

**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) **WASHINGTON DC 20005**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00000422 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 X January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S)
 Election on in the State of
 General (30G) Runoff (30R) Special (30S)

5. Covering Period 11 26 2002 through 12 31 2002

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 01 29 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{Month} 11 ^{Day} 26 ^{Year} 2002 To: ^{Month} 12 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		2601547.70
(b) Cash on Hand at Beginning of Reporting Period	112813.11	
(c) Total Receipts (from Line 19)	239115.96	2241934.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	351929.07	4843482.53
7. Total Disbursements (from Line 30)	26882.79	4518436.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	325046.28	325046.28
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{MM}11 ^{DD}26 ^{YYYY}2002 To: ^{MM}12 ^{DD}31 ^{YYYY}2002

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)	217032.50	
(ii) Unitemized	14390.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	231422.50	2102084.44
(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 32, page 4)	231422.50	2102084.44
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	1787.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	16000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7693.46	122062.84
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	239115.96	2241934.83
20. Total Federal Receipts (subtract Line 18 from Line 19)	239115.96	2241934.83

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10786.50	145686.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10786.50	145686.61
22. Transfers to Affiliated/Other Party Committees.....	27507.14	142299.59
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-28500.00	2271735.25
24. Independent Expenditure (use Schedule E).....	16529.15	1957104.80
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	50.00	400.00
29. Other Disbursements.....	510.00	1210.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26882.79	4518436.25
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26882.79	4518436.25
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	231422.50	2102084.44
33. Total Contribution Refunds (from Line 28(d)).....	50.00	400.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	231372.50	2101684.44
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	10786.50	145686.61
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1787.55
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	10786.50	143899.06

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

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

FOR LINE NUMBER:
(check only one)

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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)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 15440.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2002

Amount of Each Receipt this Period
8170.00

Transaction ID: SA11A1.10842

B. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 18550.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 04 / 2002

Amount of Each Receipt this Period
3110.00

Transaction ID: SA11A1.10852

C. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 19200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
650.00

Transaction ID: SA11A1.10869

SUBTOTAL of Receipts This Page (optional) ▶ **11930.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1800

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 20000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
800.00

Transaction ID: SA11A1.10870

Full Name (Last, First, Middle Initial)
B. ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1800

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 20450.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2002

Amount of Each Receipt this Period
450.00

Transaction ID: SA11A1.10892

Full Name (Last, First, Middle Initial)
C. CALIFORNIA MEDICAL PAC

Mailing Address
221 MAIN STREET

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 102437.50

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
800.00

Transaction ID: SA11A1.10860

SUBTOTAL of Receipts This Page (optional) ▶ **2050.00**

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 / 45

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

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

Full Name (Last, First, Middle Initial)

A. CALIFORNIA MEDICAL PAC

Mailing Address

221 MAIN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94105

Date of Receipt

N M / D E / Y Y Y Y
12 / 20 / 2002

Amount of Each Receipt this Period

4087.50

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

106525.00

Transaction ID: SA11A1.10896

Full Name (Last, First, Middle Initial)

B. COLORADO MEDICAL PAC

Mailing Address

PO BOX 17550

City

DENVER

State

CO

Zip Code

80217

Date of Receipt

N M / D E / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period

950.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

13550.00

Transaction ID: SA11A1.10864

Full Name (Last, First, Middle Initial)

C. CONNECTICUT MEDICAL PAC

Mailing Address

160 ST RONAN STREET

City

NEW HAVEN

State

CT

Zip Code

06511

Date of Receipt

N M / D E / Y Y Y Y
12 / 04 / 2002

Amount of Each Receipt this Period

4200.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

40855.00

Transaction ID: SA11A1.10849

SUBTOTAL of Receipts This Page (optional) ▶ **9237.50**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC

Mailing Address
160 ST ROMAN STREET

City State Zip Code
NEW HAVEN CT 06511

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
800.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 41455.00

Transaction ID: SA11A1.10860

B. Full Name (Last, First, Middle Initial)
DISTRICT OF COLUMBIA PAC

Mailing Address
2175 K STREET NW

City State Zip Code
WASHINGTON DC 20037

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
350.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2330.00

Transaction ID: SA11A1.10858

C. Full Name (Last, First, Middle Initial)
DISTRICT OF COLUMBIA PAC

Mailing Address
2175 K STREET NW

City State Zip Code
WASHINGTON DC 20037

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1010.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 3340.00

Transaction ID: SA11A1.10861

SUBTOTAL of Receipts This Page (optional) ▶ **1960.00**

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

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

Use separate schedule(s)
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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 State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M / D / Y
11 / 26 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 76805.00

Amount of Each Receipt this Period
480.00

Transaction ID: SA11A1.10837

B. Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC

Mailing Address
PO BOX 10269
City State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M / D / Y
11 / 26 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 83235.00

