

FEC  
FORM 3XREPORT 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 PRINTExample: 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

X

NEW  
(N)

OR

AMENDED  
(A)4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

X

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2004

through

04

30

2004

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

05

17

2004

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  
OnlyFEC FORM 3X  
(Rev. 02/2003)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>H</sup> 0 4 <sup>: :</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 4 To: <sup>H</sup> 0 4 <sup>: :</sup> 3 0 <sup>Y Y Y Y</sup> 2 0 0 4

|                                                                                                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>Y Y Y Y</sup> 2 0 0 4                                               |                         | 1881257.10                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                | 2105690.04              |                                   |
| (c) Total Receipts (from Line 19) .....                                                                   | 198730.15               | 965212.18                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 2304420.19              | 2846469.28                        |
| 7. Total Disbursements (from Line 31) .....                                                               | 154862.61               | 696911.70                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 2149557.58              | 2149557.58                        |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>04 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>04 <sup>-</sup>30 <sup>-</sup>2004

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 164601.66                     |                                   |
| (ii) Unitemized .....                                                                                  | 27210.19                      |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ..... ►                                                      | 191811.85                     | 932096.63                         |
| (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) ..... ►  | 191811.85                     | 932096.63                         |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 5000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 6918.30                       | 28115.55                          |
| 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)) .....                          | 198730.15                     | 965212.18                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 198730.15                     | 965212.18                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS                                                                               | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                   | 13582.61                      | 53294.81                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►                         | 13582.61                      | 53294.81                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                         | 530.00                        | 15316.89                          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 140000.00                     | 627050.00                         |
| 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 .....                                   | 750.00                        | 800.00                            |
| (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)) .....                            | 750.00                        | 800.00                            |
| 29. Other Disbursements.....                                                                    | 0.00                          | 450.00                            |
| 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))..        | 154862.61                     | 696911.70                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 154862.61                     | 696911.70                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 191811.85                     | 932096.63                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 750.00                        | 800.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 191061.85                     | 931296.63                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 13582.61                      | 53294.81                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 13582.61                      | 53294.81                          |

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

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

FOR LINE NUMBER: PAGE 6 / 70

(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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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

|                                                                             |                                    |                                                |                                              |
|-----------------------------------------------------------------------------|------------------------------------|------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. WILLIAM R ABRAMS</b>       |                                    | Date of Receipt<br>M / D / Y<br>04 / 27 / 2004 |                                              |
| Mailing Address 300 EDWARD STREET                                           |                                    | Transaction ID: SA11A1.13039                   |                                              |
| City<br>ROSLYN                                                              | State<br>NY                        | Zip Code<br>11577                              | Amount of Each Receipt this Period<br>450.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                    |                                                |                                              |
| Name of Employer<br>MEDICAL SOCIETY OF STATE OF NY                          | Occupation<br>CEO                  |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>450.00 |                                                |                                              |
| Full Name (Last, First, Middle Initial)<br><b>B. CRAIG W ANDERSON, MD</b>   |                                    | Date of Receipt<br>M / D / Y<br>04 / 02 / 2004 |                                              |
| Mailing Address 285 E TOWN STREET                                           |                                    | Transaction ID: SA11A1.13038                   |                                              |
| City<br>COLUMBUS                                                            | State<br>OH                        | Zip Code<br>43215                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                    |                                                |                                              |
| Name of Employer<br>SELF-EMPLOYED                                           | Occupation<br>PHYSICIAN            |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>550.00 |                                                |                                              |
| Full Name (Last, First, Middle Initial)<br><b>C. RICHARD P ANDERSON, MD</b> |                                    | Date of Receipt<br>M / D / Y<br>04 / 13 / 2004 |                                              |
| Mailing Address 300 STAFFORD STREET                                         |                                    | Transaction ID: SA11A1.13031                   |                                              |
| City<br>SPRINGFIELD                                                         | State<br>MA                        | Zip Code<br>01104                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                    |                                                |                                              |
| Name of Employer<br>SELF-EMPLOYED                                           | Occupation<br>PHYSICIAN            |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>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

FOR LINE NUMBER: PAGE 7 / 70

(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

|                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>RITA K ARONSON, MD<br>Mailing Address 374D 28TH STREET<br>City State Zip Code<br>ROCK ISLAND IL 61201<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.13059<br>Amount of Each Receipt this Period<br>50.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DAVID ORRIN BARBE, MD<br>Mailing Address 120 W 16TH STREET<br>City State Zip Code<br>MTN GROVE MO 65711<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>550.00             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.12986<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KATHLEEN BLAKE, MD<br>Mailing Address 502 ELM STREET NE<br>City State Zip Code<br>ALBUQUERQUE NM 87102<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>NEW MEXICO HEART INSTITUTE<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13010<br>Amount of Each Receipt this Period<br>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 / 70

(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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DUANE MCADY, MD<br>Mailing Address PD BOX 137<br>City LA FAYETTE State NY Zip Code 13084<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 09 / 2004<br>Transaction ID: SA11A1.12973<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>PETER W CARMEL, MD<br>Mailing Address 90 BERGEN STREET<br>City NEWARD State DE Zip Code 07103<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer NEW JERSEY MEDICAL SCHOOL Occupation SURGEON<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 02 / 2004<br>Transaction ID: SA11A1.13002<br>Amount of Each Receipt this Period<br>450.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>GINGER A CARROLL, MD<br>Mailing Address 649 ETON BLVD<br>City FAIRBANKS State AK Zip Code 99709<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00         |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 09 / 2004<br>Transaction ID: SA11A1.12948<br>Amount of Each Receipt this Period<br>550.00 |

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 / 70

(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

|                                                                                  |                                            |                                                          |                                                      |
|----------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ELLIOT H COLEMAN, MD</b> |                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 09 / 2004 |                                                      |
| Mailing Address 810 ALBURY COURT                                                 |                                            | Transaction ID: SA11A1.12944                             |                                                      |
| City<br><b>MOORESTOWN</b>                                                        | State<br><b>NJ</b>                         | Zip Code<br><b>08057</b>                                 | Amount of Each Receipt this Period<br><b>450.00</b>  |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                            |                                                          |                                                      |
| Name of Employer<br><b>SELF-EMPLOYED</b>                                         | Occupation<br><b>PHYSICIAN</b>             |                                                          |                                                      |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br><b>550.00</b>  |                                                          |                                                      |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>MICHIGAN DOCTORS PAC</b> |                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 20 / 2004 |                                                      |
| Mailing Address PO BOX 789                                                       |                                            | Transaction ID: SA11A1.12971                             |                                                      |
| City<br><b>EAST LANSING</b>                                                      | State<br><b>MI</b>                         | Zip Code<br><b>48826</b>                                 | Amount of Each Receipt this Period<br><b>2400.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                            |                                                          |                                                      |
| Name of Employer<br><b>N/A</b>                                                   | Occupation<br><b>N/A</b>                   |                                                          |                                                      |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br><b>2400.00</b> |                                                          |                                                      |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MARC M DREIER, MD</b>    |                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 30 / 2004 |                                                      |
| Mailing Address 295 RICHARDS ROAD                                                |                                            | Transaction ID: SA11A1.13061                             |                                                      |
| City<br><b>RIDGEWOOD</b>                                                         | State<br><b>NJ</b>                         | Zip Code<br><b>07450</b>                                 | Amount of Each Receipt this Period<br><b>50.00</b>   |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                            |                                                          |                                                      |
| Name of Employer<br><b>SELF-EMPLOYED</b>                                         | Occupation<br><b>PHYSICIAN</b>             |                                                          |                                                      |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br><b>300.00</b>  |                                                          |                                                      |

