12/13/2005 13 : 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT▼

Example: If typing, type over the lines

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

1101 VERMONT AVENUE, NW

12TH FLOOR

Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIPCODE ▲
WASHINGTON	DC	20005

2. **FEC IDENTIFICATION NUMBER** ▼

C00000422

3. IS THIS REPORT — NEW (N) X **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	X	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)		Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post** -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on ____ in the State of ____

5. Covering Period 11 01 2005 through 11 30 2005

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

Type or Print Name of Treasurer KEVIN WALKER

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 12 13 2005

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 11 01 2005 To: 11 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		627875.56
(b) Cash on Hand at Begining of Reporting Period	1693277.17	
(c) Total Receipts (from Line 19)	235843.06	1716073.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1929120.23	2343948.58
7. Total Disbursements (from Line 31)	19321.37	434149.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1909798.86	1909798.86
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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 11 01 2005 To: 11 30 2005

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)	207269.63	1323582.66
(ii) Unitemized	24060.00	269323.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	231329.63	1592905.88
(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) ▶	231329.63	1592905.88
12. Transfers From Affiliated/Other Party Committees	0.00	81070.00
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	5600.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4513.43	36497.14
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))	235843.06	1716073.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	235843.06	1716073.02

DETAILED SUMMARY PAGE
of Disbursements

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	821.37	65507.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	821.37	65507.94
22. Transfers to Affiliated/Other Party Committees	0.00	60371.78
23. Contributions to Federal Candidates/Committees and Other Political Committees	16500.00	307250.00
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	1020.00
(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	1020.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19321.37	434149.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	19321.37	434149.72

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)	231329.63	1592905.88
34. Total Contribution Refunds (from Line 28(d))	0.00	1020.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	231329.63	1591885.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	821.37	65507.94
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	821.37	65507.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 72
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

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

A. Full Name (Last, First, Middle Initial)
KEITH ADAMS, MD
Mailing Address 416 MUNRO ROAD
City: MILL HALL | State: PA | Zip Code: 17751
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17391
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
KEITH ADAMS, MD
Mailing Address 416 MUNRO ROAD
City: MILL HALL | State: PA | Zip Code: 17751
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 425.00
Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17459
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
JOHN HULSE ARMSTRONG, MD
Mailing Address PO BOX 016960
City: MIAMI | State: FL | Zip Code: 33101
FEC ID number of contributing federal political committee: C
Name of Employer: US ARMY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17393
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JOHN HULSE ARMSTRONG MD
Mailing Address PO BOX 016960
City: MIAMI | State: FL | Zip Code: 33101
FEC ID number of contributing federal political committee: C
Name of Employer: US ARMY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17460
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
WILLIAM E ATLEE, JR MD
Mailing Address 56 PARKWOOD DRIVE
City: AUGUSTA | State: ME | Zip Code: 04330
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17263
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MARGUERITE BARNETT, MD
Mailing Address 1715 STICKNEY POINT ROAD
City: SARASOTA | State: FL | Zip Code: 34231
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17347
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 72
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
J PATRICK BARRETT, MD
Mailing Address 3 HIGHLAND PARK COURT
City: JACKSON | State: MS | Zip Code: 39211
FEC ID number of contributing federal political committee: C
Name of Employer: MISSISSIPPI SPINE CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17341
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
BRIAN J BEAR, MD
Mailing Address 535 ROXBURY ROAD
City: ROCKFORD | State: IL | Zip Code: 61107
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.17367
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
DALE BLASIER, MD
Mailing Address 205 HICKORY CREEK LANE
City: LITTLE ROCK | State: AR | Zip Code: 72212
FEC ID number of contributing federal political committee: C
Name of Employer: STATE OF ARKANSAS
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17307
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
ALBERT L BLUMBERG, MD
Mailing Address 8 JENNY LANE
City: BALTIMORE | State: MD | Zip Code: 21208
FEC ID number of contributing federal political committee: C
Name of Employer: RADIATION ONCOLOGY HEALTH-CARE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17335
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DAVID W BOBB, MD
Mailing Address 4319 OXFORD WAY
City: NORMAN | State: OK | Zip Code: 73072
FEC ID number of contributing federal political committee: C
Name of Employer: OSC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.17359
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT BONVINO, MD
Mailing Address 206 DOE TRAIL
City: MORGANVILLE | State: NJ | Zip Code: 07751
FEC ID number of contributing federal political committee: C
Name of Employer: NEW YORK UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.20

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17395
Amount of Each Receipt this Period: 83.32

SUBTOTAL of Receipts This Page (optional) ▶ **1583.32**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT BONVINO, MD
Mailing Address 208 DOE TRAIL
City: MORGANVILLE | State: NJ | Zip Code: 07751
FEC ID number of contributing federal political committee: C
Name of Employer: NEW YORK UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.52

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17461
Amount of Each Receipt this Period: 83.32

B. Full Name (Last, First, Middle Initial)
JANE BOTTSFORD, MD
Mailing Address 1003 SEVEN SPRINGS ROAD
City: SPARTANBURG | State: SC | Zip Code: 29307
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 442.86

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17397
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
JANE BOTTSFORD, MD
Mailing Address 1003 SEVEN SPRINGS ROAD
City: SPARTANBURG | State: SC | Zip Code: 29307
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17462
Amount of Each Receipt this Period: 57.14