Amount of Each Receipt this Period
6630.00

Transaction ID: SA11A1.10844

C. Full Name (Last, First, Middle Initial)
FLORIDA MEDICAL PAC

Mailing Address
PO BOX 10269
City State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M / D / Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 85145.00

Amount of Each Receipt this Period
1810.00

Transaction ID: SA11A1.10865

SUBTOTAL of Receipts This Page (optional) ▶ **9020.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
FLORIDA MEDICAL PAC

Mailing Address
PO BOX 10269
City State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M / D / Y
12 / 23 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 85445.00

Transaction ID: SA11A1.10890

B. Full Name (Last, First, Middle Initial)
GEORGIA MEDICAL PAC

Mailing Address
1330 W PEACHTREE STREET
City State Zip Code
ATLANTA GA 30309

Date of Receipt
M / D / Y
12 / 23 / 2002

Amount of Each Receipt this Period
16620.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 95890.00

Transaction ID: SA11A1.10893

C. Full Name (Last, First, Middle Initial)
INDEPENDENT MEDICINES PAC

Mailing Address
PO BOX 120909
City State Zip Code
NASHVILLE TN 37212

Date of Receipt
M / D / Y
12 / 17 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 33000.00

Transaction ID: SA11A1.10879

SUBTOTAL of Receipts This Page (optional) ▶ **18020.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. INDEPENDENT MEDICINES PAC

Mailing Address
PO BOX 120909
City: NASHVILLE State: TN Zip Code: 37212

Date of Receipt
N M / D E / Y Y Y Y
12 / 17 / 2002

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 33700.00

Amount of Each Receipt this Period: 700.00

Transaction ID: SA11A1.10886

Full Name (Last, First, Middle Initial)
B. IOWA MEDICAL PAC

Mailing Address
1001 GRAND AVENUE
City: W. DES MOINES State: IA Zip Code: 50265

Date of Receipt
N M / D E / Y Y Y Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 17200.00

Amount of Each Receipt this Period: 1350.00

Transaction ID: SA11A1.10882

Full Name (Last, First, Middle Initial)
C. IOWA MEDICAL PAC

Mailing Address
1001 GRAND AVENUE
City: W. DES MOINES State: IA Zip Code: 50265

Date of Receipt
N M / D E / Y Y Y Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 18050.00

Amount of Each Receipt this Period: 850.00

Transaction ID: SA11A1.10883

SUBTOTAL of Receipts This Page (optional) ▶ **2900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. IOWA MEDICAL PAC

Mailing Address
1001 GRAND AVENUE

City State Zip Code
W. DES MOINES IA 50265

Date of Receipt
N M / D E / Y Y Y Y
12 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
350.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 18400.00

Transaction ID: SA11A1.10891

Full Name (Last, First, Middle Initial)
B. JOEL P BOYLAN MD

Mailing Address
383 CARRICK CREEK ROAD

City State Zip Code
PICKENS SC 29671

Date of Receipt
N M / D E / Y Y Y Y
12 / 04 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
200.00

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

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

Transaction ID: SA11A1.10896

Full Name (Last, First, Middle Initial)
C. KENTUCKY EDUG MEDICAL PAC

Mailing Address
4965 US HIGHWAY 42

City State Zip Code
LOUISVILLE KY 40222

Date of Receipt
N M / D E / Y Y Y Y
12 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
5320.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 38840.00

Transaction ID: SA11A1.10894

SUBTOTAL of Receipts This Page (optional) ▶ **5870.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. LOUISIANA MEDICAL PAC

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

Date of Receipt
N M / D E / Y Y Y Y
11 26 2002

Amount of Each Receipt this Period
1350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 41700.00

Transaction ID: SA11A1.10841

Full Name (Last, First, Middle Initial)
B. LOUISIANA MEDICAL PAC

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

Date of Receipt
N M / D E / Y Y Y Y
12 11 2002

Amount of Each Receipt this Period
2750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 44450.00

Transaction ID: SA11A1.10871

Full Name (Last, First, Middle Initial)
C. LOUISIANA MEDICAL PAC

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

Date of Receipt
N M / D E / Y Y Y Y
12 17 2002

Amount of Each Receipt this Period
2050.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 46500.00

Transaction ID: SA11A1.10876

SUBTOTAL of Receipts This Page (optional) ▶ **6150.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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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 State Zip Code
BALTIMORE MD 21201

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 28317.50

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
3700.00

Transaction ID: SA11A1.10857

B. Full Name (Last, First, Middle Initial)
MARYLAND MEDICAL PAC

Mailing Address
1211 CATHEDRAL STREET

City State Zip Code
BALTIMORE MD 21201

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 29067.50

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
750.00

Transaction ID: SA11A1.10858

C. Full Name (Last, First, Middle Initial)
MEDICAL SOC OF THE ST OF NY PAC

Mailing Address
ONE COMMERCE PLAZA

City State Zip Code
ALBANY NY 12210

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 187550.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 04 / 2002