**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: PAGE 10 / 70  
 (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

|                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>NC MEDICAL POL EDUC & ACTION CMNT<br>Mailing Address PD BOX 25834<br>City State Zip Code<br>RALEIGH NC 27611<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>N/A<br>Aggregate Year-to-Date ▼<br>13100.00 |  | Date of Receipt<br>M / D / Y<br>04 / 06 / 2004<br>Transaction ID: SA11A1.12942<br>Amount of Each Receipt this Period<br>2900.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NC MEDICAL POL EDUC & ACTION CMNT<br>Mailing Address PD BOX 25834<br>City State Zip Code<br>RALEIGH NC 27611<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>N/A<br>Aggregate Year-to-Date ▼<br>14450.00 |  | Date of Receipt<br>M / D / Y<br>04 / 16 / 2004<br>Transaction ID: SA11A1.12954<br>Amount of Each Receipt this Period<br>1350.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>NC MEDICAL POL EDUC & ACTION CMNT<br>Mailing Address PD BOX 25834<br>City State Zip Code<br>RALEIGH NC 27611<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>N/A<br>Aggregate Year-to-Date ▼<br>15400.00 |  | Date of Receipt<br>M / D / Y<br>04 / 30 / 2004<br>Transaction ID: SA11A1.13043<br>Amount of Each Receipt this Period<br>950.00  |

SUBTOTAL of Receipts This Page (optional) 4800.00

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 11 / 70

(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. KENTUCKY EDUC MEDICAL PAC</b></p> <p>Mailing Address <b>4985 US HIGHWAY 42</b></p> <p>City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40222</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>N/A</b> Occupation <b>N/A</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>17220.00</b></p>                    |  | <p>Date of Receipt<br/> m / d / y<br/> <b>04 / 06 / 2004</b></p> <p>Transaction ID: <b>SA11A1.12940</b></p> <p>Amount of Each Receipt this Period<br/> <b>11950.00</b></p> |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. GREGORY PAUL FAZIO, MD</b></p> <p>Mailing Address <b>2760 PRIMROSE LANE EAST</b></p> <p>City <b>YORK</b> State <b>PA</b> Zip Code <b>17402</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>SELF-EMPLOYED</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>350.00</b></p>          |  | <p>Date of Receipt<br/> m / d / y<br/> <b>04 / 13 / 2004</b></p> <p>Transaction ID: <b>SA11A1.13063</b></p> <p>Amount of Each Receipt this Period<br/> <b>50.00</b></p>    |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. LISA B FRIEL</b></p> <p>Mailing Address <b>1303 E ABINGDON DRIVE</b></p> <p>City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>AMERICAN MEDICAL ASSOCIATION</b> Occupation <b>EXECUTIVE</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>500.00</b></p> |  | <p>Date of Receipt<br/> m / d / y<br/> <b>04 / 01 / 2004</b></p> <p>Transaction ID: <b>SA11A1.12917</b></p> <p>Amount of Each Receipt this Period<br/> <b>500.00</b></p>   |

SUBTOTAL of Receipts This Page (optional) ▶

**12500.00**

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 / 70  
(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

|                                                                                |       |                                    |                                                |  |
|--------------------------------------------------------------------------------|-------|------------------------------------|------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>SCOT BRADLEY GLASBERG, MD |       |                                    | Date of Receipt<br>M / D / Y<br>04 / 02 / 2004 |  |
| Mailing Address 42A EAST 74TH STREET                                           |       |                                    | Transaction ID: SA11A1.12980                   |  |
| City                                                                           | State | Zip Code                           | Amount of Each Receipt this Period             |  |
| NEW YORK                                                                       | NY    | 10021                              | 540.00                                         |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                    |                                                |  |
| Name of Employer<br>SELF-EMPLOYED                                              |       | Occupation<br>PHYSICIAN            |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>540.00 |                                                |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JAMES ALLAN GOODYEAR, MD  |       |                                    | Date of Receipt<br>M / D / Y<br>04 / 15 / 2004 |  |
| Mailing Address 2100 N BROAD STREET                                            |       |                                    | Transaction ID: SA11A1.13065                   |  |
| City                                                                           | State | Zip Code                           | Amount of Each Receipt this Period             |  |
| LANSDALE                                                                       | PA    | 19446                              | 41.66                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                    |                                                |  |
| Name of Employer<br>SELF-EMPLOYED                                              |       | Occupation<br>PHYSICIAN            |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>218.64 |                                                |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CYRIL M HETSKO, MD        |       |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2004 |  |
| Mailing Address 1114 SHERMAN AVENUE                                            |       |                                    | Transaction ID: SA11A1.12919                   |  |
| City                                                                           | State | Zip Code                           | Amount of Each Receipt this Period             |  |
| MADISON                                                                        | WI    | 53703                              | 500.00                                         |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                    |                                                |  |
| Name of Employer<br>SELF-EMPLOYED                                              |       | Occupation<br>PHYSICIAN            |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>500.00 |                                                |  |

SUBTOTAL of Receipts This Page (optional) ..... **1081.66**

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 13 / 70

(check only one)

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JOSEPH HEYMAN MD<br>Mailing Address 163 MIDDLE STREET<br>City WEST NEWBURY State MA Zip Code 01885<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.12988<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CARL TRUMAN HOOK, MD<br>Mailing Address 1916 WHISPERING PINES CIRCLE<br>City NORMAN State OK Zip Code 73072<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13012<br>Amount of Each Receipt this Period<br>400.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MARIA HOOVER, MD<br>Mailing Address 6001 LINCOLN AVENUE<br>City EVANSVILLE State IN Zip Code 47750<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 09 2004<br>Transaction ID: SA11A1.12975<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1400.00

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 14 / 70

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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

|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL BOWENHOOVER MD<br>Mailing Address 520 MARY STREET<br>City EVANSVILLE State IN Zip Code 47710<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 02 / 2004<br>Transaction ID: SA11A1.12990<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>W BRIGGS HOPSON, JR MD<br>Mailing Address 2100 HIGHWAY 61 NORTH<br>City VICKSBURG State MS Zip Code 39183<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer RIVER REGION MEDICAL CENTER Occupation SURGEON<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 13 / 2004<br>Transaction ID: SA11A1.13027<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ROBERT JOHN IRVING, MD<br>Mailing Address 10 DARIEN VILLAGE<br>City NEW HOPE State PA Zip Code 18638<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 22 / 2004<br>Transaction ID: SA11A1.13033<br>Amount of Each Receipt this Period<br>550.00 |

SUBTOTAL of Receipts This Page (optional) ..... ►

1550.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 70

(check only one)

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| <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

|                                                                              |             |                                                               |                                              |
|------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. KENNETH HZ ISAACS, MD</b>   |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |                                              |
| Mailing Address 301 W POPLAR                                                 |             | Transaction ID: SA11A1.13006                                  |                                              |
| City<br>WALLA WALLA                                                          | State<br>WA | Zip Code<br>99362                                             | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |             |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                            |             | Occupation<br>PHYSICIAN                                       |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |             | Aggregate Year-to-Date ▼<br>500.00                            |                                              |
| Full Name (Last, First, Middle Initial)<br><b>B. JEFFREY R LANDER, MD</b>    |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 8 / 2 0 0 4 |                                              |
| Mailing Address 486 BELLAIRE DRIVE                                           |             | Transaction ID: SA11A1.13067                                  |                                              |
| City<br>YORK                                                                 | State<br>PA | Zip Code<br>17402                                             | Amount of Each Receipt this Period<br>50.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |             |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                            |             | Occupation<br>PHYSICIAN                                       |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |             | Aggregate Year-to-Date ▼<br>350.00                            |                                              |
| Full Name (Last, First, Middle Initial)<br><b>C. EDWARD LEE LANGSTON, MD</b> |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 4 |                                              |
| Mailing Address 408 DOE PATH LANE                                            |             | Transaction ID: SA11A1.13028                                  |                                              |
| City<br>LAFAYETTE                                                            | State<br>IN | Zip Code<br>47505                                             | Amount of Each Receipt this Period<br>450.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |             |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                            |             | Occupation<br>PHYSICIAN                                       |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |             | Aggregate Year-to-Date ▼<br>500.00                            |                                              |

