

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
California Medical Association Political Action Committee - Federal

ADDRESS (number and street) 1201 J Street, Suite 375
 Check if different than previously reported. (ACC)
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00003194
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2007 through 06 30 2007

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 Thelma Korpman, MD

Signature of Treasurer Electronically Filed by Thelma Korpman, MD Date 07 12 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
California Medical Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		180147.36
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	180147.36									
(c) Total Receipts (from Line 19)	49057.49	49057.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	229204.85	229204.85								
7. Total Disbursements (from Line 31)	398.00	398.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	228806.85	228806.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
California Medical Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	13130.00	13130.00
(i) Itemized (use Schedule A)	35413.21	35413.21
(ii) Unitemized	48543.21	48543.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	48543.21	48543.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	514.28	514.28
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))	49057.49	49057.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49057.49	49057.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	50.00
29. Other Disbursements.....	348.00	348.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	398.00	398.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	398.00	398.00

DETAILED SUMMARY PAGE
of Disbursements

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)	48543.21	48543.21
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48493.21	48493.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Colin Arnold Mailing Address 7501 HOSPITAL DR STE 105 City SACRAMENTO State CA Zip Code 95823 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: INC.A.16841 Amount of Each Receipt this Period 50.00
Name of Employer: Arnold Colin, MD Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

B. Full Name (Last, First, Middle Initial) Colin Arnold Mailing Address 7501 HOSPITAL DR STE 105 City SACRAMENTO State CA Zip Code 95823 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: INC.A.17540 Amount of Each Receipt this Period 150.00
Name of Employer: Arnold Colin, MD Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

C. Full Name (Last, First, Middle Initial) Scott Benninghoven Mailing Address 9460 No Name Uno, Ste 250 City GILROY State CA Zip Code 95020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: INC.A.17549 Amount of Each Receipt this Period 750.00
Name of Employer: Benninghoven Scott, MD Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Scott Benninghoven

Mailing Address 9460 No Name Uno, Ste 250

City State Zip Code
GILROY CA 95020

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

Name of Employer Benninghoven Scott, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: INC.A.17485

Amount of Each Receipt this Period
50.00

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

Mailing Address 1515 Ignacio Valley Rd

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer Davis Sally, MD Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: INC.A.16859

Amount of Each Receipt this Period
50.00

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

Mailing Address 1515 Ignacio Valley Rd

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer Davis Sally, MD Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: INC.A.17541

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<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)
California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Martin Fishman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 431 MONTEREY AVE STE 3		Transaction ID: INC.A.16897
City State Zip Code LOS GATOS CA 95030	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fishman Martin, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Martin Fishman		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 431 MONTEREY AVE STE 3		Transaction ID: INC.A.17548
City State Zip Code LOS GATOS CA 95030	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fishman Martin, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. James Foxe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 1860 S CENTRAL ST # D		Transaction ID: INC.A.16956
City State Zip Code VISALIA CA 93277	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer James Foxe, MD & William Roach, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
James Foxe

Mailing Address 1860 S CENTRAL ST # D

City VISALIA State CA Zip Code 93277

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

Name of Employer James Foxe, MD & William Roach, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: INC.A.17547

Amount of Each Receipt this Period
730.00

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

Mailing Address 1202 CASTLEGATE LN

City SANTA ANA State CA Zip Code 92705

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

Name of Employer Frankenstein Richard, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: INC.A.17545

Amount of Each Receipt this Period
700.00

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

Mailing Address 1202 CASTLEGATE LN

City SANTA ANA State CA Zip Code 92705

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

Name of Employer Frankenstein Richard, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: INC.A.17174

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1480.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<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)
California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Delmer Henninger		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007	
Mailing Address 25405 HANCOCK AVE STE 203		Transaction ID: INC.A.17543	
City State Zip Code MURRIETA CA 92562	Amount of Each Receipt this Period 650.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Delmer Henninger, MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. James Hinsdale		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2007	
Mailing Address 2101 Forest Avenue, Ste 108		Transaction ID: INC.A.17552	
City State Zip Code San Jose CA 95128	Amount of Each Receipt this Period 3750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer James Hinsdale MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00		

Full Name (Last, First, Middle Initial) C. James Hinsdale		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2007	
Mailing Address 2101 Forest Avenue, Ste 108		Transaction ID: INC.A.16837	
City State Zip Code San Jose CA 95128	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer James Hinsdale MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00		

SUBTOTAL of Receipts This Page (optional) ▶	4450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
James MacMillan

Mailing Address 1524 MCHENRY AVE STE 570

City State Zip Code
MODESTO CA 95350

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

Name of Employer Occupation
MacMillan James, MD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: INC.A.17550