Amount of Each Receipt this Period
14210.00

Transaction ID: SA11A1.10853

SUBTOTAL of Receipts This Page (optional) ▶ **18660.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. MEDICAL SOC OF THE ST OF NY PAC

Full Name (Last, First, Middle Initial) _____
Mailing Address _____
ONE COMMERCE PLAZA _____
City _____ State _____ Zip Code _____
ALBANY NY 12210

Date of Receipt
M / D / Y Y Y Y
12 / 17 / 2002

FEC ID number of contributing federal political committee. _____

Amount of Each Receipt this Period 13070.00

Name of Employer _____ Occupation _____
N/A N/A

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 200820.00

Transaction ID: SA11A1.10880

B. MINNESOTA MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
Mailing Address _____
PO BOX 18855 _____
City _____ State _____ Zip Code _____
MINNEAPOLIS MN 55418

Date of Receipt
M / D / Y Y Y Y
12 / 17 / 2002

FEC ID number of contributing federal political committee. _____

Amount of Each Receipt this Period 980.00

Name of Employer _____ Occupation _____
N/A N/A

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 17980.00

Transaction ID: SA11A1.10882

C. MISSISSIPPI MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
Mailing Address _____
PO BOX 2548 _____
City _____ State _____ Zip Code _____
RIDGELAND MS 39158

Date of Receipt
M / D / Y Y Y Y
11 / 26 / 2002

FEC ID number of contributing federal political committee. _____

Amount of Each Receipt this Period 550.00

Name of Employer _____ Occupation _____
N/A N/A

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 13925.00

Transaction ID: SA11A1.10845

SUBTOTAL of Receipts This Page (optional) ► **14610.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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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 State Zip Code
RIDGELAND MS 39158

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
7300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 21225.00

Transaction ID: SA11A1.10846

B. Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC

Mailing Address
PO BOX 2548

City State Zip Code
RIDGELAND MS 39158

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
2600.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 23825.00

Transaction ID: SA11A1.10868

C. Full Name (Last, First, Middle Initial)
MISSOURI MEDICAL PAC

Mailing Address
PO BOX 1402

City State Zip Code
JEFFERSON CITY MO 65102

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
5360.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 47570.00

Transaction ID: SA11A1.1084D

SUBTOTAL of Receipts This Page (optional) ▶ **15260.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. MISSOURI MEDICAL PAC

Mailing Address
PO BOX 1402

City State Zip Code
JEFFERSON CITY MO 65102

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
3780.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 51330.00

Transaction ID: SA11A1.10898

Full Name (Last, First, Middle Initial)
B. MONTANA MEDICAL PAC

Mailing Address
2021 ELEVENTH AVENUE

City State Zip Code
HELENA MT 59601

Date of Receipt
N M / D E / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
1150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2150.00

Transaction ID: SA11A1.10872

Full Name (Last, First, Middle Initial)
C. NC MEDICAL POL EDUC & ACTION CMNTT

Mailing Address
PO BOX 25834

City State Zip Code
RALEIGH NC 27811

Date of Receipt
N M / D E / Y Y Y Y
12 / 04 / 2002

Amount of Each Receipt this Period
5320.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 54610.00

Transaction ID: SA11A1.10851

SUBTOTAL of Receipts This Page (optional) ▶ **11230.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. NC MEDICAL POL EDUC & ACTION CMNTT

Mailing Address
PO BOX 25834
City: RALEIGH State: NC Zip Code: 27611

Date of Receipt
M / D / Y
12 / 17 / 2002

Amount of Each Receipt this Period
450.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
55060.00

Transaction ID: SA11A1.10877

Full Name (Last, First, Middle Initial)
B. NC MEDICAL POL EDUC & ACTION CMNTT

Mailing Address
PO BOX 25834
City: RALEIGH State: NC Zip Code: 27611

Date of Receipt
M / D / Y
12 / 17 / 2002

Amount of Each Receipt this Period
3010.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
58070.00

Transaction ID: SA11A1.1087B

Full Name (Last, First, Middle Initial)
C. NC MEDICAL POL EDUC & ACTION CMNTT

Mailing Address
PO BOX 25834
City: RALEIGH State: NC Zip Code: 27611

Date of Receipt
M / D / Y
12 / 17 / 2002

Amount of Each Receipt this Period
6420.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
64490.00

Transaction ID: SA11A1.10864

SUBTOTAL of Receipts This Page (optional) ▶ **9880.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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 COMMITTEE

Mailing Address
PO BOX 25834

City State Zip Code
RALEIGH NC 27611

Date of Receipt
N M / D E / Y Y Y Y
12 30 2002

Amount of Each Receipt this Period
2810.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 67300.00

Transaction ID: SA11A1.10890

B. Full Name (Last, First, Middle Initial)
NEVADA MEDICAL PAC

Mailing Address
3860 BAKER LANE

City State Zip Code
RENO NV 89509

Date of Receipt
N M / D E / Y Y Y Y
12 17 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 11800.00