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

FOR LINE NUMBER: PAGE 16 / 70

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. CARL LENTZ, MD</b></p> <p>Mailing Address 120 N SENECA STREET</p> <p>City State Zip Code<br/>DAYTONA BEACH FL 32114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>SELF EMPLOYED</p> <p>Occupation<br/>PHYSICIAN</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>450.00</p>     |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>04 / 09 / 2004</p> <p>Transaction ID: SA11A1.12978</p> <p>Amount of Each Receipt this Period<br/>450.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. ROGER W LITWILLER, MD</b></p> <p>Mailing Address 3001 BURNLEIGH ROAD SW</p> <p>City State Zip Code<br/>ROANOKE VA 22320</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>SELF-EMPLOYED</p> <p>Occupation<br/>PHYSICIAN</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>500.00</p> |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>04 / 02 / 2004</p> <p>Transaction ID: SA11A1.13016</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. ANMOL S MAHAL, MD</b></p> <p>Mailing Address 39225 STATE STREET</p> <p>City State Zip Code<br/>EREMONT CA 94538</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>SELF-EMPLOYED</p> <p>Occupation<br/>PHYSICIAN</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>500.00</p>         |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>04 / 02 / 2004</p> <p>Transaction ID: SA11A1.13022</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |

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

FOR LINE NUMBER: PAGE 17 / 70

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                           |                                     |                                                               |
|---------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL D MAVES MD</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 4 |
| Mailing Address 515 N STATE STREET                                        |                                     | Transaction ID: SA11A1.12913                                  |
| City<br>CHICAGO                                                           | State<br>IL                         | Zip Code<br>60610                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                     | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>AMERICAN MEDICAL ASSOCIATION                          | Occupation<br>EXECUTIVE             |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>500.00  |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT R MCMILLAN</b>    |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |
| Mailing Address 182 TULLAMORE ROAD                                        |                                     | Transaction ID: SA11A1.12936                                  |
| City<br>GARDEN CITY                                                       | State<br>NY                         | Zip Code<br>11530                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                     | Amount of Each Receipt this Period<br>1000.00                 |
| Name of Employer<br>AMERICAN MEDICAL ASSOCIATION                          | Occupation<br>ATTORNEY              |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>1000.00 |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>C. ARKANSAS MEDICAL PAC</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 6 / 2 0 0 4 |
| Mailing Address PO BOX 55088                                              |                                     | Transaction ID: SA11A1.12931                                  |
| City<br>LITTLE ROCK                                                       | State<br>AR                         | Zip Code<br>72215                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                     | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>N/A                                                   | Occupation<br>N/A                   |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>500.00  |                                                               |

SUBTOTAL of Receipts This Page (optional) ..... ►

2000.00

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 18 / 70

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ARKANSAS MEDICAL PAC<br>Mailing Address PD BOX 55088<br>City State Zip Code<br>LITTLE ROCK AR 72215<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼ |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.12932<br>Amount of Each Receipt this Period<br>2840.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ARKANSAS MEDICAL PAC<br>Mailing Address PD BOX 55088<br>City State Zip Code<br>LITTLE ROCK AR 72215<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼ |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13041<br>Amount of Each Receipt this Period<br>820.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>COLORADO MEDICAL PAC<br>Mailing Address PD BOX 17550<br>City State Zip Code<br>DENVER CO 80217<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.12933<br>Amount of Each Receipt this Period<br>750.00  |

SUBTOTAL of Receipts This Page (optional) 4010.00

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 18 / 70

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. COLORADO MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PD BOX 17550<br><br>City DENVER State CO Zip Code 80217<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6090.00               |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 30 / 2004<br>Transaction ID: SA11A1.13049<br>Amount of Each Receipt this Period<br>900.00   |
| <b>B. CONNECTICUT MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 160 ST RONAN STREET<br><br>City NEW HAVEN State CT Zip Code 06511<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 23800.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 18 / 2004<br>Transaction ID: SA11A1.12959<br>Amount of Each Receipt this Period<br>10860.00 |
| <b>C. FLORIDA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PD BOX 10269<br><br>City TALLAHASSEE State FL Zip Code 32302<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 20570.00          |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 18 / 2004<br>Transaction ID: SA11A1.12965<br>Amount of Each Receipt this Period<br>7940.00  |

SUBTOTAL of Receipts This Page (optional) ▶

19700.00

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 / 70

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                   |       |                                 |                                                           |                |  |
|-----------------------------------------------------------------------------------|-------|---------------------------------|-----------------------------------------------------------|----------------|--|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. GEORGIA MEDICAL PAC</b></p> |       |                                 | <p>Date of Receipt<br/> M / D / Y<br/> 04 / 20 / 2004</p> |                |  |
| <p>Mailing Address 133D W PEACHTREE STREET</p>                                    |       |                                 | <p>Transaction ID: SA11A1.12988</p>                       |                |  |
| City                                                                              | State | Zip Code                        | <p>Amount of Each Receipt this Period</p>                 |                |  |
| ATLANTA                                                                           | GA    | 30309                           | <p>6880.00</p>                                            |                |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>        |       |                                 |                                                           |                |  |
| <p>Name of Employer<br/> N/A</p>                                                  |       | <p>Occupation<br/> N/A</p>      |                                                           |                |  |
| <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p>                   |       | <p>Aggregate Year-to-Date ▼</p> |                                                           | <p>8680.00</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. IDAHO MEDICAL PAC</b></p>   |       |                                 | <p>Date of Receipt<br/> M / D / Y<br/> 04 / 30 / 2004</p> |                |  |
| <p>Mailing Address PO BOX 2688</p>                                                |       |                                 | <p>Transaction ID: SA11A1.13045</p>                       |                |  |
| City                                                                              | State | Zip Code                        | <p>Amount of Each Receipt this Period</p>                 |                |  |
| BOISE                                                                             | ID    | 83701                           | <p>400.00</p>                                             |                |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>        |       |                                 |                                                           |                |  |
| <p>Name of Employer<br/> NA</p>                                                   |       | <p>Occupation<br/> NA</p>       |                                                           |                |  |
| <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p>                   |       | <p>Aggregate Year-to-Date ▼</p> |                                                           | <p>400.00</p>  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. IDAHO MEDICAL PAC</b></p>   |       |                                 | <p>Date of Receipt<br/> M / D / Y<br/> 04 / 30 / 2004</p> |                |  |
| <p>Mailing Address PO BOX 2688</p>                                                |       |                                 | <p>Transaction ID: SA11A1.13046</p>                       |                |  |
| City                                                                              | State | Zip Code                        | <p>Amount of Each Receipt this Period</p>                 |                |  |
| BOISE                                                                             | ID    | 83701                           | <p>750.00</p>                                             |                |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>        |       |                                 |                                                           |                |  |
| <p>Name of Employer<br/> NA</p>                                                   |       | <p>Occupation<br/> NA</p>       |                                                           |                |  |
| <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p>                   |       | <p>Aggregate Year-to-Date ▼</p> |                                                           | <p>750.00</p>  |  |

SUBTOTAL of Receipts This Page (optional) ▶

1430.00

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 / 70

(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. ILLINOIS MEDICAL PAC</b></p> <p>Mailing Address 20 N MICHIGAN AVENUE</p> <p>City State Zip Code<br/> CHICAGO IL 60602</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/> N/A</p> <p>Occupation<br/> n/a</p> <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 2420.00</p> |  | <p>Date of Receipt<br/> m / d / y<br/> 04 / 16 / 2004</p> <p>Transaction ID: SA11A1.12951</p> <p>Amount of Each Receipt this Period<br/> 2020.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. ILLINOIS MEDICAL PAC</b></p> <p>Mailing Address 20 N MICHIGAN AVENUE</p> <p>City State Zip Code<br/> CHICAGO IL 60602</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/> N/A</p> <p>Occupation<br/> n/a</p> <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 3530.00</p> |  | <p>Date of Receipt<br/> m / d / y<br/> 04 / 16 / 2004</p> <p>Transaction ID: SA11A1.12952</p> <p>Amount of Each Receipt this Period<br/> 1110.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. ILLINOIS MEDICAL PAC</b></p> <p>Mailing Address 20 N MICHIGAN AVENUE</p> <p>City State Zip Code<br/> CHICAGO IL 60602</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/> N/A</p> <p>Occupation<br/> n/a</p> <p>Receipt For:<br/> Primary General<br/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 3850.00</p> |  | <p>Date of Receipt<br/> m / d / y<br/> 04 / 16 / 2004</p> <p>Transaction ID: SA11A1.12953</p> <p>Amount of Each Receipt this Period<br/> 350.00</p>  |

