09/18/2009 00:58

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FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

•	F	or Oth	er Than An	Authorize	d Commit	tee		Office Us	e Only	
1.			MAILING LAI OR PRINT		kample:If typin ver the lines	ig, type				
	American Medical Group Assoc	ciation P	AC							
L	<u> </u>									
AD	DRESS (number and street)	3901 F	loyt Avenue				1 1 1 1			
	Check if different									
L	than previously reported. (ACC)	Everett	:				LWA_	98	3290 	
2.	FEC IDENTIFICATION NUMB	BER 1	_	CITY 🛕		;	STATEA		ZIPCODE	A
	C00408120			3. IS THIS REPORT	г	NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	`´ R	lonthly eport ue On:	Feb 20 (M2		May 20 (M5)		Aug 20 (M8)	Ye	ov 20 (M11) Ion-Election ear Only)
	(a) Quarterly Reports:			Mar 20 (M3	3) X	Jun 20 (M6)		Sep 20 (M9)	U (N Ye	ec 20 (M12) lon-Election ear Only)
	April 15			Apr 20 (M4	.)	Jul 20 (M7)		Oct 20 (M10)	Ja	an 31 (YE)
	Quarterly Report(Q1)) (c) 12-Day		Primary (12	PP)	Gene	ral (12G)	R	unoff (12R)
	July 15 Quarterly Report(Q2) October 15)	PRE-Election Report for t		Convention	(12C)	Speci	ial (12G)		
	Quarterly Report(Q3) January 31 Quarterly Report(YE)		J	Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d	Post -Elec		General (30	0G)	Runo	ff (30R)		pecial (30S)
	Termination Report (TER)		Report for t	ne: Election on					in the State of	
5.	Covering Period 0.5	0	1 200	9	through	0.5	31	2009		
	ertify that I have examined this Re	•	to the best of i	ny knowledge	and belief it i	s true, correct	and comple	ete.		
l y	pe or Print Name of Treasurer	IVIAIR	L. Marter							
Sig	gnature of Treasurer Electronic	cally Filed	d by Mark E.	Mantei		D	ate	0 9 1 7	20	009
NC	OTE : Submission of false, errone	eous, or ir	ncomplete infor	mation may s	ubject the per	son signing thi	s Report to	the penalties	of 2 U.S.C	437g.
	Office Use							I	FORM (3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/30 FEC Form 3X (Rev. 02/2003)

Report Covering the Period: From:	0 5 0 1 Y Y Y Y Y Y 2 0 0 9	To: 0 5 3 1 2 0 0 9
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009 Y	Y	34932.01
(b) Cash on Hand at Begining 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
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84347.54	84347.54
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a mu	lticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E street, NW	
	999 E street, NW Washington, DC 20463	

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 30

Write or Type Committee Name

American Medical Group Association PAC

American Medical Group Association 1 Ac

Report Covering the Period:

From: 0 5

^D 0 1

Y 2 0 0 9

To:

м м 0 5 ^D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15500.00	69150.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	II Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	15500.00	69150.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	15500.00	69150.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/30

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	7000.00	17500.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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
	(444 = 1.100 = 0 (4), (2), 4.14 (6),		
29.	Other Disbursements	182.87	2234.47
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ddolad dilado	2.22	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	0.00	0.00
	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

FEC Form 3X (Rev. 02/2003) 5 / 30

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
85. 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