Transaction ID: SA11A1.10874

C. Full Name (Last, First, Middle Initial)
NEW HAMPSHIRE MEDICAL PAC

Mailing Address
4 PARK STREET

City State Zip Code
CONCORD NH 03301

Date of Receipt
N M / D E / Y Y Y Y
12 17 2002

Amount of Each Receipt this Period
215.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2215.00

Transaction ID: SA11A1.10887

SUBTOTAL of Receipts This Page (optional) ▶ **3525.00**

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 20 / 45

(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)
NEW JERSEY MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2002

Mailing Address
2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
800.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.10836

B. Full Name (Last, First, Middle Initial)
NEW JERSEY MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2002

Mailing Address
2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1300.00

Transaction ID: SA11A1.10836

C. Full Name (Last, First, Middle Initial)
NEW MEXICO MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
12 / 04 / 2002

Mailing Address
7770 JEFFERSON NE

City State Zip Code
ALBUQUERQUE NM 87109

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
475.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2715.00

Transaction ID: SA11A1.10835

SUBTOTAL of Receipts This Page (optional) ▶ **1375.00**

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 21 / 45

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. OREGON MEDICAL PAC

Mailing Address

5210 SW CORBETT STREET

City

PORTLAND

State

OR

Zip Code

97201

Date of Receipt

N M / D E / Y Y Y Y
12 / 17 / 2002

Amount of Each Receipt this Period

3900.00

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

N/A

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

37760.00

Transaction ID: SA11A1.10875

Full Name (Last, First, Middle Initial)

B. PENNSYLVANIA MEDICAL PAC

Mailing Address

PO BOX 8820

City

HARRISBURG

State

PA

Zip Code

17105

Date of Receipt

N M / D E / Y Y Y Y
11 / 26 / 2002

Amount of Each Receipt this Period

6600.00

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

N/A

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

86050.00

Transaction ID: SA11A1.10843

Full Name (Last, First, Middle Initial)

C. PENNSYLVANIA MEDICAL PAC

Mailing Address

PO BOX 8820

City

HARRISBURG

State

PA

Zip Code

17105

Date of Receipt

N M / D E / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period

4200.00

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

N/A

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

90250.00

Transaction ID: SA11A1.10866

SUBTOTAL of Receipts This Page (optional) ► **14700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. PENNSYLVANIA MEDICAL PAC

Mailing Address
PO BOX 8820

City State Zip Code
HARRISBURG PA 17105

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2002

Amount of Each Receipt this Period
4750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 85000.00

Transaction ID: SA11A1.10895

Full Name (Last, First, Middle Initial)
B. PHILIP TROIANO

Mailing Address
1326 E STANDISH PLACE

City State Zip Code
MILWAUKEE WI 53217

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Transaction ID: SA11A1.10848

Full Name (Last, First, Middle Initial)
C. SOUTH CAROLINA MEDICAL PAC

Mailing Address
PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Amount of Each Receipt this Period
1170.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NA NA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 12700.00

Transaction ID: SA11A1.10867

SUBTOTAL of Receipts This Page (optional) ▶ **6170.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 45	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
SOUTH DAKOTA MEDICAL PAC

Date of Receipt
M / D / Y
11 / 26 / 2002

Mailing Address
1323 S MINNESOTA AVENUE

City State Zip Code
SIOUX FALLS SD 57105

Amount of Each Receipt this Period
900.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
13800.00

Transaction ID: SA11A1.10838

B. Full Name (Last, First, Middle Initial)
SOUTH DAKOTA MEDICAL PAC

Date of Receipt
M / D / Y
12 / 30 / 2002

Mailing Address
1323 S MINNESOTA AVENUE

City State Zip Code
SIOUX FALLS SD 57105

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
14400.00

Transaction ID: SA11A1.10897

C. Full Name (Last, First, Middle Initial)
TEXAS MEDICAL PAC

Date of Receipt
M / D / Y
12 / 04 / 2002

Mailing Address
401 W 15TH STREET

City State Zip Code
AUSTIN TX 78701

Amount of Each Receipt this Period
14620.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
241150.00

Transaction ID: SA11A1.10854

SUBTOTAL of Receipts This Page (optional) ▶ **16320.00**

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 24 / 45

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. TEXAS MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 401 W 15TH STREET _____
 City _____ State _____ Zip Code _____
 AUSTIN TX 78701

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 30 2002

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 N/A N/A

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 262510.00

Amount of Each Receipt this Period 21380.00

Transaction ID: SA11A1.10900

B. VIRGINIA MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4205 DOVER ROAD _____
 City _____ State _____ Zip Code _____
 RICHMOND VA 23221