SUBTOTAL of Receipts This Page (optional) 3480.00

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 22 / 70

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. INDIANA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 322 CANAL WALK<br>City State Zip Code<br>INDIANAPOLIS IN 46202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 51040.00  |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 20 2004<br>Transaction ID: SA11A1.12970<br>Amount of Each Receipt this Period<br>2370.00 |
| <b>B. IOWA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1001 GRAND AVENUE<br>City State Zip Code<br>W. DES MOINES IA 50265<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 10550.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 08 2004<br>Transaction ID: SA11A1.12934<br>Amount of Each Receipt this Period<br>1600.00 |
| <b>C. IOWA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1001 GRAND AVENUE<br>City State Zip Code<br>W. DES MOINES IA 50265<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 11250.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13044<br>Amount of Each Receipt this Period<br>700.00  |

SUBTOTAL of Receipts This Page (optional) ▶

4670.00

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 23 / 70

(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KANSAS MEDICAL PAC<br>Mailing Address 823 SW 10TH<br>City TOPEKA State KS Zip Code 66612<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 11480.00               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 16 / 2004<br>Transaction ID: SA11A1.12957<br>Amount of Each Receipt this Period<br>450.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>LOUISIANA MEDICAL PAC<br>Mailing Address 6767 PERKINS ROAD<br>City BATON ROUGE State LA Zip Code 70802<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 12840.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 06 / 2004<br>Transaction ID: SA11A1.12968<br>Amount of Each Receipt this Period<br>1350.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>LOUISIANA MEDICAL PAC<br>Mailing Address 6767 PERKINS ROAD<br>City BATON ROUGE State LA Zip Code 70802<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 14210.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 16 / 2004<br>Transaction ID: SA11A1.12960<br>Amount of Each Receipt this Period<br>1270.00 |

SUBTOTAL of Receipts This Page (optional) ▶

3070.00

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 / 70

(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

|                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. LOUISIANA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 8787 PERKINS ROAD<br>City State Zip Code<br>BATON ROUGE LA 70802<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>16300.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 20 2004<br>Transaction ID: SA11A1.13040<br>Amount of Each Receipt this Period<br>2090.00 |
| <b>B. MISSISSIPPI MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 2548<br>City State Zip Code<br>RIDGELAND MS 39158<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>9210.00        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13042<br>Amount of Each Receipt this Period<br>760.00  |
| <b>C. MISSOURI MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 1402<br>City State Zip Code<br>JEFFERSON CITY MO 65102<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A<br>Occupation N/A<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>18990.00     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 20 2004<br>Transaction ID: SA11A1.12987<br>Amount of Each Receipt this Period<br>2360.00 |

SUBTOTAL of Receipts This Page (optional) ▶

5210.00

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 25 / 70

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>NEBRASKA MEDICAL PAC<br>Mailing Address 233 S 13TH STREET<br>City State Zip Code<br>LINCOLN NE 68508<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Occupation<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>700.00        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.12930<br>Amount of Each Receipt this Period<br>450.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NEW JERSEY MEDICAL PAC<br>Mailing Address 2 PRINCESS ROAD<br>City State Zip Code<br>LAWRENCEVILLE NJ 08648<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Occupation<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>4000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13047<br>Amount of Each Receipt this Period<br>3700.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>NEW JERSEY MEDICAL PAC<br>Mailing Address 2 PRINCESS ROAD<br>City State Zip Code<br>LAWRENCEVILLE NJ 08648<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Occupation<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13048<br>Amount of Each Receipt this Period<br>1000.00 |

SUBTOTAL of Receipts This Page (optional) 5150.00

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 26 / 70

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| <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

|                                                                             |                                      |                                                |
|-----------------------------------------------------------------------------|--------------------------------------|------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NEW MEXICO MEDICAL PAC</b> |                                      | Date of Receipt<br>M / D / Y<br>04 / 16 / 2004 |
| Mailing Address 777D JEFFERSON NE                                           |                                      | Transaction ID: SA11A1.12955                   |
| City<br>ALBUQUERQUE                                                         | State<br>NM                          | Zip Code<br>87109                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                      | Amount of Each Receipt this Period<br>1400.00  |
| Name of Employer<br>N/A                                                     | Occupation<br>N/A                    |                                                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>1400.00  |                                                |
| Full Name (Last, First, Middle Initial)<br><b>B. OHIO MEDICAL PAC</b>       |                                      | Date of Receipt<br>M / D / Y<br>04 / 20 / 2004 |
| Mailing Address 3401 MILL RUN DRIVE                                         |                                      | Transaction ID: SA11A1.12959                   |
| City<br>HILLIARD                                                            | State<br>OH                          | Zip Code<br>43206                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                      | Amount of Each Receipt this Period<br>7700.00  |
| Name of Employer<br>N/A                                                     | Occupation<br>N/A                    |                                                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>19315.00 |                                                |
| Full Name (Last, First, Middle Initial)<br><b>C. OKLAHOMA MEDICAL PAC</b>   |                                      | Date of Receipt<br>M / D / Y<br>04 / 06 / 2004 |
| Mailing Address PO BOX 54520                                                |                                      | Transaction ID: SA11A1.12935                   |
| City<br>OKLAHOMA CITY                                                       | State<br>OK                          | Zip Code<br>73154                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                      | Amount of Each Receipt this Period<br>5000.00  |
| Name of Employer<br>N/A                                                     | Occupation<br>N/A                    |                                                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>17650.00 |                                                |

SUBTOTAL of Receipts This Page (optional) ▶

14100.00

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 27 / 70

(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. OREGON MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 521 D SW CORBETT STREET<br>City PORTLAND State OR Zip Code 97201<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 18495.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 16 / 2004<br>Transaction ID: SA11A1.12964<br>Amount of Each Receipt this Period<br>1150.00 |
| <b>B. PENNSYLVANIA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 8820<br>City HARRISBURG State PA Zip Code 17105<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40450.00     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 16 / 2004<br>Transaction ID: SA11A1.12966<br>Amount of Each Receipt this Period<br>3600.00 |
| <b>C. PENNSYLVANIA MEDICAL PAC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 8820<br>City HARRISBURG State PA Zip Code 17105<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer N/A Occupation N/A<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 43550.00     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 20 / 2004<br>Transaction ID: SA11A1.12968<br>Amount of Each Receipt this Period<br>3100.00 |

SUBTOTAL of Receipts This Page (optional) ▶

7850.00

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 28 / 70

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                 |                   |                                       |                                    |
|---------------------------------------------------------------------------------|-------------------|---------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SOUTH CAROLINA MEDICAL PAC</b> |                   | Date of Receipt                       |                                    |
| Mailing Address PD BOX 11188                                                    |                   | M M / D D / Y Y Y Y<br>04 / 16 / 2004 |                                    |
| City                                                                            | State             | Zip Code                              | Transaction ID: SA11A1.12963       |
| COLUMBIA                                                                        | SC                | 29211                                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <b>C</b>             |                   | 700.00                                |                                    |
| Name of Employer<br>N/A                                                         | Occupation<br>N/A | Aggregate Year-to-Date ▼<br>4610.00   |                                    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |                   |                                       |                                    |
| Full Name (Last, First, Middle Initial)<br><b>B. SOUTH DAKOTA MEDICAL PAC</b>   |                   | Date of Receipt                       |                                    |
| Mailing Address 1323 S MINNESOTA AVENUE                                         |                   | M M / D D / Y Y Y Y<br>04 / 16 / 2004 |                                    |
| City                                                                            | State             | Zip Code                              | Transaction ID: SA11A1.12962       |
| SIOUX FALLS                                                                     | SD                | 57105                                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <b>C</b>             |                   | 1100.00                               |                                    |
| Name of Employer<br>N/A                                                         | Occupation<br>N/A | Aggregate Year-to-Date ▼<br>5600.00   |                                    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |                   |                                       |                                    |
| Full Name (Last, First, Middle Initial)<br><b>C. VIRGINIA MEDICAL PAC</b>       |                   | Date of Receipt                       |                                    |
| Mailing Address 4205 DOVER ROAD                                                 |                   | M M / D D / Y Y Y Y<br>04 / 06 / 2004 |                                    |
| City                                                                            | State             | Zip Code                              | Transaction ID: SA11A1.12936       |
| RICHMOND                                                                        | VA                | 23221                                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <b>C</b>             |                   | 900.00                                |                                    |
| Name of Employer<br>N/A                                                         | Occupation<br>N/A | Aggregate Year-to-Date ▼<br>14350.00  |                                    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |                   |                                       |                                    |