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	n PAC		
∠ A.	Full Name (Last, First, Middle Initial) Maria Abbottista			Date of Receipt
	Mailing Address 1548 Old Orchard St			05 15 2009
	City West Harrison	State NY	Zip Code	Transaction ID: SA11AI.5217
	West Harrison FEC ID number of contributing federal political committee.	C	10604	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Diane Ainsworth Mailing Address 3 Milford Close			Date of Receipt
	Walling Address 3 Williofd Close	05 15 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5216
	White Plains	NY	10606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) Sheldon Alter			Date of Receipt
	Mailing Address 3 Moss Run			05 / 08 / 2009
	City White Plains	State NY	Zip Code 10605	Transaction ID: SA11AI.5180 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Γ		1		750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X) Use separate schedule for each category of Detailed Summary P	the Collect only one)
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Medical Group Ass	n using the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Stephen Andrus Mailing Address 12 Legendary City	Circle State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rye Brook FEC ID number of contributing federal political committee.	NY 10573	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 250	0.00
Full Name (Last, First, Middle Initial Jack Berger Mailing Address 25 lambert R	<u></u>	Date of Receipt 0 5 2 5 2 0 0 9
City White Plains	State Zip Code NY 10605	Transaction ID: SA11AI.5175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Westchester Medical Group Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 250	0.00
Full Name (Last, First, Middle Initial Jeffrey Berman Mailing Address 15 Evergreer	<u></u>	Date of Receipt
City	State Zip Code	0 5 2 7 2 0 0 9 Transaction ID: SA11AI.5162
Armont FEC ID number of contributing federal political committee.	NY 10504	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250	0.00
SUBTOTAL of Receipts This Page	optional)	750.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/30 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Medical Group Associat	<u>- </u>		
Full Name (Last, First, Middle Initial) Judd Boczko			Date of Receipt
Mailing Address 333 Henry Hudson Apt 2E	Parkway		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Riverdale	State NY	Zip Code 10463	Transaction ID: SA11AI.5213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Westchester Medical Group	Occupation physiciar		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Patricia Calayag Mailing Address 117 East Cross Ro	pad		Date of Receipt 0 5 3 1 2 0 0 9
City Stamford	State CT	Zip Code	Transaction ID: SA11AI.5167
FEC ID number of contributing federal political committee.	C	06907	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Stephen Carolan			Date of Receipt
Mailing Address 103 Halstead Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenwich	State CT	Zip Code 06831	Transaction ID: SA11AI.5168 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	PAC		
۷.	Full Name (Last, First, Middle Initial) Silvio Ceccarelli			Date of Receipt
	Mailing Address 28 Harrision Avenue			05 17 2009
	City <u>Harrison</u>	State NY	Zip Code 10528	Transaction ID: SA11AI.5203
	FEC ID number of contributing federal political committee.	C	10326	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Joseph C Cole			Date of Receipt
	Mailing Address 9 Whippoorwill Road	05 02 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5205
	Armonk	NY	10504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Westchester medical Group	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- :.	Full Name (Last, First, Middle Initial) Aris Comminellis			Date of Receipt
	Mailing Address 39 Flint Avenue			05 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.5163
	Larchmont FEC ID number of contributing federal political committee.	C	10538	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00
r	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	, , , , , , , , , , , , , , , , , , , ,

