal Ave SE Nm Heart Clinic	<b>Transaction ID:</b> 41684185
	City Albuquerque State NM Zip Code 87106-5205	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NEW MEXICO HEART INSTITUT- E-ALBUQUERQUE Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> 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 51 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Spurgeon Wm Clark, III MD

Mailing Address 502 Isabella St

City State Zip Code  
Waycross GA 31501-3638

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

Name of Employer  
EMORY HEALTHCARE

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684186

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
David Vito Nenna, MD

Mailing Address 1465 Route 31 S

City State Zip Code  
Annandale NJ 08801-3129

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

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684187

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
You Sung Sang, MD

Mailing Address 79 Wawecus St  
Ste 101

City State Zip Code  
Norwich CT 06360-2173

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

Name of Employer  
NORWICH GI ASSOCIATES PC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684188

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 52 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Dieter Pohl, MD

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684189

Amount of Each Receipt this Period 83.33

**B.**

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

Mailing Address 6127 Seacrest View Rd

City San Diego State CA Zip Code 92121-4123

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

Name of Employer KAISER FDN HEALTH PLAN NA-TION HQ Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684190

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Lee Morton, MD

Mailing Address 1001 Tower Way Ste 150

City Bakersfield State CA Zip Code 93309-1586

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 ▼ 766.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684191

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 53 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Raj Ambay, MD

Mailing Address 6422 E Maclaurin Dr

City Tampa State FL Zip Code 33647-1170

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

Name of Employer UW-MADISON Occupation Plastic Surgery Resident

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684192

Amount of Each Receipt this Period 41.66

**B.**

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

Mailing Address 4 Longfellow Pl Apt 2910

City Boston State MA Zip Code 02114-2826

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

Name of Employer PARTNERS HEALTH CARE Occupation Resident Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.62

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684193

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Payne Annis, MD

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-ADMINISTRAT-ION Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684194

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 54 / 78  
(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.** Full Name (Last, First, Middle Initial)  
Thomas Walton Eppes, Jr. MD

Mailing Address PO Box 389

City State Zip Code  
Forest VA 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 ▼  
666.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684195

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Srinivas B Mukkamala, MD

Mailing Address 1170 Charter Dr Ste F

City State Zip Code  
Flint MI 48532-3587

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

Name of Employer SELF-EMPLOYED  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684196

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Erick Allen Eiting, MD

Mailing Address 3100 Riverside Dr Apt 336

City State Zip Code  
Los Angeles CA 90027-1491

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 ▼  
333.36

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684198

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: PAGE 55 / 78  
(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

**A.**

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

Mailing Address 4235 Secor Rd

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684199**  
Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Snyder, MD

Mailing Address 8630 Fenton St Ste 608

City Silver Spring State MD Zip Code 20910-3830

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684200**  
Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID: 41684201**  
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 56 / 78  
(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

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

Mailing Address 21 Ravona St

City Clifton State NJ Zip Code 07012-1521

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684202  
 Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
William Eric Kobler, MD

Mailing Address 6729 Mill Brook Dr

City Rockford State IL Zip Code 61108-4310

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

Name of Employer OSF MEDICAL GROUP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684203  
 Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Peter Scott Lund, MD FACS

Mailing Address 311 W 24th St Ste 101

City Erie State PA Zip Code 16502-2668

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

Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684204  
 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 57 / 78  
(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)  
David John Schifeling, MD

Mailing Address 900 W Clairemont Ave

City Eau Claire State WI Zip Code 54701-6122

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684205

Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Ruth Jean Schulze, MD

Mailing Address 577 Chestnut Ridge Rd Ste 2

City Woodcliff Lk State NJ Zip Code 07677-8400

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

Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF LAKE Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684207

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
John Robt Mc Gill, MD

Mailing Address 436A State St

City Bangor State ME Zip Code 04401-6606

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684208

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 58 / 78  
(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

**A.** Full Name (Last, First, Middle Initial)  
Perry Lynn Haney, MD

Mailing Address PO Box 6680

City State Zip Code  
Denver CO 80206-0680

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

Name of Employer Occupation  
SPINEONE, INC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684209