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 17 2002

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 N/A N/A

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 54450.00

Amount of Each Receipt this Period 10360.00

Transaction ID: SA11A1.10883

C. WASHINGTON MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2033 SIXTH AVENUE _____
 City _____ State _____ Zip Code _____
 SEATTLE WA 98121

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 17 2002

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 NA NA

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 28590.00

Amount of Each Receipt this Period 2000.00

Transaction ID: SA11A1.10861

SUBTOTAL of Receipts This Page (optional) ▶ **33710.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
WASHINGTON MEDICAL PAC

Mailing Address
2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1650.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 30240.00

Transaction ID: SA11A1.10865

B. Full Name (Last, First, Middle Initial)
WISCONSIN PHYSICIANS MEDICAL PAC

Mailing Address
PO BOX 2595

City State Zip Code
MADISON WI 53701

Date of Receipt
M M / D D / Y Y Y Y
12 / 04 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
2505.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 11675.00

Transaction ID: SA11A1.10850

C. Full Name (Last, First, Middle Initial)
WYOMING MEDICAL PAC

Mailing Address
PO DRAWER 4009

City State Zip Code
CHEYENNE WY 82003

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 5650.00

Transaction ID: SA11A1.10868

SUBTOTAL of Receipts This Page (optional) ▶ 4455.00

TOTAL This Period (last page this line number only) ▶ 217032.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 26 / 45
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211
City State Zip Code
WASHINGTON DC 20090

Date of Receipt
N M / D E / Y Y Y Y
11 30 / 2002

Amount of Each Receipt this Period
7588.63

FEC ID number of contributing federal political committee.

Name of Employer Occupation INTEREST

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 121935.91

Transaction ID: SA17.10873

Full Name (Last, First, Middle Initial)
B. RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211
City State Zip Code
WASHINGTON DC 20090

Date of Receipt
N M / D E / Y Y Y Y
12 31 / 2002

Amount of Each Receipt this Period
128.93

FEC ID number of contributing federal political committee.

Name of Employer Occupation INTEREST

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 122062.64

Transaction ID: SA17.10903

C.

SUBTOTAL of Receipts This Page (optional)	▶	7693.46
TOTAL This Period (last page this line number only)	▶	7693.46

**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)

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

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

Full Name (Last, First, Middle Initial) A. D.C. TREASURER		Date of Disbursement 12 / 14 / 2002	
Mailing Address 941 NORTH CAPITOL STREET, NE City State Zip Code WASHINGTON DC 20002		Amount of Each Disbursement this Period 1595.00	
Purpose of Disbursement ESTIMATED TAXES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10951	
State: District:			

Full Name (Last, First, Middle Initial) B. PAYMENTECH		Date of Disbursement 12 / 31 / 2002	
Mailing Address 4 NORTHEASTERN BLVD City State Zip Code SALEM NH 13079		Amount of Each Disbursement this Period 167.33	
Purpose of Disbursement CREDIT CARD BANK CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10954	
State: District:			

Full Name (Last, First, Middle Initial) C. RIGGS INVESTMENT MANAGEMENT COMPANY		Date of Disbursement 12 / 31 / 2002	
Mailing Address PO BOX 98211 City State Zip Code WASHINGTON DC 20090		Amount of Each Disbursement this Period 62.00	
Purpose of Disbursement LOSS ON INVESTMENTS		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10953	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1824.33
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)

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

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

Full Name (Last, First, Middle Initial) A. RIGGS INVESTMENT MANAGEMENT COMPANY			Date of Disbursement 12 / 31 / 2002		
Mailing Address PO BOX 96211 City State Zip Code WASHINGTON DC 20090			Amount of Each Disbursement this Period 12.17		
Purpose of Disbursement BANK CHARGES			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.10957		
State: District:					

Full Name (Last, First, Middle Initial) B. RIGGS NATIONAL BANK			Date of Disbursement 12 / 16 / 2002		
Mailing Address PO BOX 1912 City State Zip Code WASHINGTON DC 20074			Amount of Each Disbursement this Period 8960.00		
Purpose of Disbursement ESTIMATED TAXES			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.10952		
State: District:					

C.

SUBTOTAL of Disbursements This Page (optional)	8962.17
TOTAL This Period (last page this line number only)	10786.50

**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)

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

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

Full Name (Last, First, Middle Initial) A. CALIFORNIA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 221 MAIN STREET City State Zip Code SAN FRANCISCO CA 94105		Amount of Each Disbursement this Period 4283.58	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10914	
State: District:			

Full Name (Last, First, Middle Initial) B. DISTRICT OF COLUMBIA PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 2175 K STREET NW City State Zip Code WASHINGTON DC 20037		Amount of Each Disbursement this Period 27.75	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10915	
State: District:			

Full Name (Last, First, Middle Initial) C. FLORIDA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO BOX 10269 City State Zip Code TALLAHASSEE FL 32302		Amount of Each Disbursement this Period 3345.95	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10916	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	7657.29
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)