SUBTOTAL of Receipts This Page (optional) ▶ **240.46**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
CAROLYN S BRADA
Mailing Address 52 MISSION ROAD
City: WICHITA | State: KS | Zip Code: 67207
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOUSEWIFE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17256
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
PATRICK BREAUX, MD
Mailing Address 5640 READ BLVD
City: NEW ORLEANS | State: LA | Zip Code: 70127
FEC ID number of contributing federal political committee: C
Name of Employer: IMA HEALTHCARE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17399
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
PATRICK BREAUX, MD
Mailing Address 5640 READ BLVD
City: NEW ORLEANS | State: LA | Zip Code: 70127
FEC ID number of contributing federal political committee: C
Name of Employer: IMA HEALTHCARE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17463
Amount of Each Receipt this Period: 50.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 72
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
BROOKE BUCKLEY, MD
Mailing Address 18101 LORAIN AVENUE
City: CLEVELAND | State: OH | Zip Code: 44111
FEC ID number of contributing federal political committee: C
Name of Employer: FAIRVIEW HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17401
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
BROOKE BUCKLEY, MD
Mailing Address 18101 LORAIN AVENUE
City: CLEVELAND | State: OH | Zip Code: 44111
FEC ID number of contributing federal political committee: C
Name of Employer: FAIRVIEW HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17464
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JANICE BURTON, MD
Mailing Address 2800 GLASGOD AVENUE
City: NEWARD | State: DE | Zip Code: 19702
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17317
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 72
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
DUANE M CADY, MD
Mailing Address PO BOX 137
City: LA FAYETTE | State: NY | Zip Code: 13084
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17403
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
DUANE M CADY, MD
Mailing Address PO BOX 137
City: LA FAYETTE | State: NY | Zip Code: 13084
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17465
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
JUSTIN A CALVERT, MD
Mailing Address 125 NORTH BRIGHTON STREET
City: JACKSON | State: MS | Zip Code: 39211
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF MISSISSIPPI
Occupation: MEDICAL STUDENT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17293
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **333.32**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
MARY CARPENTER, MD
Mailing Address PO BOX 769
City: WINNER | State: SD | Zip Code: 57580
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17385
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ANN CEA, MD
Mailing Address 244 BYRAM SHORE ROAD
City: GREENWICH | State: CT | Zip Code: 06830
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17299
Amount of Each Receipt this Period: 450.00

C. Full Name (Last, First, Middle Initial)
KENNETH M CERTA, MD
Mailing Address 17 FOX HUNT CIRCLE
City: PLYMOUTH MTG | State: PA | Zip Code: 19462
FEC ID number of contributing federal political committee: C
Name of Employer: THOMAS JEFFERSON UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17331
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
SCOTT R CHAIET, MD
Mailing Address 1936 DRYDEN ROAD
City: HOUSTON | State: TX | Zip Code: 77030
FEC ID number of contributing federal political committee: C
Name of Employer: BAYLOR COLLEGE
Occupation: STUDENT
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17287
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DAVID LOUIS COHEN, MD
Mailing Address 2339 S GEORGE STREET
City: YORK | State: PA | Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: OSS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17456
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
DAVID LOUIS COHEN, MD
Mailing Address 2339 S GEORGE STREET
City: YORK | State: PA | Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: OSS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17325
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
MARY ANN CONTOGIANNIS, MD
Mailing Address 2800 SAINT REGIS ROAD
City: GREENSBORO | State: NC | Zip Code: 27408
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17375
Amount of Each Receipt this Period: 450.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CYS
Mailing Address 7415 SOUTH REACH DRIVE
City: FAIRFAX STATION | State: VA | Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17404
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
MICHAEL CYS
Mailing Address 7415 SOUTH REACH DRIVE
City: FAIRFAX STATION | State: VA | Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17466
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 533.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
EDWARD DENCH, JR MD
Mailing Address 945 OUTER DRIVE
City: ST COLLEGE | State: PA | Zip Code: 16801
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17406
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
EDWARD DENCH, JR MD
Mailing Address 945 OUTER DRIVE
City: ST COLLEGE | State: PA | Zip Code: 16801
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17467
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
WILLIAM DOLAN, MD
Mailing Address 220 ALEXANDER STREET
City: ROCHESTER | State: NY | Zip Code: 14607
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17408
Amount of Each Receipt this Period: 37.50

SUBTOTAL of Receipts This Page (optional) ▶ **187.50**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
WILLIAM DOLAN, MD
Mailing Address 220 ALEXANDER STREET
City: ROCHESTER | State: NY | Zip Code: 14607
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 412.50

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17466
Amount of Each Receipt this Period: 37.50

B. Full Name (Last, First, Middle Initial)
RANDY EASTERLING, MD
Mailing Address 807 TIFFENTOWN ROAD
City: VICKSBURG | State: MS | Zip Code: 39183
FEC ID number of contributing federal political committee: C
Name of Employer: RIVER REGION MEDICAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17381
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
DANIEL PAUL EDNEY, MD
Mailing Address 104 MCAULEY DRIVE
City: VICKSBURG | State: MS | Zip Code: 39183
FEC ID number of contributing federal political committee: C
Name of Employer: EDNEY MEDICAL SERVICE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17410
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ **579.16**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 72
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DANIEL PAUL EDNEY, MD
Mailing Address 104 MCAULEY DRIVE
City: VICKSBURG | State: MS | Zip Code: 39183
FEC ID number of contributing federal political committee: C
Name of Employer: EDNEY MEDICAL SERVICE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17469
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT
Mailing Address PO BOX 25834
City: RALEIGH | State: NC | Zip Code: 27611
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 21010.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17355
Amount of Each Receipt this Period: 2400.00

C. Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT
Mailing Address PO BOX 25834
City: RALEIGH | State: NC | Zip Code: 27611
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 24610.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17507
Amount of Each Receipt this Period: 3800.00

SUBTOTAL of Receipts This Page (optional) ▶ **6041.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 72
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT
Mailing Address PO BOX 25834
City: RALEIGH | State: NC | Zip Code: 27611
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26630.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17516
Amount of Each Receipt this Period: 2220.00

B.
Full Name (Last, First, Middle Initial)
KENTUCKY EDUC MEDICAL PAC
Mailing Address 4965 US HIGHWAY 42
City: LOUISVILLE | State: KY | Zip Code: 40222
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 32400.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17277
Amount of Each Receipt this Period: 8550.00

C.
Full Name (Last, First, Middle Initial)
JAMES A ENGELBRECHT, MD
Mailing Address 4281 ROSEMARY LAND
City: RAPID CITY | State: SD | Zip Code: 57702
FEC ID number of contributing federal political committee: C
Name of Employer: BLACK HILLS ORTHOPEDIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17315
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **11270.00**