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	n PAC		
∠ \ .	Full Name (Last, First, Middle Initial) Michael Cushner			Date of Receipt
	Mailing Address 1989 Hunter Brook F	Road		05 20 7 2009
	City Yorktown Heights	State NY	Zip Code 10598	Transaction ID: SA11AI.5201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10390	250.00
	Name of Employer Weschester Medical Group	Occupation physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) David G Cziner			Date of Receipt
	Mailing Address 32 Chestnut Ridge R	05 26 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5215
	Armonk FEC ID number of contributing federal political committee.	C	10504	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ :	Full Name (Last, First, Middle Initial) Ranjan Dasgupta			Date of Receipt
	Mailing Address 38 London Terrace			05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New Rochelle	State NY	Zip Code 10804	Transaction ID: SA11AI.5181 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10007	250.00
	Name of Employer Westchester Medical Group	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ		1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X
<i>A</i>	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be e name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Medical Group Association	PAC		
۱.	Full Name (Last, First, Middle Initial) Andrew Decker Mailing Address 6 Hazelton Circle			Date of Receipt
	City	State Zi	o Code	05 26 2009
	Briarcliff Manor		0510	Transaction ID: SA11AI.5161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Bruno DiCosmo			Date of Receipt
	Mailing Address 152 Old Studio Road	05 02 2009		
	City		o Code	Transaction ID: SA11AI.5169
	New Canaan	NY 06	5840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00]
- :.	Full Name (Last, First, Middle Initial) James L Doyle			Date of Receipt
	Mailing Address 50 Claremont Ave			05 / 01 / 4 4 4 4
	City		o Code	Transaction ID: SA11AI.5170
	Rye FEC ID number of contributing federal political committee.	C	0580	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	250.00	
				750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	PAC		
۸.	Full Name (Last, First, Middle Initial) John Ettison			Date of Receipt
	Mailing Address 15 Fox Ridge Road	State	Zip Code	05 28 2009
	City Armonk	NY	10504	Transaction ID: SA11AI.5174 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- s.	Full Name (Last, First, Middle Initial) Stuart Feldman			Date of Receipt
	Mailing Address 16 Fox Meadow Road	05 15 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5192
	Scarsdale FEC ID number of contributing federal political committee.	NY C	10583	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester medical Group	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Barry Feuer			Date of Receipt
	Mailing Address 27 Mountain Ave			05 05 7 9 9
	City Monsey	State NY	Zip Code 10952	Transaction ID: SA11AI.5177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
). A.	Full Name (Last, First, Middle Initial) Wilmore Finerman			Date of Receipt
	Mailing Address 26 Alden Lane City	State	Zip Code	0 5 0 6 2 0 0 9 Transaction ID: SA11AI.5210
	Greenwich	CT	06831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Steven Fink Mailing Address 4 Revere Lane			Date of Receipt
	City	Ctoto	Zin Codo	05 25 2009
	City Purchase	State NY	Zip Code 10577	Transaction ID: SA11AI.5176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupatio Physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Arthur Forni			Date of Receipt
	Mailing Address 246 Old Stamford Ro			05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.5198
	New Canaan FEC ID number of contributing federal political committee.	CT	06840	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00
ŀ	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/30 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Medical Group Associa:	and Statements may not be sold or used by any persor no the name and address of any political committee to state the page 1.	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew Francella		Date of Receipt
Mailing Address 123 Aviemore Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5183
New Rochelle	NY 10804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Vanessa Grano		Date of Receipt
Mailing Address 2 Webb Avenue		05 14 2009