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

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

Full Name (Last, First, Middle Initial) A. GEORGIA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 1330 W PEACHTREE STREET City ATLANTA State GA Zip Code 30309		Amount of Each Disbursement this Period 1180.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10917	
State: District:			

Full Name (Last, First, Middle Initial) B. HAWAII MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 1360 S BERETANIA STREET City HONOLULU State HI Zip Code 96814		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10918	
State: District:			

Full Name (Last, First, Middle Initial) C. INDEPENDENT MEDICINES PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO BOX 120909 City NASHVILLE State TN Zip Code 37212		Amount of Each Disbursement this Period 1624.32	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10919	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2954.32
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)

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

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

Full Name (Last, First, Middle Initial) A. INDIANA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 322 CANAL WALK City: INDIANAPOLIS State: IN Zip Code: 46202		Amount of Each Disbursement this Period 704.49	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.10920	
State: District:			

Full Name (Last, First, Middle Initial) B. KENTUCKY EDUC MEDICAL PAC		Date of Disbursement 12 / 18 / 2002	
Mailing Address 4865 US HIGHWAY 42 City: LOUISVILLE State: KY Zip Code: 40222		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.10909	
State: District:			

Full Name (Last, First, Middle Initial) C. KENTUCKY EDUC MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 4865 US HIGHWAY 42 City: LOUISVILLE State: KY Zip Code: 40222		Amount of Each Disbursement this Period 774.80	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.10921	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1579.29
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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. LOUISIANA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002
Mailing Address 6767 PERKINS ROAD City State Zip Code BATON ROUGE LA 70802		Amount of Each Disbursement this Period 230.00
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10922
State: District:		

Full Name (Last, First, Middle Initial) B. MARYLAND MEDICAL PAC		Date of Disbursement 12 / 20 / 2002
Mailing Address 1211 CATHEDRAL STREET City State Zip Code BALTIMORE MD 21201		Amount of Each Disbursement this Period 244.66
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10923
State: District:		

Full Name (Last, First, Middle Initial) C. MEDICAL SOC OF THE ST OF NY PAC		Date of Disbursement 12 / 20 / 2002
Mailing Address ONE COMMERCE PLAZA City State Zip Code ALBANY NY 12210		Amount of Each Disbursement this Period 6859.00
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10924
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7433.66
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)

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

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

Full Name (Last, First, Middle Initial) A. MISSISSIPPI MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO BOX 2548 City: RIDGELAND State: MS Zip Code: 39158		Amount of Each Disbursement this Period 528.43	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10925	
State: District:			

Full Name (Last, First, Middle Initial) B. MISSOURI MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO BOX 1402 City: JEFFERSON CITY State: MO Zip Code: 65102		Amount of Each Disbursement this Period 580.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10926	
State: District:			

Full Name (Last, First, Middle Initial) C. NEBRASKA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 233 S 13TH STREET City: LINCOLN State: NE Zip Code: 68508		Amount of Each Disbursement this Period 28.95	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10927	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1135.38
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)

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

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

Full Name (Last, First, Middle Initial) A. NEW JERSEY MEDICAL PAC		Date of Disbursement 12 / 16 / 2002	
Mailing Address 2 PRINCESS ROAD City State Zip Code LAWRENCEVILLE NJ 08648		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10910	
State: District:			

Full Name (Last, First, Middle Initial) B. OREGON MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 5210 SW CORBETT STREET City State Zip Code PORTLAND OR 97201		Amount of Each Disbursement this Period 1109.61	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10928	
State: District:			

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO BOX 1118B City State Zip Code COLUMBIA SC 29211		Amount of Each Disbursement this Period 118.11	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10929	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1325.72
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)

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

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

Full Name (Last, First, Middle Initial) A. SOUTH DAKOTA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 1323 S MINNESOTA AVENUE City: SIOUX FALLS State: SD Zip Code: 57105		Amount of Each Disbursement this Period 355.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10930	
State: District:			

Full Name (Last, First, Middle Initial) B. TEXAS MEDICAL PAC		Date of Disbursement 12 / 20 / 2002	
Mailing Address 401 W 15TH STREET City: AUSTIN State: TX Zip Code: 78701		Amount of Each Disbursement this Period 1879.68	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10931	
State: District:			

Full Name (Last, First, Middle Initial) C. VIRGINIA MEDICAL PAC		Date of Disbursement 12 / 18 / 2002	
Mailing Address 4205 DOVER ROAD City: RICHMOND State: VA Zip Code: 23221		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.10911	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2334.68
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)

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

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

Full Name (Last, First, Middle Initial) A. VIRGINIA MEDICAL PAC		Date of Disbursement 12 / 20 / 2002
Mailing Address 4205 DOVER ROAD City: RICHMOND State: VA Zip Code: 23221		Amount of Each Disbursement this Period 3086.80
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B22.10932
State: District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	3086.80
TOTAL This Period (last page this line number only)	27507.14