SUBTOTAL of Receipts This Page (optional) ..... ►

2700.00

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 28 / 70

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                       |                                      |                                                               |
|---------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. WASHINGTON MEDICAL PAC</b>           |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 6 / 2 0 0 4 |
| Mailing Address 2033 SIXTH AVENUE                                                     |                                      | Transaction ID: SA11A1.12939                                  |
| City<br>SEATTLE                                                                       | State<br>WA                          | Zip Code<br>98121                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>                |                                      | Amount of Each Receipt this Period<br>10650.00                |
| Name of Employer<br>N/A                                                               | Occupation<br>N/A                    |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>20600.00 |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>B. WISCONSIN PHYSICIANS MEDICAL PAC</b> |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 6 / 2 0 0 4 |
| Mailing Address PO BOX 2506                                                           |                                      | Transaction ID: SA11A1.12941                                  |
| City<br>MADISON                                                                       | State<br>WI                          | Zip Code<br>53701                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>                |                                      | Amount of Each Receipt this Period<br>690.00                  |
| Name of Employer<br>N/A                                                               | Occupation<br>N/A                    |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>7087.00  |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>C. INDEPENDENT MEDICINES PAC</b>        |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 4 |
| Mailing Address PO BOX 120909                                                         |                                      | Transaction ID: SA11A1.12958                                  |
| City<br>NASHVILLE                                                                     | State<br>TN                          | Zip Code<br>37212                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>                |                                      | Amount of Each Receipt this Period<br>2500.00                 |
| Name of Employer<br>N/A                                                               | Occupation<br>N/A                    |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>13850.00 |                                                               |

SUBTOTAL of Receipts This Page (optional) ▶

14030.00

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 30 / 70

(check only one)

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| <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

|                                                                                 |             |                                    |                                                               |  |  |
|---------------------------------------------------------------------------------|-------------|------------------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ALETHIA ELLEN MORGAN, MD</b>   |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 4 |  |  |
| Mailing Address 1120 MINNEQUA AVENUE                                            |             |                                    | Transaction ID: SA11A1.13029                                  |  |  |
| City<br>PUEBLO                                                                  | State<br>CO | Zip Code<br>81004                  | Amount of Each Receipt this Period<br>450.00                  |  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |             |                                    |                                                               |  |  |
| Name of Employer<br>PUEBLO OB-GYN                                               |             | Occupation<br>PHYSICIAN            |                                                               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>500.00 |                                                               |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. DOUGLAS GARIKAI MUFUKA, MD</b> |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |  |  |
| Mailing Address 1037 N KENILWORTH                                               |             |                                    | Transaction ID: SA11A1.12925                                  |  |  |
| City<br>OAK PARK                                                                | State<br>IL | Zip Code<br>60302                  | Amount of Each Receipt this Period<br>550.00                  |  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |             |                                    |                                                               |  |  |
| Name of Employer<br>SELF-EMPLOYED                                               |             | Occupation<br>PHYSICIAN            |                                                               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>550.00 |                                                               |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. HJERRY MURRELL, MD</b>         |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4 |  |  |
| Mailing Address 1400 TORREY PINES                                               |             |                                    | Transaction ID: SA11A1.13057                                  |  |  |
| City<br>COLUMBIA                                                                | State<br>MO | Zip Code<br>65203                  | Amount of Each Receipt this Period<br>500.00                  |  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |             |                                    |                                                               |  |  |
| Name of Employer<br>MURRELL WESTGATE & BRYER                                    |             | Occupation<br>PHYSICIAN            |                                                               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>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 31 / 70  
(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

|                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>LINDA B NELSON MD<br>Mailing Address 2033 HERBERT AVENUE<br>City State Zip Code<br>SALT LAKE CITY UT 84108<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4<br>Transaction ID: SA11A1.12929<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ND COMMISSION ON MED POL ACTION<br>Mailing Address PO BOX 5538<br>City State Zip Code<br>BISMARCK ND 58501<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>N/A<br>Occupation<br>N/A<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1650.00                |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 6 / 2 0 0 4<br>Transaction ID: SA11A1.12937<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DONALD J PALMISANO, MD<br>Mailing Address 4417 LONNO STREET<br>City State Zip Code<br>METAINE LA 70008<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>450.00     |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4<br>Transaction ID: SA11A1.12938<br>Amount of Each Receipt this Period<br>450.00 |

SUBTOTAL of Receipts This Page (optional) 1200.00

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 32 / 70

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KRISTIC J PARIS, MD<br>Mailing Address 2803 ALTA VISTA WAY<br>City State Zip Code<br>LOUISVILLE KY 40206<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>550.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.13088<br>Amount of Each Receipt this Period<br>50.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN STEVEN POLSLEY, MD<br>Mailing Address 162 NEW HAVEN DRIVE<br>City State Zip Code<br>URBANA OH 43078<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>450.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13014<br>Amount of Each Receipt this Period<br>450.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KEVIN G REILLY, MD<br>Mailing Address 152B CHALET DRIVE<br>City State Zip Code<br>CHERRY HILL NJ 08003<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>US ARMY<br>Occupation<br>NEURORADIOLOGIST<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.12984<br>Amount of Each Receipt this Period<br>490.00 |

SUBTOTAL of Receipts This Page (optional) 990.00

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 33 / 70

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>RICK REUTLINGER, MD<br>Mailing Address 200 S 37TH<br><br>City State Zip Code<br>MUSKOGEE OK 74401<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>PHYSICIAN<br>Aggregate Year-to-Date ▼<br>550.00              |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.13070<br>Amount of Each Receipt this Period<br>50.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>GREGORY CLELL RIFFLE, MD<br>Mailing Address 434D TEWKSBURY LANE<br><br>City State Zip Code<br>CONCORD OH 44027<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>PHYSICIAN<br>Aggregate Year-to-Date ▼<br>300.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 08 2004<br>Transaction ID: SA11A1.12950<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ROBERT S RIGOLISI, MD<br>Mailing Address 158 SUMMIT DRIVE<br><br>City State Zip Code<br>PARAMUS NJ 07652<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>PHYSICIAN<br>Aggregate Year-to-Date ▼<br>500.00       |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13000<br>Amount of Each Receipt this Period<br>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

FOR LINE NUMBER: PAGE 34 / 70  
(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

|                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JOHN LEE ROBERTS, MD<br>Mailing Address 323 E CHESTNUT STREET<br>City State Zip Code<br>LOUISVILLE KY 40202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13024<br>Amount of Each Receipt this Period<br>600.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN LEE ROBERTS, MD<br>Mailing Address 323 E CHESTNUT STREET<br>City State Zip Code<br>LOUISVILLE KY 40202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>650.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 06 2004<br>Transaction ID: SA11A1.13071<br>Amount of Each Receipt this Period<br>50.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>GRAIG HOWARD ROSEN, MD<br>Mailing Address 603 N BROAD STREET<br>City State Zip Code<br>WOODBURY NJ 08098<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 08 2004<br>Transaction ID: SA11A1.13051<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 35 / 70