City	State Zip Code	Transaction ID: SA11AI.5194
Old Greenwich	CT 06870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven Greenberg		Date of Receipt
Mailing Address 12 Edgewood Driv	/e	05 30 7 2009
City <u>Rye Brook</u>	State Zip Code NY 10573	Transaction ID: SA11AI.5160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Medical Group Associati	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Herzog Mailing Address 105 Bayberry Lane	,		Date of Receipt 0 5 0 3 2 0 0 9
City New Rochelle FEC ID number of contributing federal political committee.	State NY	Zip Code 10804	Transaction ID: SA11AI.5182 Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Jordan Hirsch Mailing Address 44 Hawthorne Place	e		Date of Receipt M
City Briarcliff Manor FEC ID number of contributing federal political committee.	State NY	Zip Code 10510	Transaction ID: SA11AI.5159 Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify)	Occupation Physician Aggregate]
Full Name (Last, First, Middle Initial) Alan Jaffe Mailing Address 16 Far Hill Lane			Date of Receipt
City Pleasantville FEC ID number of contributing federal political committee.	State NY	Zip Code 10570	Transaction ID: SA11AI.5186 Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Kolborsky Mailing Address 149 Washburn Road City Briarcliff Manor FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General	State Zip Code NY 10510 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Steven M Kubersky Mailing Address 101 Greenridge Avenu City White Plains FEC ID number of contributing federal political committee.	e State Zip Code NY 10605 C	Date of Receipt M M M
Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Jill D Landis Mailing Address 30 Doris Lane City Mamaroneck	State Zip Code NY 10543	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group	Occupation physician	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/30 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Medical Group Association	n PAC	
Full Name (Last, First, Middle Initial) Elizabeth Legatt Mailing Address 14 Dellwood Road		Date of Receipt
Mailing Address 14 Dellwood Road City	State Zip Code	0 5 1 9 2 0 0 9 Transaction ID: SA11Al.5200
White Plains	NY 10605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ruth Levi		Date of Receipt
Mailing Address 55 Primrose Avenue		05 16 7 9 9
City	State Zip Code	Transaction ID: SA11AI.5197
<u>Scarsdale</u>	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mark E. Mantei		Date of Receipt
Mailing Address 4503 - 113th Avenue	SE	05 28 7 9 9
City <u>Snohomish</u>	State Zip Code WA 98290	Transaction ID: SA11AI.5218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Everett Clinic	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F American Medical Group	than using the name and ac	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle William Martimucci Mailing Address 29 Evergre City Armonk FEC ID number of contributing	een Row State NY	Zip Code 10504	Date of Receipt 0 5 20 2009 Transaction ID: SA11AI.5206 Amount of Each Receipt this Period
rection flumber of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify)			250.00
Full Name (Last, First, Middle Steven Meixler Mailing Address 9 Midches City White Plains		Zip Code 10606	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify)	00 0		250.00
Full Name (Last, First, Middle Audrey M. Nelson, MD Mailing Address 2105 Valk City	yrie Drive, NW	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	C	55901	Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Medical Group Association	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barney Newman Mailing Address 58 Top Hill Lane			Date of Receipt
City Mount Kisco	State NY	Zip Code 10549	Transaction ID: SA11AI.5190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Westchester Medical Group Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Joseph Paglia Mailing Address 62 Succabone Road	d		Date of Receipt 05 09 09 2009
City	State	Zip Code	0 5 0 9 2 0 0 9 Transaction ID: SA11Al.5184
Bedford Hills	NY	10507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) George Pelebecky, Jr.	-		Date of Receipt
Mailing Address 309 Betsy Brown R	oad		05 30 7 2009
City	State	Zip Code	Transaction ID: SA11AI.5188
Port Chester FEC ID number of contributing federal political committee.	C	10573	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