**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)

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

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

Full Name (Last, First, Middle Initial) A. BOB GOODLATTE FOR CONGRESS COMMITTEE		Date of Disbursement 12 / 30 / 2002
Mailing Address PO BOX 292 City ROANOKE State VA Zip Code 24002		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 9/28/02 CHK.		Transaction ID: SB23.10913
Candidate Name ROBERT W GOODLATTE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: VA District: 06	Category/ Type	

Full Name (Last, First, Middle Initial) B. COMBEST CONGRESSIONAL COMMITTEE		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 10667 City LUBBOCK State TX Zip Code 79408		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement 2002 GENERAL-VOID 10/24/2002 CHK.		Transaction ID: SB23.10944
Candidate Name LARRY ED COMBEST		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: TX District: 19	Category/ Type	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT MCHUGH		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 6161 City WATERTOWN State NY Zip Code 13601		Amount of Each Disbursement this Period -5000.00
Purpose of Disbursement 2002 GENERAL-10/14/2002 CHK.		Transaction ID: SB23.10941
Candidate Name JOHN M MCHUGH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: NY District: 24	Category/ Type	

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CONGRESSMAN JOE BARTON COMMITTEE		Date of Disbursement 11 / 30 / 2002
Mailing Address PO BOX 1444 City State Zip Code ENNIS TX 75120		Amount of Each Disbursement this Period -5000.00
Purpose of Disbursement 2002 GENERAL-VOID 10/24/2002 CHK.		Category/ Type
Candidate Name JOE LINUS BARTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10908
State: TX District: 06		

Full Name (Last, First, Middle Initial) B. CONYERS FOR CONGRESS		Date of Disbursement 12 / 31 / 2002
Mailing Address 1833 E JEFFERSON City State Zip Code DETROIT MI 48207		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 9/05/2002 CHK.		Category/ Type
Candidate Name JOHN JR CONYERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10935
State: MI District: 14		

Full Name (Last, First, Middle Initial) C. CUBIN FOR CONGRESS		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 4857 City State Zip Code CASPER WY 82604		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 10/24/2002 CHK.		Category/ Type
Candidate Name BARBARA L CUBIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10945
State: WY District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	-7000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. DAVIS FOR CONGRESS/FRIENDS OF DANNY K DAVIS		Date of Disbursement 11 / 30 / 2002
Mailing Address 5856 W RACE AVEUE City CHICAGO State IL Zip Code 60644		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 10/7/2002 CHK.		Transaction ID: SB23.10907
Candidate Name DANNY K DAVIS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: IL District: 07		

Full Name (Last, First, Middle Initial) B. FRIENDS OF DON SHERWOOD		Date of Disbursement 12 / 31 / 2002
Mailing Address 81 WARREN STREET City TUNKHANNOCK State PA Zip Code 18657		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 08/25/2002 CHK.		Transaction ID: SB23.10936
Candidate Name DONALD L SHERWOOD		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: PA District: 10		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JACK KINGSTON		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 2133 City SAVANNAH State GA Zip Code 31402		Amount of Each Disbursement this Period -1500.00
Purpose of Disbursement 2002 GENERAL-VOID 10/28/2002 CHK.		Transaction ID: SB23.10946
Candidate Name JOHN HEDDENS KINGSTON		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: GA District: 01		

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KEEP NICK RAHALL IN CONGRESS COMMITTEE		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 64 City: BECKLEY, State: WV Zip Code: 25802		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 09/25/2002 CHK.		Category/ Type
Candidate Name NICK JOE II RAHALL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10938
State: WV District: 03		

Full Name (Last, First, Middle Initial) B. LANGEVIN FOR CONGRESS		Date of Disbursement 11 / 30 / 2002
Mailing Address PO BOX 55 City: PROVIDENCE State: RI Zip Code: 02901		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2002 GENERAL-VOID 09/16/02 CHK.		Category/ Type
Candidate Name JAMES R LANGEVIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10908
State: RI District: 02		

Full Name (Last, First, Middle Initial) C. MENENDEZ FOR CONGRESS		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 848 City: UNION CITY State: NJ Zip Code: 07087		Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement 2002 GENERAL-10/07/2002 CHK.		Category/ Type
Candidate Name ROBERT MENENDEZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.10940
State: NJ District: 13		

