

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 3901 Hoyt Avenue Check if different than previously reported. (ACC) Everett WA 98290

2. FEC IDENTIFICATION NUMBER C00408120 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2009 through 05 31 2009

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

Type or Print Name of Treasurer Mark E. Mantei

Signature of Treasurer Electronically Filed by Mark E. Mantei Date 09 17 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		34932.01
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	76030.41									
(c) Total Receipts (from Line 19)	15500.00	69150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91530.41	104082.01								
7. Total Disbursements (from Line 31)	7182.87	19734.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84347.54	84347.54								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15500.00	66051.00
(ii) Unitemized	0.00	3099.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15500.00	69150.00
(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)	15500.00	69150.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15500.00	69150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15500.00	69150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	182.87	2234.47
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))..	7182.87	19734.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7182.87	19734.47

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)	15500.00	69150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15500.00	69150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) Maria Abbottista		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 1548 Old Orchard Street		Transaction ID: SA11AI.5217		
	City West Harrison	State NY	Zip Code 10604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Diane Ainsworth		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 3 Milford Close		Transaction ID: SA11AI.5216		
	City White Plains	State NY	Zip Code 10606	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Sheldon Alter		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 3 Moss Run		Transaction ID: SA11AI.5180		
	City White Plains	State NY	Zip Code 10605	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) Stephen Andrus	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 12 Legendary Circle	Transaction ID: SA11AI.5212
	City State Zip Code Rye Brook NY 10573	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westchester Medical Group Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jack Berger	Date of Receipt MM / DD / YYYY 05 / 25 / 2009
	Mailing Address 25 Lambert Road	Transaction ID: SA11AI.5175
	City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westchester Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey Berman	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 15 Evergreen Row	Transaction ID: SA11AI.5162
	City State Zip Code Armont NY 10504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westchester Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Judd Boczko

Mailing Address 333 Henry Hudson Parkway
Apt 2E

City State Zip Code
Riverdale NY 10463

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

Name of Employer Westchester Medical Group Occupation 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	5	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.5213

Amount of Each Receipt this Period
250.00

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

Mailing Address 117 East Cross Road

City State Zip Code
Stamford CT 06907

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

Name of Employer Westchester Medical Group Occupation 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	5	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period
250.00

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

Mailing Address 103 Halstead Ave

City State Zip Code
Greenwich CT 06831

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

Name of Employer Westchester Medical Group Occupation 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	5	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.5168

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)
Silvio Ceccarelli

Mailing Address 28 Harrison Avenue

City State Zip Code
Harrison NY 10528

FEC ID number of contributing federal political committee. C

Name of Employer
Westchester Medical Group

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 17 / 2009

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Joseph C Cole

Mailing Address 9 Whipoorwill Road

City State Zip Code
Armonk NY 10504

FEC ID number of contributing federal political committee. C

Name of Employer
Westchester medical Group

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 02 / 2009

Transaction ID: SA11AI.5205

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Aris Comminellis

Mailing Address 39 Flint Avenue

City State Zip Code
Larchmont NY 10538

FEC ID number of contributing federal political committee. C

Name of Employer
Westchester Medical Group

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 25 / 2009

Transaction ID: SA11AI.5163

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Michael Cushner

Mailing Address 1989 Hunter Brook Road

City Yorktown Heights State NY Zip Code 10598

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

Name of Employer Westchester Medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2009
Transaction ID: SA11AI.5201
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
David G Cziner

Mailing Address 32 Chestnut Ridge Road

City Armonk State NY Zip Code 10504

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

Name of Employer Westchester Medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 26 / 2009
Transaction ID: SA11AI.5215
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Ranjan Dasgupta

Mailing Address 38 London Terrace

City New Rochelle State NY Zip Code 10804

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

Name of Employer Westchester Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 02 / 2009
Transaction ID: SA11AI.5181
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Andrew Decker

Mailing Address 6 Hazelton Circle

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.5161

Amount of Each Receipt this Period
250.00

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

Mailing Address 152 Old Studio Road

City State Zip Code
New Canaan NY 06840

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

Name of Employer Occupation
Westchester medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2009

Transaction ID: SA11AI.5169

Amount of Each Receipt this Period
250.00

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

Mailing Address 50 Claremont Ave

City State Zip Code
Rye NY 10580

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
John Ettison

Mailing Address 15 Fox Ridge Road

City Armonk State NY Zip Code 10504

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

Name of Employer Westchester Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 28 / 2009
Transaction ID: SA11AI.5174
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 16 Fox Meadow Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Westchester medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: SA11AI.5192
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 27 Mountain Ave