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CRAIG HOWARD ROSEN MD<br>Mailing Address 803 N BROAD STREET<br>City State Zip Code<br>WOODBURY NJ 08096<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 30 2004<br>Transaction ID: SA11A1.13072<br>Amount of Each Receipt this Period<br>50.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL RUSLI, MD<br>Mailing Address 4TH AND WALNUT STREET<br>City State Zip Code<br>LEBANON PA 17042<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 18 2004<br>Transaction ID: SA11A1.13074<br>Amount of Each Receipt this Period<br>50.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL SANDLER, MD<br>Mailing Address 427D BARCRAFT WAY<br>City State Zip Code<br>WEST BLOOMFIELD MI 48323<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>HENRY FORD HEALTH SYSTEM<br>Occupation<br>PHYSICIAN<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.13004<br>Amount of Each Receipt this Period<br>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 36 / 70

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                    |                                    |                                                               |                                              |
|------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL SANDLER MD            |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 4 |                                              |
| Mailing Address 427D BARCRAFT WAY                                                  |                                    | Transaction ID: SA11A1.13075                                  |                                              |
| City<br>WEST BLOOMFIELD                                                            | State<br>MI                        | Zip Code<br>48323                                             | Amount of Each Receipt this Period<br>50.00  |
| FEC ID number of contributing federal political committee.<br>C                    |                                    |                                                               |                                              |
| Name of Employer<br>HENRY FORD HEALTH SYSTEM                                       | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>550.00 |                                                               |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN J H SCHWARZ, MD          |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 4 |                                              |
| Mailing Address 251 CENTRAL STREET                                                 |                                    | Transaction ID: SA11A1.13035                                  |                                              |
| City<br>BATTLE CREEK                                                               | State<br>MI                        | Zip Code<br>49017                                             | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                    |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                                  | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>500.00 |                                                               |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JAMES FRANKLIN SCOGGIN, II MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 4 |                                              |
| Mailing Address PO BOX 21823                                                       |                                    | Transaction ID: SA11A1.12911                                  |                                              |
| City<br>HONOLULU                                                                   | State<br>HI                        | Zip Code<br>96825                                             | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                    |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                                  | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>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 37 / 70

(check only one)

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| <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

|                                                                          |                                    |                                                          |
|--------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID SELBY, MD</b>     |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 01 / 2004 |
| Mailing Address 3 ROLLING OAKS                                           |                                    | Transaction ID: SA11A1.12915                             |
| City<br>ENID                                                             | State<br>OK                        | Zip Code<br>73703                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>450.00             |
| Name of Employer<br>SELF-EMPLOYED                                        | Occupation<br>PHYSICIAN            |                                                          |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>450.00 |                                                          |
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID SELBY, MD</b>     |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 08 / 2004 |
| Mailing Address 3 ROLLING OAKS                                           |                                    | Transaction ID: SA11A1.13076                             |
| City<br>ENID                                                             | State<br>OK                        | Zip Code<br>73703                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00              |
| Name of Employer<br>SELF-EMPLOYED                                        | Occupation<br>PHYSICIAN            |                                                          |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>500.00 |                                                          |
| Full Name (Last, First, Middle Initial)<br><b>C. JULIA SHULESHKO, DO</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 02 / 2004 |
| Mailing Address 6589 SPRINGPATH LANE                                     |                                    | Transaction ID: SA11A1.12923                             |
| City<br>SAN JOSE                                                         | State<br>CA                        | Zip Code<br>95120                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer<br>SELF-EMPLOYED                                        | Occupation<br>PHYSICIAN            |                                                          |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>550.00 |                                                          |

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

FOR LINE NUMBER: PAGE 38 / 70

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                           |                                    |                                                               |                                              |
|---------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JAMES J SIEBEN       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |                                              |
| Mailing Address 9349 CORTLAND CT                                          |                                    | Transaction ID: SA11A1.12927                                  |                                              |
| City<br>WOODBURY                                                          | State<br>MN                        | Zip Code<br>55125                                             | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                         | Occupation<br>ATTORNEY             |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>500.00 |                                                               |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JAMES J SPENCE, MD   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |                                              |
| Mailing Address 3201 ESPACIO STREET                                       |                                    | Transaction ID: SA11A1.12992                                  |                                              |
| City<br>EARMINGTON                                                        | State<br>NM                        | Zip Code<br>87401                                             | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                         | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>500.00 |                                                               |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>GEORGE O STASIOR, MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 4 |                                              |
| Mailing Address 8 WADE ROAD                                               |                                    | Transaction ID: SA11A1.12977                                  |                                              |
| City<br>ALBANY                                                            | State<br>NY                        | Zip Code<br>12110                                             | Amount of Each Receipt this Period<br>450.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                         | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>450.00 |                                                               |                                              |

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

FOR LINE NUMBER: PAGE 38 / 70

(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. MEDICAL SOC OF THE ST OF NY PAC</b></p> <p>Mailing Address <b>ONE COMMERCE PLAZA</b></p> <p>City <b>ALBANY</b> State <b>NY</b> Zip Code <b>12210</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>N/A</b> Occupation <b>N/A</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>101340.00</b></p>      |  | <p>Date of Receipt<br/>M / D / Y<br/><b>04 / 16 / 2004</b></p> <p>Transaction ID: <b>SA11A1.12981</b></p> <p>Amount of Each Receipt this Period<br/><b>32730.00</b></p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. ALAN G THORSON, MD</b></p> <p>Mailing Address <b>1528 N 132 AVENUE CIRCLE</b></p> <p>City <b>OMAHA</b> State <b>NE</b> Zip Code <b>68154</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>SELF-EMPLOYED</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>500.00</b></p> |  | <p>Date of Receipt<br/>M / D / Y<br/><b>04 / 02 / 2004</b></p> <p>Transaction ID: <b>SA11A1.12982</b></p> <p>Amount of Each Receipt this Period<br/><b>500.00</b></p>   |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. SARAH TUCK</b></p> <p>Mailing Address <b>5029 CROSSBOW CIRCLE SW</b></p> <p>City <b>ROANOKE</b> State <b>VA</b> Zip Code <b>24014</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>N/A</b> Occupation <b>HOUSEWIFE</b></p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <b>500.00</b></p>                  |  | <p>Date of Receipt<br/>M / D / Y<br/><b>04 / 02 / 2004</b></p> <p>Transaction ID: <b>SA11A1.13018</b></p> <p>Amount of Each Receipt this Period<br/><b>500.00</b></p>   |

SUBTOTAL of Receipts This Page (optional) ▶

**33730.00**

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 40 / 70

(check only one)

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|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>PHILIP A VILLANUEVA, MD<br>Mailing Address 1095 NW 14TH TER<br>City State Zip Code<br>MIAMI FL 33136<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 28 2004<br>Transaction ID: SA11A1.13053<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>HOPE WATTS, MD<br>Mailing Address 8545 NEVIN ROAD<br>City State Zip Code<br>CHARLOTTE NC 28262<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 02 2004<br>Transaction ID: SA11A1.12921<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>HENRY LACHMAN WEINER, MD<br>Mailing Address 17 RAINTREE ROAD<br>City State Zip Code<br>CHADDS FORD PA 19317<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>SELF-EMPLOYED<br>Receipt For:<br>Primary General<br>Other (specify) ▼ |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 22 2004<br>Transaction ID: SA11A1.13037<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 1250.00

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 41 / 70

(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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                                 |                                    |                                                          |                                              |
|---------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JEFFREY ALAN WEINSTEIN, MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 16 / 2004 |                                              |
| Mailing Address 11 ANTHONY AVENUE                                               |                                    | Transaction ID: SA11A1.13078                             |                                              |
| City<br>EDISON                                                                  | State<br>NJ                        | Zip Code<br>08820                                        | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C                 |                                    |                                                          |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>450.00 |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JEFFREY ALAN WEINSTEIN, MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 27 / 2004 |                                              |
| Mailing Address 11 ANTHONY AVENUE                                               |                                    | Transaction ID: SA11A1.13079                             |                                              |
| City<br>EDISON                                                                  | State<br>NJ                        | Zip Code<br>08820                                        | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C                 |                                    |                                                          |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>550.00 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JEFFREY ALAN WEINSTEIN, MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 30 / 2004 |                                              |
| Mailing Address 11 ANTHONY AVENUE                                               |                                    | Transaction ID: SA11A1.13080                             |                                              |
| City<br>EDISON                                                                  | State<br>NJ                        | Zip Code<br>08820                                        | Amount of Each Receipt this Period<br>50.00  |
| FEC ID number of contributing federal political committee.<br>C                 |                                    |                                                          |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>600.00 |                                                          |                                              |