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) X
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements and address of any political committee to	
American Medical Group Association Full Name (Last, First, Middle Initial) Sarah Putnam - Young	n PAC	Date of Receipt
Mailing Address 54 Bruce Park Drive		05 31 7 2009
City <u>Greenwich</u>	State Zip Code CT 06830	Transaction ID: SA11AI.5172 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jonathon Rie	1	Date of Receipt
Mailing Address 8 Leir Court		05 30 4 2009
City White Plains	State Zip Code NY 10605	Transaction ID: SA11AI.5165
FEC ID number of contributing federal political committee.	NY 10605	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Eugene Ross		Date of Receipt
Mailing Address 43 Sylvan Road		05 15 2009
City Port Chester	State Zip Code NY 10573	Transaction ID: SA11AI.5196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westchester Medical Group	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Medical Group Association	n PAC		
۷.	Full Name (Last, First, Middle Initial) Gary Rothbart			Date of Receipt
	Mailing Address 71 Beverly Road			05 31 2009
	City new Rochelle	State NY	Zip Code 10804	Transaction ID: SA11AI.5173
	FEC ID number of contributing federal political committee.	C	10004	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Simeon Schwartz			Date of Receipt
	Mailing Address 9 Cayuga Road			05 09 2009
	City Scarsdale	State NY	Zip Code	Transaction ID: SA11AI.5185
	FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Vito R Seesa			Date of Receipt
	Mailing Address 10 Oakland Beach A	ve		05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.5171
	Rye FEC ID number of contributing federal political committee.	C	10580	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may no	Use separate schedule(s) for each category of the Detailed Summary Page of be sold or used by any personal schedule sche	FOR LINE NUMBER: PAGE 22 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and addre	ss of any political committee to	solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Bruce Sherling Mailing Address 4 Eagles Bluff			Date of Receipt
		0	7: 0 !	05 11 2009
	City Rye Brook	State NY	Zip Code 10573	Transaction ID: SA11AI.5193 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10070	250.00
	Name of Employer Westchester Medical Group	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) Michael Silver	<u> </u>		Date of Receipt
	Mailing Address 36 Brooks Hills Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City White Plains	State NY	Zip Code	Transaction ID: SA11AI.5178
	FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 250.00
	Name of Employer westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) Barney B Silverman	1		Date of Receipt
	Mailing Address 2 Wheelock Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5202
	Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 250.00
	Name of Employer Westchester Medical Group	Occupation physician		7
	Receipt For: Primary General Other (specify) ▼	, + · · · ·	ear-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) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Medical Group Association	e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mitchell Stevens Mailing Address 78 Grandview Avenue City White Plains FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group	State NY C Occupation Physician		Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lori Tindel - Kahn Mailing Address 65 Wildwood Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5164
Stamford FEC ID number of contributing federal political committee.	C	06903	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joshuo Waldman			Date of Receipt
Mailing Address 86 Spier Road			05 14 2009
City	State	Zip Code	Transaction ID: SA11AI.5189
Scarsdale	NY	10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Westchester Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the research for commercial purposes, other than using the research for commercial purposes, other than using the research for for commercial purposes, other than using the research for formal purposes. Name (Last, First, Middle Initial) Kenneth Weiser Mailing Address 26 Elizabeth Road City New Rochelle FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jonathon Weiss	name and address of any political committee to	Date of Receipt Date of Receipt
Full Name (Last, First, Middle Initial) Kenneth Weiser Mailing Address 26 Elizabeth Road City New Rochelle FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code NY 10804 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5199 Amount of Each Receipt this Period
City New Rochelle FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify)	NY 10804 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5199 Amount of Each Receipt this Period
New Rochelle FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	NY 10804 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Westchester Medical Group Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation physician Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	physician Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)]
,		
		Date of Receipt
Mailing Address 24 Blacksmith Lane		05 29 2009
City	State Zip Code	Transaction ID: SA11AI.5166
Pound Ridge FEC ID number of contributing federal political committee.	NY 10576	Amount of Each Receipt this Period 250.00
Name of Employer Westchester Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert Wolfson		Date of Receipt
Mailing Address 174 Arbor Crest		05 03 7 2009
City Somers	State Zip Code NY 10589	Transaction ID: SA11AI.5230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mount Kisco Medical Group	Occupation MD	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Medical Group Association	n PAC		
۷.	Full Name (Last, First, Middle Initial) Mia Wright - Meacham			Date of Receipt
	Mailing Address 9 Silver Stream Road		7:01	05 15 2009
	City West Harrsion	State NY	Zip Code 10604	Transaction ID: SA11AI.5209 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10004	250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Emmanuel Wurm			Date of Receipt
	Mailing Address 24 Windmill Place			05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.5158
	Armonk	NY	10504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Jonathan Wynn			Date of Receipt
	Mailing Address 56 Franklin Road			05 25 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.5187
	Scarsdale FFG ID number of contribution	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26/30
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Medical Group Association P	AC		
	Full Name (Last, First, Middle Initial) Steven Zabin			Date of Receipt
	Mailing Address 16 Carpenter's Brook Re	oad		05 31 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.5214
	Greenwich	CT	06831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Westchester Medical Group	Occupatio physiciar		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	