City Monsey State NY Zip Code 10952

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

Name of Employer Westchester Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 05 / 2009
Transaction ID: SA11AI.5177
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Wilmore Finerman

Mailing Address 26 Alden Lane

City State Zip Code
Greenwich CT 06831

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

Name of Employer: Westchester Medical Group Occupation: physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 06 / 2009
Transaction ID: SA11AI.5210
Amount of Each Receipt this Period: 250.00

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

Mailing Address 4 Revere Lane

City State Zip Code
Purchase NY 10577

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

Name of Employer: Westchester Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 25 / 2009
Transaction ID: SA11AI.5176
Amount of Each Receipt this Period: 250.00

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

Mailing Address 246 Old Stamford Road

City State Zip Code
New Canaan CT 06840

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

Name of Employer: Westchester Medical Group Occupation: physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: SA11AI.5198
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Andrew Francella
 Mailing Address 123 Aviemore Drive
 City State Zip Code
 New Rochelle NY 10804
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 9
Transaction ID: SA11AI.5183
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Westchester Medical Group Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Vanessa Grano
 Mailing Address 2 Webb Avenue
 City State Zip Code
 Old Greenwich CT 06870
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 9
Transaction ID: SA11AI.5194
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Westchester Medical Group physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Steven Greenberg
 Mailing Address 12 Edgewood Drive
 City State Zip Code
 Rye Brook NY 10573
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.5160
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Westchester Medical Group Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 30
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)
David Herzog

Mailing Address 105 Bayberry Lane

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2009

Transaction ID: SA11AI.5182

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jordan Hirsch

Mailing Address 44 Hawthorne Place

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.5159

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Alan Jaffe

Mailing Address 16 Far Hill Lane

City State Zip Code
Pleasantville NY 10570

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2009

Transaction ID: SA11AI.5186

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) Joseph Kolborsky		Date of Receipt MM / DD / YYYY 05 / 31 / 2009		
	Mailing Address 149 Washburn Road		Transaction ID: SA11AI.5211		
	City Briarcliff Manor	State NY	Zip Code 10510	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Steven M Kubersky		Date of Receipt MM / DD / YYYY 05 / 27 / 2009		
	Mailing Address 101 Greenridge Avenue		Transaction ID: SA11AI.5204		
	City White Plains	State NY	Zip Code 10605	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jill D Landis		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 30 Doris Lane		Transaction ID: SA11AI.5195		
	City Mamaroneck	State NY	Zip Code 10543	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Legatt		Date of Receipt MM / DD / YYYY 05 / 19 / 2009		
	Mailing Address 14 Dellwood Road		Transaction ID: SA11AI.5200		
	City White Plains	State NY	Zip Code 10605	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ruth Levi		Date of Receipt MM / DD / YYYY 05 / 16 / 2009		
	Mailing Address 55 Primrose Avenue		Transaction ID: SA11AI.5197		
	City Scarsdale	State NY	Zip Code 10583	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westchester Medical Group	Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mark E. Mantei		Date of Receipt MM / DD / YYYY 05 / 28 / 2009		
	Mailing Address 4503 - 113th Avenue SE		Transaction ID: SA11AI.5218		
	City Snohomish	State WA	Zip Code 98290	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Everett Clinic	Occupation COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial) William Martimucci	Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 29 Evergreen Row	Transaction ID: SA11AI.5206
City Armonk State NY Zip Code 10504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Westchester Medical Group Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.

Full Name (Last, First, Middle Initial) Steven Meixler	Date of Receipt MM / DD / YYYY 05 / 13 / 2009
Mailing Address 9 Midchester Avenue	Transaction ID: SA11AI.5191
City White Plains State NY Zip Code 10606	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Westchester Medical Group Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.