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

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

A. Full Name (Last, First, Middle Initial)
JOHN A FAGG, MD
Mailing Address 403 ARBOR ROAD
City: WINSTON SALEM | State: NC | Zip Code: 27104
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17379
Amount of Each Receipt this Period: 450.00

B. Full Name (Last, First, Middle Initial)
MICHAEL J FISCHER, MD
Mailing Address 2390 ASH CANYON ROAD
City: CARSON CITY | State: NV | Zip Code: 89703
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17524
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY T FLAHERTY, MD
Mailing Address 547 E WISCONSIN
City: NEENAH | State: WI | Zip Code: 54956
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17522
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
DANIEL B FRAM, MD
Mailing Address 40 CANDLEWOOD DRIVE
City: W HARTFORD | State: CT | Zip Code: 06117
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIA LAB PC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.17385
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
KATHERINE FRIZZELL, MD
Mailing Address 160 SPRINGFIELD BOULEVARD
City: MACON | State: GA | Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: MERCER UNIVERSITY
Occupation: MEDICAL STUDENT
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17291
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARGARET GARIKES
Mailing Address 136 F STREET SE
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: ASSOCIATION EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17411
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
MARGARET GARIKES
Mailing Address 136 F STREET SE
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: ASSOCIATION EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17470
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
ROBERT W GEIST, MD
Mailing Address 278 MOUNT SANFORD ROAD
City: CHESHIRE | State: CT | Zip Code: 06410
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17269
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
CECILIA GOMEZ, MD
Mailing Address 14629 SW 80TH STREET
City: MIAMI | State: FL | Zip Code: 33193
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.30

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17413
Amount of Each Receipt this Period: 45.83

SUBTOTAL of Receipts This Page (optional) ▶ 595.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
CECILIA GOMEZ, MD
Mailing Address 14829 SW 80TH STREET
City: MIAMI | State: FL | Zip Code: 33193
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 504.13

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17471
Amount of Each Receipt this Period: 45.83

B. Full Name (Last, First, Middle Initial)
JEFF GONZALEZ, MD
Mailing Address 1228 WEST AVENUE
City: MIAMI BEACH | State: FL | Zip Code: 33139
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF MIAMI
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17415
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JEFF GONZALEZ, MD
Mailing Address 1228 WEST AVENUE
City: MIAMI BEACH | State: FL | Zip Code: 33139
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF MIAMI
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17472
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **145.83**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
MONICA HATFIELD
Mailing Address 1621 WOODVALE DRIVE
City: CHARLESTON | State: WV | Zip Code: 25314
FEC ID number of contributing federal political committee: C
Name of Employer: RANOAKE COUNTY SCHOOL
Occupation: TEACHER
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17281
Amount of Each Receipt this Period: 550.00

B. Full Name (Last, First, Middle Initial)
ALLAN HAYNES, JR MD
Mailing Address 1416 EAST RIDGE
City: CLOVIS | State: MN | Zip Code: 88101
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17417
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
ALLAN HAYNES, JR MD
Mailing Address 1416 EAST RIDGE
City: CLOVIS | State: MN | Zip Code: 88101
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17473
Amount of Each Receipt this Period: 100.00

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) or each category of the Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
MARILYN J HEINE, MD
Mailing Address 900 TWINING ROAD
City: DRESHER | State: PA | Zip Code: 19025
FEC ID number of contributing federal political committee: C
Name of Employer: REG HEMATOLOGY ONCOLOGY ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17333
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT E HERTZKA, MD
Mailing Address PO BOX 1018
City: RANCHO SANTA FE | State: CA | Zip Code: 92067
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17295
Amount of Each Receipt this Period: 450.00

C. Full Name (Last, First, Middle Initial)
JOSEPH HEYMAN, MD
Mailing Address 183 MIDDLE STREET
City: WEST NEWBURY | State: MA | Zip Code: 01585
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17357
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
JULIUS W HOBSON, JR
Mailing Address 3800 38TH STREET NW
City: WASHINGTON | State: DC | Zip Code: 20016
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: ASSOCIATION EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17419
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
JULIUS W HOBSON, JR
Mailing Address 3800 38TH STREET NW
City: WASHINGTON | State: DC | Zip Code: 20016
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: ASSOCIATION EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17474
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
W BRIGGS HOPSON, JR MD
Mailing Address 2100 HIGHWAY 61 NORTH
City: VICKSBURG | State: MS | Zip Code: 39183
FEC ID number of contributing federal political committee: C
Name of Employer: RIVER REGION MEDICAL CENTER
Occupation: SURGEON
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 950.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17383
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
CORY HOWARD, MD
Mailing Address 1000 GOODLETTE ROAD
City: NAPLES | State: FL | Zip Code: 34102
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17323
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
STEPHEN IMBEAU, MD
Mailing Address 800 E. CHEVES STREET
City: FLORENCE | State: SC | Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: ALLERGY ASTHMA & SINUS CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17525
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
HILLARY JOHNSON, MD
Mailing Address 545 FIRST AVENUE
City: NEW YORK | State: NY | Zip Code: 10016
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 343.32

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17421
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **1083.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
HILLARY JOHNSON, MD
Mailing Address 545 FIRST AVENUE
City: NEW YORK | State: NY | Zip Code: 10016
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 426.65

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17475
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
MARY M JONES, MD
Mailing Address 1705 IRVINE DRIVE
City: EDMOND | State: OK | Zip Code: 73003
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17265
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
STEVEN PAUL KANIG, MD
Mailing Address 3325 CALLE DE DANIEL
City: ALBUQUERQUE | State: NM | Zip Code: 87104
FEC ID number of contributing federal political committee: C
Name of Employer: EHR DEVELOPER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17303
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1083.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
DAVID KIM, MD
Mailing Address 704 E MAIN STREET
City: MOORESTOWN | State: NJ | Zip Code: 08057
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17423
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
DAVID KIM, MD
Mailing Address 704 E MAIN STREET
City: MOORESTOWN | State: NJ | Zip Code: 08057
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17476
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
NANCY KYLER, MD
Mailing Address 675 SHERWOOD LANE
City: STAUNTON | State: VA | Zip Code: 24401
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.32