SUBTOTAL of Disbursements This Page (optional) ▶	-4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. SENATOR JOHN WARNER COMMITTEE		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 3536 City MERRIFIELD State VA Zip Code 22116		Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement 2002 GENERAL-VOID 09/26/2002 CHK.		Transaction ID: SB23.10939
Candidate Name JOHN WILLIAM III WARNER		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: VA District: 00	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. STEPHANIE TUBBS JONES FOR US CONGRESS		Date of Disbursement 12 / 31 / 2002
Mailing Address 3729 SILSBY ROAD City UNIVERSITY HEIGHTS State OH Zip Code 44118		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement 2002 GENERAL-VOID 7/19/2002 CHK.		Transaction ID: SB23.10934
Candidate Name STEPHANIE TUBBS JONES		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH District: 11	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS		Date of Disbursement 12 / 31 / 2002
Mailing Address PO BOX 37091 City CHARLOTTE State NC Zip Code 28237		Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement 2002 GENERAL-10/14/2002 CHK.		Transaction ID: SB23.10942
Candidate Name SUE MYRICK		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC District: 09	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	-5500.00
TOTAL This Period (last page this line number only)	-28500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EUGENE MCMANUS		Date of Disbursement 12 th 16 th 2002	
Mailing Address PO BOX 864 City State Zip Code AIKEN SC 29802		Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement REFUND		22Y Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB28A.10956	
State: District:			

B.

C.

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. AMA POLITICAL EDUCATION FUND		Date of Disbursement 12 / 20 / 2002	
Mailing Address 1101 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 510.00	
Purpose of Disbursement TRANSFER FUNDS DEPOSITED INCORRECTLY		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	Transaction ID: 5B29.10933	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	510.00
TOTAL This Period (last page this line number only)	510.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C00000422
--	--

Full Name (Last, First, Middle, Initial) of Payee FABRIZIO MCLAUGHLIN & ASSOCIATES	Purpose of Expenditure POLL	Category/ Type
Mailing Address 915 KING STREET 2ND FLOOR	Name of Federal Candidate supported or opposed by expenditure: SUZANNE TERRELL	
City State Zip Code ALEXANDRIA VA 22314	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date Amount 11 27 2002 11300.00	State: <u>LA</u> District: _____	
Transaction ID: SE24.10846	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee STEVENS REED CURCIO & COMPANY	Purpose of Expenditure TV	Category/ Type
Mailing Address 201 NORTH UNION STREET SUITE 400	Name of Federal Candidate supported or opposed by expenditure: SUZANNE TERRELL	
City State Zip Code ALEXANDRIA VA 22314	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date Amount 12 04 2002 7843.00	State: <u>LA</u> District: _____	
Transaction ID: SE24.10793	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee STEVENS REED CURCIO & COMPANY	Purpose of Expenditure MEDIA	Category/ Type
Mailing Address 201 NORTH UNION STREET SUITE 400	Name of Federal Candidate supported or opposed by expenditure: J PHILLIP MD GINGREY	
City State Zip Code ALEXANDRIA VA 22314	Office Sought: <input checked="" type="checkbox"/> House Senate Presidential	
Date Amount 12 12 2002 3317.27	State: <u>GA</u> District: <u>11</u>	
Transaction ID: SE24.10813	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	22460.27
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury, I declare that the independent expenditures reported hereon were made in connection with a nomination, confirmation, election, contest with respect to the election, or re-election of any candidate, party, political committee, or official of such candidate or authorized committee.

Date M D Y / /

Signature _____

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C00000422
--	--

Full Name (Last, First, Middle, Initial) of Payee STEVENS REED CURCIO & COMPANY <hr/> Mailing Address 201 NORTH UNION STREET SUITE 400 <hr/> City State Zip Code ALEXANDRIA VA 22314 <hr/> Date Amount 12 12 2002 4721.10 Transaction ID: SE24.10814	Purpose of Expenditure ADJUSTMENT TO CREDIT REPORTED 11/25/2002 <hr/> Name of Federal Candidate supported or opposed by expenditure: GREG GANSKE Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>IA</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee STEVENS REED CURCIO & COMPANY <hr/> Mailing Address 201 NORTH UNION STREET SUITE 400 <hr/> City State Zip Code ALEXANDRIA VA 22314 <hr/> Date Amount 12 12 2002 -3021.37 Transaction ID: SE24.10823	Purpose of Expenditure OVERPAYMENT <hr/> Name of Federal Candidate supported or opposed by expenditure: J PHILLIP MD GINGREY Office Sought: <input checked="" type="checkbox"/> House Senate Presidential State: <u>GA</u> District: <u>11</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee STEVENS REED CURCIO & COMPANY <hr/> Mailing Address 201 NORTH UNION STREET SUITE 400 <hr/> City State Zip Code ALEXANDRIA VA 22314 <hr/> Date Amount 12 20 2002 -7630.85 Transaction ID: SE24.10815	Purpose of Expenditure REFUND RECEIVED-OVER- PAYMENT <hr/> Name of Federal Candidate supported or opposed by expenditure: GREG GANSKE Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>IA</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	-5931.12	
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00	
(c) TOTAL Independent Expenditures		16529.15

Under penalty of perjury, I declare that the independent expenditures reported herein were not made in connection with a campaign for election to or retention in or resignation from any office of any candidate or any authorized committee or official of such candidate or authorized committee.

Date

Signature _____