**SUBTOTAL** of Receipts This Page (optional) ..... **250.00**

**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 42 / 70

(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

|                                                                                 |                                    |                                                               |                                              |
|---------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JEFFREY ALAN WEINSTEIN, MD |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 4 |                                              |
| Mailing Address 11 ANTHONY AVENUE                                               |                                    | Transaction ID: SA11A1.13081                                  |                                              |
| City<br>EDISON                                                                  | State<br>NJ                        | Zip Code<br>08820                                             | Amount of Each Receipt this Period<br>50.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>650.00 |                                                               |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CHARLES W WHITE, MD        |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 8 / 2 0 0 4 |                                              |
| Mailing Address 250 BOSWELL                                                     |                                    | Transaction ID: SA11A1.13083                                  |                                              |
| City<br>LEXINGTON                                                               | State<br>TN                        | Zip Code<br>38351                                             | Amount of Each Receipt this Period<br>50.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>550.00 |                                                               |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MARK ROBT WINDT, MD        |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4 |                                              |
| Mailing Address 65 LAFAYETTE ROAD                                               |                                    | Transaction ID: SA11A1.13055                                  |                                              |
| City<br>NORTH HAMPTON                                                           | State<br>NH                        | Zip Code<br>03862                                             | Amount of Each Receipt this Period<br>450.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |                                    |                                                               |                                              |
| Name of Employer<br>SELF-EMPLOYED                                               | Occupation<br>PHYSICIAN            |                                                               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>450.00 |                                                               |                                              |

SUBTOTAL of Receipts This Page (optional) ..... 550.00

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 43 / 70

(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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

|                                                                               |                                    |                                                               |
|-------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NEIL EMERSON WINSTON, MD</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 4 |
| Mailing Address 1476-2 S PRAIRIE AVENUE                                       |                                    | Transaction ID: SA11A1.13020                                  |
| City<br>CHICAGO                                                               | State<br>IL                        | Zip Code<br>60605                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |                                    | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>SELF-EMPLOYED                                             | Occupation<br>PHYSICIAN            |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>500.00 |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>B. GEORGE WILLIAM WOOD, MD</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 4 |
| Mailing Address 4515 WALNUT GROVE ROAD                                        |                                    | Transaction ID: SA11A1.12948                                  |
| City<br>MEMPHIS                                                               | State<br>TN                        | Zip Code<br>38117                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |                                    | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>SELF-EMPLOYED                                             | Occupation<br>PHYSICIAN            |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>550.00 |                                                               |
| Full Name (Last, First, Middle Initial)<br><b>C. GEORGE R WOODBURY, JR MD</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 8 / 2 0 0 4 |
| Mailing Address 211B KIRBY ROAD                                               |                                    | Transaction ID: SA11A1.13085                                  |
| City<br>MEMPHIS                                                               | State<br>TN                        | Zip Code<br>38119                                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |                                    | Amount of Each Receipt this Period<br>50.00                   |
| Name of Employer<br>SELF-EMPLOYED                                             | Occupation<br>PHYSICIAN            |                                                               |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>600.00 |                                                               |

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 44 / 70

(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

|                                                                        |             |                                                |                                              |
|------------------------------------------------------------------------|-------------|------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. MUHAMAD MUNIR ZUFARI, MD |             | Date of Receipt<br>M / D / Y<br>04 / 02 / 2004 |                                              |
| Mailing Address 98 SPRING LANE                                         |             | Transaction ID: SA11A1.12994                   |                                              |
| City<br>WINTER PARK                                                    | State<br>FL | Zip Code<br>32789                              | Amount of Each Receipt this Period<br>400.00 |
| FEC ID number of contributing federal political committee.<br>C        |             |                                                |                                              |
| Name of Employer<br>SELF-EMPLOYED                                      |             | Occupation<br>PHYSICIAN                        |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   |             | Aggregate Year-to-Date ▼<br>400.00             |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

164601.66

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

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

FOR LINE NUMBER: PAGE 45 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address PD BOX 98211

City

WASHINGTON

State

DC

Zip Code

20000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

28115.55

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2004

Transaction ID: SA17.19058

Amount of Each Receipt this Period

6918.30

INTEREST

SUBTOTAL of Receipts This Page (optional) ►

6918.30

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

6918.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 70

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. 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

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.13168

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

606.57

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FITZGERALD,SNYER & COMPANY**

Mailing Address 7900 WESTPARK DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
AUDIT SERVICES

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.13170

Date of Disbursement

04 / 16 / 2004

Amount of Each Disbursement this Period

8081.35

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. RIGGS INVESTMENT MANAGEMENT COMPANY**

Mailing Address PO BOX 96211

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
LOSS ON INVESTMENTS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.13169

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

3028.19

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

11716.11

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 70

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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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 98211

City  
WASHINGTON

State  
DC

Zip Code  
20090

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For:  
Primary General  
Other (specify) ▼

State: District

Transaction ID: SB21B.13167

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

1376.00

Full Name (Last, First, Middle Initial)

B. RIGGS NATIONAL BANK

Mailing Address PO BOX 1912

City  
WASHINGTON

State  
DC

Zip Code  
20074

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For:  
Primary General  
Other (specify) ▼

State: District

Transaction ID: SB21B.13172

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

490.50

SUBTOTAL of Disbursements This Page (optional) ▶

1866.50

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

13582.61

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 70

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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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 1900

City MONTGOMERY State AL Zip Code 36102

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13118

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

15.00

ODS

Category/  
Type

Full Name (Last, First, Middle Initial)

B. CALIFORNIA MEDICAL PAC

Mailing Address 221 MAIN STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13119

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

100.00

ODS

Category/  
Type

Full Name (Last, First, Middle Initial)

C. GEORGIA MEDICAL PAC

Mailing Address 1330 W PEACHTREE STREET

City ATLANTA State GA Zip Code 30309

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13120

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

20.00

ODS

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

135.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 70

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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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

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

008  
Category/  
Type

Transaction ID: SB22.13128

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

15.00

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

Mailing Address 322 CANAL WALK

City INDIANAPOLIS State IN Zip Code 46202

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

008  
Category/  
Type

Transaction ID: SB22.13121

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

10.00

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

Mailing Address 6787 PERKINS ROAD

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

008  
Category/  
Type

Transaction ID: SB22.13122

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional) ▶

40.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 70

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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

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

Mailing Address ONE COMMERCE PLAZA

City ALBANY State NY Zip Code 12210

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13126

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

10.00

ODS

Category/  
Type

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

Mailing Address PO BOX 18655

City MINNEAPOLIS State MN Zip Code 55418

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13123

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

15.00

ODS

Category/  
Type

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

Mailing Address PO BOX 25834

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13125

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

10.00

ODS

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

35.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 70

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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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**

Mailing Address 2 PRINCESS ROAD

City State Zip Code  
 LAWRENCEVILLE NJ 08648

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13137

Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

100.00

ODS

Category/  
Type

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

Mailing Address PO BOX 54520

City State Zip Code  
 OKLAHOMA CITY OK 73154

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13127

Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

10.00

ODS

Category/  
Type

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

Mailing Address PO BOX 8820

City State Zip Code  
 HARRISBURG PA 17105

Purpose of Disbursement  
 TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB22.13109

Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

50.00

ODS

Category/  
Type

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

**160.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 70

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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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  
HARRISBURG

State  
PA

Zip Code  
17105

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: SB22.13141

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

50.00

008

Category/  
Type

Full Name (Last, First, Middle Initial)