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17425
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **183.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
NANCY KYLER, MD
Mailing Address 875 SHERWOOD LANE
City: STAUNTON | State: VA | Zip Code: 24401
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.65

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17477
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
RAJ BEHARI LAL, MD
Mailing Address 2809 MEYERS ROAD
City: OAK BROOK | State: IL | Zip Code: 60523
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17427
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
RAJ BEHARI LAL, MD
Mailing Address 2809 MEYERS ROAD
City: OAK BROOK | State: IL | Zip Code: 60523
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17478
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ **166.65**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
JOHN F LEARY
Mailing Address 403 RUSSELL ROAD
City: ALEXANDRIA | State: VA | Zip Code: 22301
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17428
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
JOHN F LEARY
Mailing Address 403 RUSSELL ROAD
City: ALEXANDRIA | State: VA | Zip Code: 22301
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: EXECUTIVE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17479
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
CARL LENTZ, MD
Mailing Address 1040 W INTERNATIONAL SPEEDWAY
City: DAYTONA BEACH | State: FL | Zip Code: 32114
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17319
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN E LEVINE, MD
Mailing Address 1620 MEDICAL LANE
City: FORT MYERS | State: FL | Zip Code: 33907
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.17369
Amount of Each Receipt this Period: 550.00

B. Full Name (Last, First, Middle Initial)
STEPHEN LUCERO, MD
Mailing Address 1650 HOSPITAL DRIVE
City: SANTA FE | State: NM | Zip Code: 82505
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17430
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
STEPHEN LUCERO, MD
Mailing Address 1650 HOSPITAL DRIVE
City: SANTA FE | State: NM | Zip Code: 82505
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17480
Amount of Each Receipt this Period: 100.00

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
JOY A MAXEY, MD
Mailing Address 3091 MAPLE DRIVE
City: ATLANTA | State: GA | Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17432
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
JOY A MAXEY, MD
Mailing Address 3091 MAPLE DRIVE
City: ATLANTA | State: GA | Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17481
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
CELIA MCCORMACK, MD
Mailing Address 7 BRIGHTWATERS CIRCLE NE
City: ST PETERSBURG | State: FL | Zip Code: 33704
FEC ID number of contributing federal political committee: C
Name of Employer: S NELSON MD
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17275
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PHOEBE MCMILLAN
Mailing Address 182 TULLAMORE ROAD
City: GARDEN CITY | State: NJ | Zip Code: 11530
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOUSEWIFE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17321
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT R MCMILLAN, MD
Mailing Address 182 TULLAMORE ROAD
City: GARDEN CITY | State: NY | Zip Code: 11530
FEC ID number of contributing federal political committee: C
Name of Employer: BEE READYE
Occupation: ATTORNEY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17320
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC
Mailing Address PO BOX 1900
City: MONTGOMERY | State: AL | Zip Code: 36102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 11450.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17354
Amount of Each Receipt this Period: 4000.00

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
ARIZONA MEDICAL PAC
Mailing Address 810 W BETHANY HOME ROAD
City: PHOENIX | State: AZ | Zip Code: 85013
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15370.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17494
Amount of Each Receipt this Period: 5890.00

B. Full Name (Last, First, Middle Initial)
ARKANSAS MEDICAL PAC
Mailing Address PO BOX 55088
City: LITTLE ROCK | State: AR | Zip Code: 72215
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4160.00
Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17282
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CALIFORNIA MEDICAL PAC
Mailing Address 221 MAIN STREET
City: SAN FRANCISCO | State: CA | Zip Code: 94105
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 66287.58
Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17284
Amount of Each Receipt this Period: 2121.57

SUBTOTAL of Receipts This Page (optional) ▶ **8261.57**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
COLORADO MEDICAL PAC
Mailing Address PO BOX 17550
City: DENVER | State: CO | Zip Code: 80217
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 11430.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17504
Amount of Each Receipt this Period: 1740.00

B. Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC
Mailing Address 160 ST RONAN STREET
City: NEW HAVEN | State: CT | Zip Code: 06511
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 33170.00
Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17278
Amount of Each Receipt this Period: 4400.00

C. Full Name (Last, First, Middle Initial)
DELAWARE MEDICAL PAC
Mailing Address 1925 LOVERING AVENUE
City: WILMINGTON | State: DE | Zip Code: 19806
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5850.00
Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17281
Amount of Each Receipt this Period: 900.00

SUBTOTAL of Receipts This Page (optional) ▶ **7040.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DISTRICT OF COLUMBIA MEDICAL PAC
Mailing Address 2175 K STREET NW
City: WASHINGTON | State: DC | Zip Code: 20037
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2300.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17501
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 40445.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17253
Amount of Each Receipt this Period: 710.00

C. Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 42945.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17280
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3710.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 44195.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17285
Amount of Each Receipt this Period: 1250.00

B.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 45745.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17496
Amount of Each Receipt this Period: 1550.00

C.
Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10269
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 46535.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17505
Amount of Each Receipt this Period: 2790.00

SUBTOTAL of Receipts This Page (optional) ▶ 5590.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC
Mailing Address PO BOX 10289
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 56335.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17513
Amount of Each Receipt this Period: 7800.00

B. Full Name (Last, First, Middle Initial)
ILLINOIS MEDICAL PAC
Mailing Address 20 N MICHIGAN AVENUE
City: CHICAGO | State: IL | Zip Code: 60602
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: n/a
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18750.00
Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17353
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
IOWA MEDICAL PAC
Mailing Address 1001 GRAND AVENUE
City: W. DES MOINES | State: IA | Zip Code: 50265
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15010.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17502
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ▶ **8850.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
LOUISIANA MEDICAL PAC
Mailing Address 6767 PERKINS ROAD
City: BATON ROUGE | State: LA | Zip Code: 70802
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26370.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17497
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
LOUISIANA MEDICAL PAC
Mailing Address 6767 PERKINS ROAD
City: BATON ROUGE | State: LA | Zip Code: 70802
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 32880.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17509
Amount of Each Receipt this Period: 4610.00