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

ITEMIZED DICEI	-EC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 27/30
II EIVIIZED DISB(URSEMENTS	for each o	category of the Summary Page	(check only	y one) 22 X 23 24 25 3 28a 28b 28c 29 3
				d by any person f	for the purpose of soliciting contributions
		e and addres	ss of any political	committee to so	licit contributions from such committee
NAME OF COMMITTI American Medical (Group Association PAC				
Full Name (Last, First, BERKLEY FOR CC	,				Transaction ID: SB23.5220 Date of Disbursement
Mailing Address 3	069 Conquista Court				05 18 7 2009
City Las Vegas		State NV	Zip Code 89121		Amount of Each Disbursement this Period
Purpose of Disbursem Contribution	ient				1000.00
Candidate Name				Category/ Type	
Office Sought: X		ement For: Primary Other (spe	2010 General cify)		
State: NV Dis	strict: 01	1 (- 3 / V		
Full Name (Last, First, BLUMENAUER FO	•				Transaction ID: SB23.5225 Date of Disbursement
Mailing Address 8	30 NE Holladay, #105				$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
City Portland		State OR	Zip Code 97232		Amount of Each Disbursement this Period
Purpose of Disbursem	ient				1000.00
Candidate Name				Category/ Type	
				71	
		ement For: Primary Other (spe	2010 General	71-2	
Office Sought: X State: OR Dis	Senate X President strict: 03	Primary	General	<i>7</i> 1-2	
Office Sought: X State: OR Dis Full Name (Last, First,	Senate X President strict: 03	Primary Other (spe	General	71-	Transaction ID: SB23.5223 Date of Disbursement
Office Sought: X State: OR Dis Full Name (Last, First, CONGRESSMAN E	Senate X President strict: 03 , Middle Initial)	Primary Other (spe	General		
Office Sought: X State: OR Dis Full Name (Last, First, CONGRESSMAN E Mailing Address P City Murfreesboro	Senate X President strict: 03 , Middle Initial) BART GORDON COMM P.O. Box 2008	Primary Other (spe	General		Date of Disbursement M 5 M / D 1 3 / Y 2 0 0 9 Y Amount of Each Disbursement this Period
Office Sought: X State: OR Dis Full Name (Last, First, CONGRESSMAN E Mailing Address P	Senate X President strict: 03 , Middle Initial) BART GORDON COMM P.O. Box 2008	Primary Other (special special	General cify) ▼ Zip Code		Date of Disbursement O 5
Office Sought: X State: OR Dis Full Name (Last, First, CONGRESSMAN E Mailing Address P City Murfreesboro	Senate X President strict: 03 , Middle Initial) BART GORDON COMM P.O. Box 2008	Primary Other (special special	General cify) ▼ Zip Code	Category/ Type	Date of Disbursement M 5 M / D 1 3 / Y 2 0 0 9 Y Amount of Each Disbursement this Period
Office Sought: State: OR Dis Full Name (Last, First, CONGRESSMAN E Mailing Address P City Murfreesboro Purpose of Disbursem Candidate Name	Senate X President strict: 03 , Middle Initial) BART GORDON COMM P.O. Box 2008 The provided in the provided i	Primary Other (special special	General cify) ▼ Zip Code 37133 2010 General	Category/	Date of Disbursement M 5 M / D 1 3 / Y 2 0 0 9 Y Amount of Each Disbursement this Period
Office Sought: X State: OR Dis Full Name (Last, First, CONGRESSMAN E Mailing Address P City Murfreesboro Purpose of Disbursem Candidate Name Office Sought: X	Senate X President strict: 03 , Middle Initial) BART GORDON COMM P.O. Box 2008 The senate Senate X X X X X X X X X X X X X	Primary Other (special special	General cify) ▼ Zip Code 37133 2010 General	Category/	Date of Disbursement M 5 M / D 1 3 / Y 2 0 0 9 Y Amount of Each Disbursement this Period

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribut or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008 Mailing Address 5915 EASTMAN AVE. SUITE 100 City State Zip Code MI 48640 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address Post Office Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Senate President Senate President Senate President Senate President State: MD District: 00 Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address Post Office Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Senate President Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) Language Senate President Senate P	28 / 30
NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008 Mailing Address	25 29
NAME OF COMMITTEE (In Full) American Medical Group Association PAC Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 5915 EASTMAN AVE. SUITE 100 S915 EASTMAN AVE. SUITE 100 City MIDLAND Purpose of Disbursement Candidate Name Office Sought:	
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Office Sought: X House Disbursement For: 2010 Senate X Primary General	00.00
Senate X Primary General	
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State: MD District: 05	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statement	for each category of the Detailed Summary Page (check control 21b)	28a 28b 28c 29 30b
or for commercial purposes, other than using the name	, , , , , , , , , , , , , , , , , , , ,	· ·
NAME OF COMMITTEE (In Full) American Medical Group Association PAC		
Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTE Mailing Address PO Box 360	≣Ε 	Transaction ID: SB23.5226 Date of Disbursement O 5 O 4 O 9
,	State Zip Code AR 71857	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
President	ment 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

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	,	Use separate schedule(s)	(check only	NUMBER: PAGE 30 / 30
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$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Medical Group Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.5231
	Bank of America			Date of Disbursement
	Mailing Address PO Box 1206			05
	City	State Zip Code		Amount of Each Disbursement this Period
	Brea	CA 92822-8713		
	Purpose of Disbursement			76.04
	Candidate Name		Category/ Type	
	Office Sought: House Disburse	ment For:		
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	76.04
TOTAL This Period (last page this line number only)	<u> </u>	76.04