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Roni Ephrat, MD

Mailing Address 116 Broadway

City State Zip Code  
Norwood NJ 07648-1401

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

Name of Employer Occupation  
BERGEN ANESTHESIA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684210

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Fay Wu, MD

Mailing Address 2504 Samaritan Dr  
Ste 20

City State Zip Code  
San Jose CA 95124-4005

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 ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684211

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 59 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Allan Sandler, MD

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684212

Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
Robert Puchalski, MD

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684213

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Seth Yawki Flagg, MD

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 ▼ 433.36

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684214

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: PAGE 60 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)  
Samantha Leona Rosman, MD

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  
BOSTON MEDICAL CENTER Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684215

Amount of Each Receipt this Period  
41.66

**B.**

Full Name (Last, First, Middle Initial)  
Betty Shuwein Chu, MD

Mailing Address 233 Warrington Rd

City State Zip Code  
Bloomfield MI 48304-2952

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 ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684216

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Dale Clifford Moquist, MD

Mailing Address 14023 Southwest Fwy  
Physicians at Sugarcreek

City State Zip Code  
Sugar Land TX 77478-3550

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

Name of Employer Occupation  
MEMORIAL HERMANN Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684217

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 61 / 78  
(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)  
Mr. Thomas P. Healy, Jr.  
Mailing Address 547 S Clark St Apt 1401

City State Zip Code  
Chicago IL 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 ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684218  
 Amount of Each Receipt this Period 83.33

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

City State Zip Code  
Clifton Park NY 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 ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684219  
 Amount of Each Receipt this Period 83.33

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

City State Zip Code  
Pawleys Isl SC 29585-7425

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

Name of Employer SELF-EMPLOYED  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 3 / 2 0 1 1  
**Transaction ID:** 41684220  
 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 62 / 78  
(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)  
Michael Jos Sexton, MD  
 Mailing Address 12 Erica Ct  
 City State Zip Code  
 Novato CA 94947-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64  
 Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684221  
 Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Joel Thos Bundy, MD  
 Mailing Address 745 Battlefield Blvd N  
 City State Zip Code  
 Chesapeake VA 23320-0305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TIDEWATER KIDNEY SPECIALI-STS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 766.64  
 Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684222  
 Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Christopher Eric Bucciarelli  
 Mailing Address 2360 SW Archer Rd Apt 311  
 City State Zip Code  
 Gainesville FL 32608-1010  
 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 ▼ 333.28  
 Date of Receipt 08 / 23 / 2011  
**Transaction ID:** 41684223  
 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: PAGE 63 / 78

(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**

**A.**

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

Mailing Address 2024 S 6th St

City State Zip Code  
Brainerd MN 56401-4529

FEC ID number of contributing federal political committee. C

Name of Employer  
BRAINERD MEDICAL CENTER  
INC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684224

Amount of Each Receipt this Period  
83.33

**B.**

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

Mailing Address 741 Hunt Ln

City State Zip Code  
Flourtown PA 19031-1001

FEC ID number of contributing federal political committee. C

Name of Employer  
ARTHUR K BALIN MD PHD PC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684225

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Russell Clark Libby, MD

Mailing Address 1347 Lancia Dr

City State Zip Code  
McLean VA 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 ▼  
666.68

Date of Receipt  
08 / 23 / 2011

**Transaction ID:** 41684227

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 64 / 78  
(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

**A.** Full Name (Last, First, Middle Initial)  
Aaron Edward George

Mailing Address 219 Vine St

City Danville State PA Zip Code 17821-1162

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 ▼ 333.28

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684228

Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Jack M Chapman, MD

Mailing Address 2061 Beverly Rd

City Gainesville State GA Zip Code 30501-2034

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684229

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Richard Earl Thorp, MD

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 ▼ 666.64

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684230

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 65 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Georgia Anne Tuttle, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 129 Mechanic St The Skin Care Ctr	<b>Transaction ID:</b> 41684231
	City Lebanon State NH Zip Code 03766-1522	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 666.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Rudd Bailey, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 5929 Lovell Ave Fwaa	<b>Transaction ID:</b> 41684232
	City Fort Worth State TX Zip Code 76107-5029	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maureen Rose Lannan, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 622 Cypress St	<b>Transaction ID:</b> 41684233
	City Sulphur State LA Zip Code 70663-5052	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> 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 / 78  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Nancy Kyler

Mailing Address 675 Sherwood Ln.