C. Full Name (Last, First, Middle Initial)
MAINE MEDICAL PAC
Mailing Address PO BOX 190
City: MANCHESTER | State: ME | Zip Code: 04351
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2120.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17250
Amount of Each Receipt this Period: 1100.00

SUBTOTAL of Receipts This Page (optional) ▶ **5960.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
MARYLAND MEDICAL PAC
Mailing Address 1211 CATHEDRAL STREET
City: BALTIMORE | State: MD | Zip Code: 21201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20402.50

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17495
Amount of Each Receipt this Period: 1875.00

B. Full Name (Last, First, Middle Initial)
MINNESOTA MEDICAL PAC
Mailing Address PO BOX 18655
City: MINNEAPOLIS | State: MN | Zip Code: 55418
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15800.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17511
Amount of Each Receipt this Period: 760.00

C. Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC
Mailing Address PO BOX 2548
City: RIDGELAND | State: MS | Zip Code: 39158
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19510.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17517
Amount of Each Receipt this Period: 8040.00

SUBTOTAL of Receipts This Page (optional) ▶ **10675.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC
Mailing Address PO BOX 2548
City: RIDGELAND | State: MS | Zip Code: 39158
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 20070.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17518
Amount of Each Receipt this Period: 580.00

B. Full Name (Last, First, Middle Initial)
MISSOURI MEDICAL PAC
Mailing Address PO BOX 1402
City: JEFFERSON CITY | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 41800.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17500
Amount of Each Receipt this Period: 10630.00

C. Full Name (Last, First, Middle Initial)
MONTANA MEDICAL PAC
Mailing Address 2021 ELEVENTH AVENUE
City: HELENA | State: MT | Zip Code: 59601
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2450.00
Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17350
Amount of Each Receipt this Period: 1200.00

SUBTOTAL of Receipts This Page (optional) ▶ **12390.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
NEBRASKA MEDICAL PAC
Mailing Address 233 S 13TH STREET
City: LINCOLN | State: NE | Zip Code: 68508
FEC ID number of contributing federal political committee: C
Name of Employer: N/A | Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5317.50

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17503
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
NEVADA MEDICAL PAC
Mailing Address 3660 BAKER LANE
City: RENO | State: NV | Zip Code: 89509
FEC ID number of contributing federal political committee: C
Name of Employer: N/A | Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4300.00

Date of Receipt: 11 15 2005
Transaction ID: SA11A1.17276
Amount of Each Receipt this Period: 550.00

C. Full Name (Last, First, Middle Initial)
NEW JERSEY MEDICAL PAC
Mailing Address 2 PRINCESS ROAD
City: LAWRENCEVILLE | State: NJ | Zip Code: 08648
FEC ID number of contributing federal political committee: C
Name of Employer: N/A | Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7200.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17498
Amount of Each Receipt this Period: 1150.00

SUBTOTAL of Receipts This Page (optional) ▶ **2200.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
NEW MEXICO MEDICAL PAC
Mailing Address 7770 JEFFERSON NE
City: ALBUQUERQUE State: NM Zip Code: 87109
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1690.00
Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17254
Amount of Each Receipt this Period: 440.00

B. Full Name (Last, First, Middle Initial)
NEW MEXICO MEDICAL PAC
Mailing Address 7770 JEFFERSON NE
City: ALBUQUERQUE State: NM Zip Code: 87109
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2240.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17499
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
OHIO MEDICAL PAC
Mailing Address 3401 MILL RUN DRIVE
City: HILLIARD State: OH Zip Code: 43026
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 98770.00
Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17251
Amount of Each Receipt this Period: 590.00

SUBTOTAL of Receipts This Page (optional) ▶ **1380.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
OHIO MEDICAL PAC
Mailing Address 3401 MILL RUN DRIVE
City: HILLIARD | State: OH | Zip Code: 43206
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 109720.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17252
Amount of Each Receipt this Period: 10950.00

B. Full Name (Last, First, Middle Initial)
OHIO MEDICAL PAC
Mailing Address 3401 MILL RUN DRIVE
City: HILLIARD | State: OH | Zip Code: 43206
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 111220.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17352
Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
OKLAHOMA MEDICAL PAC
Mailing Address PO BOX 54520
City: OKLAHOMA CITY | State: OK | Zip Code: 73154
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12930.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17506
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **12850.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
OREGON MEDICAL PAC
Mailing Address 5210 SW CORBETT STREET
City: PORTLAND | State: OR | Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 27920.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17510
Amount of Each Receipt this Period: 11420.00

B. Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG | State: PA | Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 53630.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17351
Amount of Each Receipt this Period: 6700.00

C. Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC
Mailing Address PO BOX 8820
City: HARRISBURG | State: PA | Zip Code: 17105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 55830.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17512
Amount of Each Receipt this Period: 2200.00

SUBTOTAL of Receipts This Page (optional) ▶ **20320.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SOUTH CAROLINA MEDICAL PAC
Mailing Address PO BOX 11188
City: COLUMBIA | State: SC | Zip Code: 29211
FEC ID number of contributing federal political committee: C
Name of Employer: NA
Occupation: NA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 7940.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17279
Amount of Each Receipt this Period: 1700.00

B. Full Name (Last, First, Middle Initial)
SOUTH DAKOTA MEDICAL PAC
Mailing Address 1323 S MINNESOTA AVENUE
City: SIOUX FALLS | State: SD | Zip Code: 57105
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 7150.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.17283
Amount of Each Receipt this Period: 1900.00

C. Full Name (Last, First, Middle Initial)
TEXAS MEDICAL PAC
Mailing Address 401 W 15TH STREET
City: AUSTIN | State: TX | Zip Code: 78701
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 166320.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17508
Amount of Each Receipt this Period: 36490.00