Full Name (Last, First, Middle Initial) Audrey M. Nelson, MD	Date of Receipt MM / DD / YYYY 05 / 12 / 2009
Mailing Address 2105 Valkyrie Drive, NW	Transaction ID: SA11AI.5229
City Rochester State MN Zip Code 55901	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Mayo Clinic Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) Barney Newman	Date of Receipt MM / DD / YYYY 05 / 12 / 2009
	Mailing Address 58 Top Hill Lane	Transaction ID: SA11AI.5190
	City State Zip Code Mount Kisco NY 10549	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Westchester Medical Group Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Joseph Paglia	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 62 Succabone Road	Transaction ID: SA11AI.5184
	City State Zip Code Bedford Hills NY 10507	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Westchester Medical Group Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) George Pelebecky, Jr.	Date of Receipt MM / DD / YYYY 05 / 30 / 2009
	Mailing Address 309 Betsy Brown Road	Transaction ID: SA11AI.5188
	City State Zip Code Port Chester NY 10573	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Westchester Medical Group Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 30
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)
Sarah Putnam - Young

Mailing Address 54 Bruce Park Drive

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: SA11AI.5172

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jonathon Rie

Mailing Address 8 Leir Court

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2009

Transaction ID: SA11AI.5165

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Eugene Ross

Mailing Address 43 Sylvan Road

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
Westchester Medical Group physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11AI.5196

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Gary Rothbart

Mailing Address 71 Beverly Road

City State Zip Code
new Rochelle NY 10804

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

Name of Employer Westchester Medical Group Occupation 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	5	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.5173

Amount of Each Receipt this Period
250.00

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

Mailing Address 9 Cayuga Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Westchester Medical Group Occupation 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	5	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.5185

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Vito R Seesa

Mailing Address 10 Oakland Beach Ave

City State Zip Code
Rye NY 10580

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

Name of Employer Westchester Medical Group Occupation 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	5	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.5171

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Bruce Sherling

Mailing Address 4 Eagles Bluff

City State Zip Code
Rye Brook NY 10573

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

Name of Employer Occupation
Westchester Medical Group physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: SA11AI.5193

Amount of Each Receipt this Period
250.00

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

Mailing Address 36 Brooks Hills Circle

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.5178

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barney B Silverman

Mailing Address 2 Wheelock Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Westchester Medical Group physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.5202

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Mitchell Stevens

Mailing Address 78 Grandview Avenue

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.5179

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lori Tindel - Kahn

Mailing Address 65 Wildwood Road

City State Zip Code
Stamford CT 06903

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: SA11AI.5164

Amount of Each Receipt this Period
250.00

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

Mailing Address 86 Spier Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11AI.5189

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 30		
	<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

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.	Full Name (Last, First, Middle Initial) Kenneth Weiser		Date of Receipt
	Mailing Address 26 Elizabeth Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 12 / 2009
	City	State	Zip Code
	New Rochelle	NY	10804
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5199
Name of Employer Westchester Medical Group		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Jonathon Weiss		Date of Receipt
	Mailing Address 24 Blacksmith Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 29 / 2009
	City	State	Zip Code
	Pound Ridge	NY	10576
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5166
Name of Employer Westchester Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Robert Wolfson		Date of Receipt
	Mailing Address 174 Arbor Crest		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 03 / 2009
	City	State	Zip Code
	Somers	NY	10589
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5230
Name of Employer Mount Kisco Medical Group		Occupation MD	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"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 30
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.

Full Name (Last, First, Middle Initial)
Mia Wright - Meacham

Mailing Address 9 Silver Stream Road

City State Zip Code
West Harrsion NY 10604

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Emmanuel Wurm

Mailing Address 24 Windmill Place

City State Zip Code
Armonk NY 10504

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.5158

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Wynn

Mailing Address 56 Franklin Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Westchester Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: SA11AI.5187

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A.	Full Name (Last, First, Middle Initial) Steven Zabin		Date of Receipt	
	Mailing Address 16 Carpenter's Brook Road		M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.5214
	Greenwich	CT	06831	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer Westchester Medical Group		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	15500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Group Association PAC

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5220 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS <hr/> Mailing Address 830 NE Holladay, #105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5225 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE <hr/> Mailing Address P.O. Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5223 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Group Association PAC

<p>A. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5221 Date of Disbursement: 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5224 Date of Disbursement: 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5222 Date of Disbursement: 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<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 Group Association PAC

A.

Full Name (Last, First, Middle Initial)
MIKE ROSS FOR CONGRESS COMMITTEE

Transaction ID: SB23.5226

Date of Disbursement

Mailing Address PO Box 360

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

City State Zip Code
Prescott AR 71857

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 04

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<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)
American Medical Group Association PAC

A.	Full Name (Last, First, Middle Initial) Bank of America		Transaction ID: SB29.5231	
	Mailing Address PO Box 1206		Date of Disbursement 05 / 30 / 2009	
	City Brea	State CA	Zip Code 92822-8713	
	Purpose of Disbursement		Amount of Each Disbursement this Period 76.04	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)	76.04
TOTAL This Period (last page this line number only)	76.04