Amount of Each Receipt this Period
800.00

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

Mailing Address 1524 MCHENRY AVE STE 570

City State Zip Code
MODESTO CA 95350

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

Name of Employer Occupation
MacMillan James, MD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: INC.A.17207

Amount of Each Receipt this Period
50.00

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

Mailing Address 480 REDWOOD ST STE 14

City State Zip Code
VALLEJO CA 94590

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

Name of Employer Occupation
Mazzotta Laurence, MD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: INC.A.17546

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Laurence Mazzotta

Mailing Address 480 REDWOOD ST STE 14

City State Zip Code
VALLEJO CA 94590

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

Name of Employer Occupation
Mazzotta Laurence, MD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: INC.A.17196

Amount of Each Receipt this Period
50.00

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

Mailing Address 317 W PUEBLO ST

City State Zip Code
SANTA BARBARA CA 93105

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

Name of Employer Occupation
Sansum - Santa Barbara Medical Foundat PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.17544

Amount of Each Receipt this Period
700.00

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

Mailing Address 317 W PUEBLO ST

City State Zip Code
SANTA BARBARA CA 93105

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

Name of Employer Occupation
Sansum - Santa Barbara Medical Foundat PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.17021

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<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)
California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Karen O'Connell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 29335 Stadia Hill Lane		Transaction ID: INC.A.17360	
City State Zip Code Rnch Palos Vdse CA 90275		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer James V. O'Connell, MD		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Karen O'Connell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 29335 Stadia Hill Lane		Transaction ID: INC.A.17361	
City State Zip Code Rnch Palos Vdse CA 90275		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer James V. O'Connell, MD		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Karen O'Connell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 29335 Stadia Hill Lane		Transaction ID: INC.A.17537	
City State Zip Code Rnch Palos Vdse CA 90275		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer James V. O'Connell, MD		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 18
	<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)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Timothy Phelan

Mailing Address 1621 CREEKSIDE DR STE 102

City FOLSOM State CA Zip Code 95630

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

Name of Employer: Creekside OB/GYN of Folsom Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 03 / 06 / 2007

Transaction ID: INC.A.17116

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1621 CREEKSIDE DR STE 102

City FOLSOM State CA Zip Code 95630

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

Name of Employer: Creekside OB/GYN of Folsom Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 03 / 06 / 2007

Transaction ID: INC.A.17551

Amount of Each Receipt this Period: 1750.00

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

Mailing Address 12 Erica Ct

City NOVATO State CA Zip Code 94947

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

Name of Employer: Sexton Michael, MD Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 01 / 26 / 2007

Transaction ID: INC.A.17542

Amount of Each Receipt this Period: 650.00

SUBTOTAL of Receipts This Page (optional) ► 2450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Michael Sexton

Mailing Address 12 Erica Ct

City State Zip Code
NOVATO CA 94947

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

Name of Employer Occupation
Sexton Michael, MD PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: INC.A.17020

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	13130.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 18
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. UBOC		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 700 L Street		Transaction ID: INC.A.16775	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 83.75	
FEC ID number of contributing federal political committee. C		Interest Income	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 514.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. UBOC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 700 L Street		Transaction ID: INC.A.16776	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 75.41	
FEC ID number of contributing federal political committee. C		Interest Income	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 514.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. UBOC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 700 L Street		Transaction ID: INC.A.16777	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 83.99	
FEC ID number of contributing federal political committee. C		Interest Income	
Name of Employer Occupation		Aggregate Year-to-Date ▼ 514.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	243.15
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 17 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
California Medical Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
UBOC
Mailing Address 700 L Street
City State Zip Code
Sacramento CA 95814
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 514.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7
Transaction ID: INC.A.16778
Amount of Each Receipt this Period 89.29
Interest Income

B. Full Name (Last, First, Middle Initial)
UBOC
Mailing Address 700 L Street
City State Zip Code
Sacramento CA 95814
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 514.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7
Transaction ID: INC.A.16779
Amount of Each Receipt this Period 92.84
Interest Income

C. Full Name (Last, First, Middle Initial)
UBOC
Mailing Address 700 L Street
City State Zip Code
Sacramento CA 95814
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 514.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7
Transaction ID: INC.A.16780
Amount of Each Receipt this Period 89.00
Interest Income

SUBTOTAL of Receipts This Page (optional) ► 271.13
TOTAL This Period (last page this line number only) ► 514.28

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 18 / 18

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

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NAME OF COMMITTEE (In Full)
California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.17558

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

256.00

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

256.00