SUBTOTAL of Receipts This Page (optional) ▶ **40090.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
INDEPENDENT MEDICINES PAC
Mailing Address 2301 21ST AVENUE SOUTH
City: NASHVILLE | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 22820.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17514
Amount of Each Receipt this Period: 1200.00

B. Full Name (Last, First, Middle Initial)
JAMES L MILAM, MD
Mailing Address 1205 ASHBURY LANE
City: LIVERTYVILLE | State: IL | Zip Code: 60048
FEC ID number of contributing federal political committee: C
Name of Employer: MIDWEST CTR OF WOMENS HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17337
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
GARY P MILLER, MD
Mailing Address 209 UPDIKE PLACE
City: DANVILLE | State: VA | Zip Code: 24541
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17373
Amount of Each Receipt this Period: 450.00

SUBTOTAL of Receipts This Page (optional) ▶ **2150.00**

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

SCHEDULE A (FEC Form 3X)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
STEPHEN F MILLER, MD
Mailing Address 508 MAPLE CREST DRIVE
City: PARSONS | State: KS | Zip Code: 67357
FEC ID number of contributing federal political committee: C
Name of Employer: FREEMAN HEALTH SYSTEMS
Occupation: SURGEON
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1200.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17305
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JOHN M MONTGOMERY, MD
Mailing Address 727 WESTMINISTER DRIVE
City: ORANGE PARK | State: FL | Zip Code: 32073
FEC ID number of contributing federal political committee: C
Name of Employer: BLUE CROSS BLUE SHIELD
Occupation: MEDICAL DIRECTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17339
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
RICHARD K NEAHRING, MD
Mailing Address 1309 LIBERTY STREET SE
City: SALEM | State: OR | Zip Code: 97302
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17434
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ **1041.66**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD KNEAHRING, MD
Mailing Address 1309 LIBERTY STREET SE
City: SALEM | State: OR | Zip Code: 97302
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17482
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
JEANIE OWEN, MD
Mailing Address 8417 HICKORY STREET
City: OMAHA | State: NE | Zip Code: 68124
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17455
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
JEANIE OWEN, MD
Mailing Address 8417 HICKORY STREET
City: OMAHA | State: NE | Zip Code: 68124
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17483
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **241.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

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

A. Full Name (Last, First, Middle Initial)
DONALD J PALMISANO, MD
Mailing Address 503B CLEVELAND PLACE
City: METAIRIE | State: LA | Zip Code: 70003
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17297
Amount of Each Receipt this Period: 450.00

B. Full Name (Last, First, Middle Initial)
KRISTIE J PARIS, MD
Mailing Address 2803 ALTA VISTA WAY
City: LOUISVILLE | State: KY | Zip Code: 40206
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 08 2005
Transaction ID: SA11A1.17260
Amount of Each Receipt this Period: 550.00

C. Full Name (Last, First, Middle Initial)
JOHN T PARKER, MD
Mailing Address 21616 76TH AVENUE W
City: EDMONDS | State: WA | Zip Code: 98026
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.17361
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 72
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
PARVIZ PARSA, MD
Mailing Address 23712 S MAIN STREET
City: CARSON | State: CA | Zip Code: 90745
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17271
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS S PARVIN, MD
Mailing Address 105 DOCTORS PARK
City: STARKVILLE | State: MS | Zip Code: 39759
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17311
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
THOMAS G PETERS, MD
Mailing Address 380 W 8TH STREET
City: JACKSONVILLE | State: FL | Zip Code: 32209
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF FLORIDA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17309
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 72
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ALAN L PLUMMER, MD
Mailing Address 11 WEST PARK COURT
City: ATLANTA | State: GA | Zip Code: 30342
FEC ID number of contributing federal political committee: C
Name of Employer: THE EMORY CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17345
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DONALD J PROLO, MD
Mailing Address 203 DISALVO AVENUE
City: SAN JOSE | State: CA | Zip Code: 95128
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17349
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JAMES CARROLL QUIGLEY, MD
Mailing Address PO BOX 2923
City: SHAWNEE MSN | State: KS | Zip Code: 66201
FEC ID number of contributing federal political committee: C
Name of Employer: PPA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17436
Amount of Each Receipt this Period: 100.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 72
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

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

A. Full Name (Last, First, Middle Initial)
JAMES CARROLL QUIGLEY, MD
Mailing Address PO BOX 2823
City: SHAWNEE MSN | State: KS | Zip Code: 66201
FEC ID number of contributing federal political committee: C
Name of Employer: PPA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17484
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
NESTOR A RAMIREZ-LOPEZ, MD
Mailing Address 800 E CARPENTER STREET
City: SPRINGFIELD | State: IL | Zip Code: 62769
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17438
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
NESTOR A RAMIREZ-LOPEZ, MD
Mailing Address 800 E CARPENTER STREET
City: SPRINGFIELD | State: IL | Zip Code: 62769
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17485
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 183.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

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

A.
Full Name (Last, First, Middle Initial)
MALCOLM ROTH, MD
Mailing Address 1003 COLONY DRIVE
City: HARTSDALE | State: NY | Zip Code: 10530
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17440
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
MALCOLM ROTH, MD
Mailing Address 1003 COLONY DRIVE
City: HARTSDALE | State: NY | Zip Code: 10530
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17486
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
DAVID J SCHIFELING, MD
Mailing Address 900 W CLAIRMONT DRIVE
City: EAU CLAIRE | State: WI | Zip Code: 54701
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17442
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 72
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DAVID J SCHIFELING, MD
Mailing Address 900 W CLAIRMONT DRIVE
City: EAU CLAIRE | State: WI | Zip Code: 54701
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17487
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
C RICHARD SCHOTT, MD
Mailing Address 10 TODMORDEN DRIVE
City: ROSE VALLEY | State: PA | Zip Code: 19096
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY CONSULTANTS OF PA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17327
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL J SEXTON, MD
Mailing Address 12 ERICA COURT
City: NOVATO | State: CA | Zip Code: 94947
FEC ID number of contributing federal political committee: C
Name of Employer: PERMANENTE MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17377
Amount of Each Receipt this Period: 450.00