City State Zip Code  
Staunton VA 24401-4425

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 ▼  
666.68

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684234

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Maryanne C Bombaugh, MD

Mailing Address 81 Clowes Dr

City State Zip Code  
Falmouth MA 02540-2333

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684235

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
John E Christie, MD

Mailing Address 2661 Riva Rd  
Bldg 600

City State Zip Code  
Annapolis MD 21401-7353

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 ▼  
750.01

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 41684236

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 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
John Francis Irving, MD

Mailing Address 199 Whitney Ave  
The Orthopaedic Group, Llc

City State Zip Code  
New Haven CT 06511-3786

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

Name of Employer Occupation  
THE ORTHOPAEDIC GROUP Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684237

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
John M De Figueiredo, MD

Mailing Address PO Box 1230

City State Zip Code  
Enfield CT 06083-1230

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684238

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Peter Amberg Hollmann, MD

Mailing Address 74 Fort Ave

City State Zip Code  
Cranston RI 02905-3610

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

Name of Employer Occupation  
BLUE CROSS BLUE SHIELD OF RI Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 41684239

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 68 / 78  
(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)  
Badri N Nath, MD

Mailing Address 41990 Cook St  
Ste B201

City State Zip Code  
Palm Desert CA 92211-6101

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

Name of Employer SELF-EMPLOYED      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684240

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Robert Norman Page, MD

Mailing Address 315 Erin Dr

City State Zip Code  
Knoxville TN 37919-6202

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

Name of Employer KNOXVILLE DERMATOPATHOLOGY      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684241

Amount of Each Receipt this Period  
83.33

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

Mailing Address 939 Emerald Ave Ste 806  
Clark Tower

City State Zip Code  
Knoxville TN 37917-4502

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

Name of Employer SELF-EMPLOYED      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      666.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

**Transaction ID:** 41684242

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 69 / 78  
(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

**A.**

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

Mailing Address RR 1 Box 1002

City Linton State IN Zip Code 47441-9497

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 ▼ 766.68

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684243

Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
Steve Young Lee

Mailing Address 47 E Concord St Apt 2

City Boston State MA Zip Code 02118-1986

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 ▼ 375.02

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684244

Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Jordan Metz Vanlare

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 ▼ 333.36

Date of Receipt 08 / 23 / 2011

Transaction ID: 41684245

Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.65

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 78
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jesse Menachem Ehrenfeld, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 900 20th Ave S Apt 1611	<b>Transaction ID:</b> 41684246
	City Nashville State TN Zip Code 37212-2250	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MASS GENERAL HOSPITAL Occupation Resident Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Joe Price, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 5 Durham Rd PO Box 368	<b>Transaction ID:</b> 41684247
	City Guilford State CT Zip Code 06437-2076	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer GARY PRICE, MD, PC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Alfred Mc Dade, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 5841 S Maryland Ave	<b>Transaction ID:</b> 41684248
	City Chicago State IL Zip Code 60637-1447	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> 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 / 78  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Neil Emerson Winston, MD</p> <p>Mailing Address 1476 S Prairie Ave Unit C</p> <p>City State Zip Code Chicago IL 60605-3343</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">666.68</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 23 / 2011</span></p> <p><b>Transaction ID:</b> 41684249</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD</p> <p>Mailing Address 1620 S Congress Ave Ste 100</p> <p>City State Zip Code Palm Springs FL 33461-2128</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer PLASTIC SURGERY OF PALM BEACH PA</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">666.68</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 23 / 2011</span></p> <p><b>Transaction ID:</b> 41684487</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul Ernest Jennings, MD</p> <p>Mailing Address PO Box 987</p> <p>City State Zip Code San Marcos TX 78667-0987</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2011</span></p> <p><b>Transaction ID:</b> 41809894</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">666.66</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 72 / 78  
(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)  
Paul Ernest Jennings, MD