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 58 / 72
(check only one)

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

A. Full Name (Last, First, Middle Initial)
CAROL S SHAPIRO, MD MBA
Mailing Address 1940 OPITZ BLVD
City: WOODBRIDGE | State: VA | Zip Code: 22191
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17387
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JENNIFER M SINCAVAGE
Mailing Address 3144 N STREET NW
City: WASHINGTON | State: DC | Zip Code: 20007
FEC ID number of contributing federal political committee: C
Name of Employer: US SENATE
Occupation: ATTORNEY
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17443
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JENNIFER M SINCAVAGE
Mailing Address 3144 N STREET NW
City: WASHINGTON | State: DC | Zip Code: 20007
FEC ID number of contributing federal political committee: C
Name of Employer: US SENATE
Occupation: ATTORNEY
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17488
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 72
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RANDALL E SLIMAK MD
Mailing Address 200 MADISON AVENUE
City: ELMIRA | State: NY | Zip Code: 14901
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17389
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
CATHERINE M SMITH, MD
Mailing Address 3713 HOLLAND DRIVE
City: SNELLVILLE | State: GA | Zip Code: 30039
FEC ID number of contributing federal political committee: C
Name of Employer: MOREHOUSE SHOOL
Occupation: STUDENT
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17288
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
EDWARD C TANNER, MD
Mailing Address 2540 HIGHLAND AVENUE
City: ROCHESTER | State: NY | Zip Code: 14610
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17301
Amount of Each Receipt this Period: 450.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
MEDICAL SOC OF THE ST OF NY PAC
Mailing Address ONE COMMERCE PLAZA
City: ALBANY | State: NY | Zip Code: 12210
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: N/A
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 152280.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17515
Amount of Each Receipt this Period: 9740.00

B. Full Name (Last, First, Middle Initial)
JOHN F TOMPKINS, II MD
Mailing Address 3024 STONEYBROOK ROAD
City: OKLAHOMA CITY | State: OK | Zip Code: 73120
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17267
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MAUREEN TROTTER
Mailing Address 1125 W 45TH STREET
City: SHAWNEE | State: OK | Zip Code: 74804
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOUSEWIFE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17273
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **10740.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
KENNETH D TUCK, MD
Mailing Address 3320 FRANKLIN ROAD SW
City: ROANOKE | State: VA | Zip Code: 24014
FEC ID number of contributing federal political committee: C
Name of Employer: VISTAR EYE CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17313
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROY W VANDIVER, MD
Mailing Address 3562 PIEDMONT ROAD
City: ATLANTA | State: GA | Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: MAG MUTUAL
Occupation: EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17445
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
ROY W VANDIVER, MD
Mailing Address 3562 PIEDMONT ROAD
City: ATLANTA | State: GA | Zip Code: 30305
FEC ID number of contributing federal political committee: C
Name of Employer: MAG MUTUAL
Occupation: EXECUTIVE
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17489
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 72
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
JOHN M VAN ETTA, MD
Mailing Address 1535 SKYWOOD LANE
City: DULUTH | State: MN | Zip Code: 55805
FEC ID number of contributing federal political committee: C
Name of Employer: ST LUKES INT MED ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17447
Amount of Each Receipt this Period: 41.66

B.
Full Name (Last, First, Middle Initial)
JOHN M VAN ETTA, MD
Mailing Address 1535 SKYWOOD LANE
City: DULUTH | State: MN | Zip Code: 55805
FEC ID number of contributing federal political committee: C
Name of Employer: ST LUKES INT MED ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17490
Amount of Each Receipt this Period: 41.66

C.
Full Name (Last, First, Middle Initial)
DANIEL W VARGA, MD
Mailing Address 234 E GRAY STREET
City: LOUISVILLE | State: KY | Zip Code: 40205
FEC ID number of contributing federal political committee: C
Name of Employer: NORTON HEALTHCARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17343
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN R WEST, MD
Mailing Address 15636 FIDDESTICKS BOULEVARD
City: FORT MYERS | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: SWFNG
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17449
Amount of Each Receipt this Period: 37.50

B. Full Name (Last, First, Middle Initial)
STEVEN R WEST, MD
Mailing Address 15636 FIDDESTICKS BOULEVARD
City: FORT MYERS | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: SWFNG
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 412.50

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17491
Amount of Each Receipt this Period: 37.50

C. Full Name (Last, First, Middle Initial)
JOHN WILLIAMS, MD
Mailing Address 5004 W GROVEL AND
City: GIBSONIA | State: PA | Zip Code: 15044
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF PA MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17329
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JOHN H WINDSOR, MD
Mailing Address 745 AUGSBURG AVENUE
City: BISMARK | State: ND | Zip Code: 58504
FEC ID number of contributing federal political committee: C
Name of Employer: ST ALEXIUS | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17371
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
NEIL EMERSON WINSTON, MD
Mailing Address 1476-2 S PRAIRIE AVENUE
City: CHICAGO | State: IL | Zip Code: 60605
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17256
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
BERND A WOLLSCHLAEGER, MD
Mailing Address 18699 NE 15TH AVENUE
City: N MIAMI BEACH | State: FL | Zip Code: 33162
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 416.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17451
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ **1541.66**

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 65 / 72
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
BERND A WOLLSCHLAEGER, MD
Mailing Address 16899 NE 15TH AVENUE
City: N MIAMI BEACH | State: FL | Zip Code: 33162
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.26

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17492
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
LAMBERT WU, MD
Mailing Address 929 SW MULVANE STREET
City: TOPEKA | State: KS | Zip Code: 66606
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 388.85

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17453
Amount of Each Receipt this Period: 55.55

C. Full Name (Last, First, Middle Initial)
LAMBERT WU, MD
Mailing Address 929 SW MULVANE STREET
City: TOPEKA | State: KS | Zip Code: 66606
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 444.40

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.17493
Amount of Each Receipt this Period: 55.55

SUBTOTAL of Receipts This Page (optional) ▶ **152.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 72
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL YOUNG MD

Mailing Address 1635 HIGDON FERRY ROAD

City	State	Zip Code
HOT SPRINGS	AR	71913

FEC ID number of contributing federal political committee. C

Name of Employer
ORTHOPAEDIC ASSOCIATES

Occupation
PHYSICIAN

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date
550.00

Date of Receipt
11 17 2005

Transaction ID: SA11A1.17983

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	207269.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 72
(check only one)

11a	11b	11c	12	
13	14	15	16	X 17

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

A. Full Name (Last, First, Middle Initial)
PNC ADVISORS

Mailing Address PO BOX 96211

City: WASHINGTON
State: DC
Zip Code: 20090

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date
22721.67

Date of Receipt
11 30 2005

Transaction ID: SA17.17519

Amount of Each Receipt this Period
4513.43

INTEREST

SUBTOTAL of Receipts This Page (optional)	4513.43
TOTAL This Period (last page this line number only)	4513.43

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City: OMAHA
State: NE
Zip Code: 68197

Purpose of Disbursement: CREDIT CARD BANK CHARGES

Candidate Name

001
Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.17540
Date of Disbursement: 11 / 30 / 2005

Amount of Each Disbursement this Period: 821.37

SUBTOTAL of Disbursements This Page (optional) ▶	821.37
TOTAL This Period (last page this line number only) ▶	821.37

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

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

A. Full Name (Last, First, Middle Initial)
CAMPBELL FOR CONGRESS

Mailing Address 18004 SKY PARK CIRCLE

City: IRVINE | State: CA | Zip Code: 92690

Purpose of Disbursement: 2005 GENERAL SPECIAL
Category/Type: 011

Candidate Name: JOHN B T III CAMPBELL

Office Sought: X House / Senate / President
State: CA District: 48

Disbursement For: 2005 Primary / General / X Other (specify) ▼ Special-General

Transaction ID: SB23.17537
Date of Disbursement: 11 / 23 / 2005

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address PO BOX 37

City: ST. CLAIR | State: PA | Zip Code: 17970

Purpose of Disbursement: 2006 PRIMARY
Category/Type: 011

Candidate Name: TIM HOLDEN

Office Sought: X House / Senate / President
State: PA District: 17

Disbursement For: 2006 X Primary / General / Other (specify) ▼

Transaction ID: SB23.17529
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
HASTERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 825

City: BATAVIA | State: IL | Zip Code: 60510

Purpose of Disbursement: 2006 PRIMARY
Category/Type: 011

Candidate Name: J DENNIS HASTERT

Office Sought: X House / Senate / President
State: IL District: 14

Disbursement For: 2006 X Primary / General / Other (specify) ▼

Transaction ID: SB23.17528
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 4000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10000.00**

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

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

A. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE

Mailing Address 175 SW TEMPLE

City: SALT LAKE CITY | State: UT | Zip Code: 84101

Purpose of Disbursement: 2006 PRIMARY-VOID 6/15/2005 CHK

Category/Type: 011

Candidate Name: ORRIN G HATCH

Office Sought: House / X Senate / President — State: UT District: 00

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.17539
Date of Disbursement: 11 / 30 / 2005

Amount of Each Disbursement this Period: -9000.00

B. Full Name (Last, First, Middle Initial)
JOHNSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1986

City: NEW BRITAIN | State: CT | Zip Code: 06050

Purpose of Disbursement: 2006 PRIMARY

Category/Type: 011

Candidate Name: NANCY L JOHNSON

Office Sought: X House / Senate / President — State: CT District: 05

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.17538
Date of Disbursement: 11 / 29 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
KELLER FOR CONGRESS

Mailing Address PO BOX 1453

City: ORLANDO | State: FL | Zip Code: 32802

Purpose of Disbursement: 2006 PRIMARY

Category/Type: 011

Candidate Name: RICHARD ANTHONY KELLER

Office Sought: X House / Senate / President — State: FL District: 08

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.17530
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

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

A.
Full Name (Last, First, Middle Initial)
MIKE DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City: COLUMBUS | State: OH | Zip Code: 43234

Purpose of Disbursement: 2006 PRIMARY

Category/Type: 011

Candidate Name: RICHARD MICHAEL DEWINE

Office Sought: House / X Senate / President — State: OH — District: 00

Disbursement For: 2006 — X Primary — General — Other (specify)

Transaction ID: SB23.17533
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City: ANNISTON | State: AL | Zip Code: 36201

Purpose of Disbursement: 2006 PRIMARY

Category/Type: 011

Candidate Name: MICHAEL DENNIS ROGERS

Office Sought: X House / Senate / President — State: AL — District: 03

Disbursement For: 2006 — X Primary — General — Other (specify)

Transaction ID: SB23.17531
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
SNOWE FOR SENATE

Mailing Address PO BOX 2006

City: PORTLAND | State: ME | Zip Code: 04104

Purpose of Disbursement: 2006 PRIMARY

Category/Type: 011

Candidate Name: OLYMPIA J SNOWE

Office Sought: House / X Senate / President — State: ME — District: 00

Disbursement For: 2006 — X Primary — General — Other (specify)

Transaction ID: SB23.17536
Date of Disbursement: 11 / 17 / 2005

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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)

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

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

A. Full Name (Last, First, Middle Initial)
TOM DELAY CONGRESSIONAL COMMITTEE

Mailing Address 7002 RIVERBROOK DRIVE

City: SUGARLAND | State: TX | Zip Code: 77479

Purpose of Disbursement
2006 PRIMARY

Candidate Name
THOMAS DALE DELAY

011
Category/ Type

Office Sought: X House / Senate / President
State: TX District: 22

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.17534
Date of Disbursement
11 / 16 / 2005

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	18500.00