Mailing Address PO Box 987

City San Marcos State TX Zip Code 78667-0987

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 08 / 26 / 2011

**Transaction ID:** 41809901

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Venesa Jean Ingold, MD

Mailing Address 640 S 73rd PI

City Kansas City State KS Zip Code 66111-2734

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 08 / 27 / 2011

**Transaction ID:** 41810775

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Bradley Paul Mackler

Mailing Address 924 Middleford Rd

City Seaford State DE Zip Code 19973-3604

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 ▼ 1100.00

Date of Receipt 08 / 24 / 2011

**Transaction ID:** 41822521

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 73 / 78

(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

**A.**

Full Name (Last, First, Middle Initial)

John Robt Stump, MD

Mailing Address 200 Kona Cir

City State Zip Code  
Milford DE 19963-5396

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 1

Transaction ID: 41822535

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

William Clayton Stafford, MD

Mailing Address 110 Metker Trl  
Stanford Immidiate Care

City State Zip Code  
Stanford KY 40484-1020

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.88

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41846646

Amount of Each Receipt this Period  
26.36

**C.**

Full Name (Last, First, Middle Initial)

David Miles Novick, MD

Mailing Address 999 Brubaker Dr

City State Zip Code  
Dayton OH 45429-3588

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41846662

Amount of Each Receipt this Period  
250.00

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

**376.36**

**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: PAGE 74 / 78  
(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)  
Allan Burt Kunkel, MD  
Mailing Address HC 72 Box 160  
City State Zip Code  
Keyser WV 26726-9602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PRESTON TAYLOR COMMUNITY HEALTH CENTER Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: 41846714  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Rajendra Khetsi Tanna, MD  
Mailing Address 1000 College Ave  
City State Zip Code  
Fort Worth TX 76104-3033  
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 08 / 31 / 2011  
Transaction ID: 41846715  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Joseph Nivens, MD  
Mailing Address 19 Rosehill Dr  
City State Zip Code  
Bluffton SC 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 ▼ 433.28  
Date of Receipt 08 / 31 / 2011  
Transaction ID: 41846798  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**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 75 / 78
	(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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Dennis Mc Artor, MD

Mailing Address 2312 Blythe Rd

City State Zip Code  
Wilmington NC 28403-8012

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

Name of Employer  
CHILDRENS HOSP OF THE KINGS DAUGHTERS

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** 41846969

Amount of Each Receipt this Period  
333.36

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Samuel Valenti, MD

Mailing Address 2805 S Mayhill Rd

City State Zip Code  
Denton TX 76208-5910

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

Name of Employer  
CARING FOR WOMEN, PA

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** 41846972

Amount of Each Receipt this Period  
41.74

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1960.74</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 78	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PNC ADVISORS		Date of Receipt
	Mailing Address PO BOX 96211		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20090
	FEC ID number of contributing federal political committee.		Transaction ID: 41847339
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	INTEREST
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="85.24"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="14.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="14.97"/>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Latta For Congress</p> <p>Mailing Address P.O. Box 106</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Robert Latta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41487332 <b>Date of Disbursement</b> 08 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2012 Primary</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41492151 <b>Date of Disbursement</b> 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2012 Primary</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Amodei For Nevada</p> <p>Mailing Address 503 N Division St</p> <p>City Carson City State NV Zip Code 89703</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Mark Amodei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 41663929 <b>Date of Disbursement</b> 08 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8500.00</b>

**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 78 / 78

<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

A.

Full Name (Last, First, Middle Initial)

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

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 41847341

Date of Disbursement

08 / 31 / 2011

Amount of Each Disbursement this Period

557.98

Credit Card Bank Charges

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

557.98

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

557.98