B. PENNSYLVANIA MEDICAL PAC

Mailing Address PO BOX 8820

City  
HARRISBURG

State  
PA

Zip Code  
17105

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: SB22.13147

Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

50.00

008

Category/  
Type

Full Name (Last, First, Middle Initial)

C. TEXAS MEDICAL PAC

Mailing Address 401 W 15TH STREET

City  
AUSTIN

State  
TX

Zip Code  
78701

Purpose of Disbursement  
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: SB22.13138

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

80.00

008

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

160.00

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

530.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BENNETT ELECTION COMMITTEE

Mailing Address 175 SOUTH WEST TEMPLE

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
ROBERT F BENNETT

Office Sought: House Disbursement For: 2004  
☒ Senate ☒ Primary General  
 President  
 State: UT District: D0 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13131

Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address PO BOX 292

City State Zip Code  
ROANOKE VA 24002

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
ROBERT W GOODLATTE

Office Sought: ☒ House Disbursement For: 2004  
☐ Senate ☒ Primary General  
 President  
 State: VA District: D6 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13160

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BOOZMAN FOR CONGRESS

Mailing Address PO BOX 871

City State Zip Code  
ROGERS AR 72757

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
JOHN NICHOLS BOOZMAN

Office Sought: ☒ House Disbursement For: 2004  
☐ Senate ☒ Primary General  
 President  
 State: AR District: D3 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13093

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BUFORD FOR CONGRESS

Mailing Address 105 CROSSWOODS PLACE

City  
NICHOLASVILLE

State  
KY

Zip Code  
40356

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
TOM BUFORD

Office Sought: ☒ House  
Senate  
President

State: KY District: D6

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13154

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City  
DENTON

State  
TX

Zip Code  
76202

Purpose of Disbursement  
2004 GENERAL

Candidate Name  
MICHAEL CLIFTON BURGESS

Office Sought: ☒ House  
Senate  
President

State: TX District: 26

Disbursement For: 2004  
Primary ☒ General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13155

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CANNON FOR CONGRESS

Mailing Address 190 WEST 800 NORTH

City  
PROVO

State  
UT

Zip Code  
84601

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
CHRISTOPHER B CANNON

Office Sought: ☒ House  
Senate  
President

State: UT District: 03

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13134

Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 70

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CANTOR FOR CONGRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Transaction ID: SB23.13161<br>Date of Disbursement<br>04 / 30 / 2004 |  |
| Mailing Address PO BOX 17613<br><br>City RICHMOND State VA Zip Code 23226<br><br>Purpose of Disbursement<br>2004 PRIMARY<br><br>Candidate Name<br>ERIC IVAN CANTOR<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: VA District: D7                                   |  | Amount of Each Disbursement this Period<br><br>9000.00               |  |
| Full Name (Last, First, Middle Initial)<br><b>B. CITIZENS FOR BUNNING</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Transaction ID: SB23.13164<br>Date of Disbursement<br>04 / 30 / 2004 |  |
| Mailing Address 1717 DIXIE HIGHWAY SUITE 180<br><br>City FT WRIGHT State KY Zip Code 41011<br><br>Purpose of Disbursement<br>2004 PRIMARY<br><br>Candidate Name<br>JIM BUNNING<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: KY District: D0                       |  | Amount of Each Disbursement this Period<br><br>5000.00               |  |
| Full Name (Last, First, Middle Initial)<br><b>C. COMMITTEE TO RE-ELECT DENISE MAJETTE</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  | Transaction ID: SB23.13148<br>Date of Disbursement<br>04 / 30 / 2004 |  |
| Mailing Address 3951 SNAPPFINGER PARKWAY<br><br>City DECATUR State GA Zip Code 30035<br><br>Purpose of Disbursement<br>2004 PRIMARY-VOID CHK 3/25/04 CHECK<br><br>Candidate Name<br>DENISE L MAJETTE<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: GA District: D4 |  | Amount of Each Disbursement this Period<br><br>-1000.00              |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>7000.00</b>                                                       |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                      |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FORBES FOR CONGRESS

Mailing Address PO Box 15100

City  
Chesapeake

State  
VA

Zip Code  
23328

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
J RANDY FORBES

011

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

State: VA District: D4

Transaction ID: SB23.1315B

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City  
LITTLE ROCK

State  
AR

Zip Code  
72203

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
BLANCHE LAMBERT LINCOLN

011

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

State: AR District: D0

Transaction ID: SB23.1308B

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CLAY SHAW

Mailing Address 2800 NE 14TH STREET CAUSEWAY

City  
POMPANO BEACH

State  
FL

Zip Code  
33062

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
E CLAY JR SHAW

011

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.13087

Date of Disbursement

04 / 14 / 2004

Amount of Each Disbursement this Period

5000.00

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)

PAGE 57 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF DAVE WELDON**

Mailing Address PO BOX 988

City MELBOURNE State FL Zip Code 32902

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 DAVE WELDON

Office Sought: ☒ House  
 Senate  
 President

State: FL District: 15

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13116

Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF DON SHERWOOD**

Mailing Address 81 WARREN STREET

City TUNKHANNOCK State PA Zip Code 18657

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 DONALD L SHERWOOD

Office Sought: ☒ House  
 Senate  
 President

State: PA District: 10

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13103

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF FRANK WOLF**

Mailing Address PO BOX 710235

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 FRANK RUDOLPH WOLF

Office Sought: ☒ House  
 Senate  
 President

State: VA District: 10

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13162

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 216

City  
UNIONVILLE

State  
PA

Zip Code  
19375

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
JOSEPH R PITTS

Office Sought: ☒ House  
Senate  
President

State: PA District: 16

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13105

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN PETERSON

Mailing Address 114 W STATE STREET

City  
PLEASANTVILLE

State  
PA

Zip Code  
16341

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
JOHN E PETERSON

Office Sought: ☒ House  
Senate  
President

State: PA District: 05

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13101

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GOODE FOR CONGRESS

Mailing Address 235 SOUTH MAIN STREET

City  
ROCKY MOUNT

State  
VA

Zip Code  
24151

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
VIRGIL H JR GOODE

Office Sought: ☒ House  
Senate  
President

State: VA District: 05

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13159

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 70

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

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

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

Mailing Address PO BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 HAL ROGERS

Office Sought: ☒ House  
 Senate  
 President

State: KY District: D5

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13153

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
 B. JEFF MILLER FOR CONGRESS

Mailing Address PO BOX 126

City PENSACOLA State FL Zip Code 32501

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 JEFFERSON B MILLER

Office Sought: ☒ House  
 Senate  
 President

State: FL District: D1

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13117

Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
 C. JO ANN DAVIS FOR CONGRESS

Mailing Address PO BOX 1834

City YORKTOWN State VA Zip Code 23692

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 JO ANN S DAVIS

Office Sought: ☒ House  
 Senate  
 President

State: VA District: D1

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13156

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KAY GRANGER CAMPAIGN FUND

Mailing Address 910 HOUSTON STREET

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement  
2004 GENERAL

Candidate Name  
KAY GRANGER

Office Sought: ☒ House  
Senate  
President

State: TX District: 12

Disbursement For: 2004  
Primary ☒ General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13129

Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KLINE FOR CONGRESS

Mailing Address 101 Burnsville Parkway  
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
JOHN P JR KLINE

Office Sought: ☒ House  
Senate  
President

State: MN District: 02

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13098

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LUNGREN FOR CONGRESS

Mailing Address 8958 IVANPAH COURT

City ELK GROVE State CA Zip Code 95624

Purpose of Disbursement  
2004 PRIMARY DEFICIT

Candidate Name  
DANIEL E LUNGREN

Office Sought: ☒ House  
Senate  
President

State: CA District: 03

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13095

Date of Disbursement

04 / 29 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
MARION BERRY

Office Sought: ☒ House  
Senate  
President

State: AR District: D1

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13089

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARVIN PARKS FOR CONGRESS

Mailing Address P O BOX 2917

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
MARVIN PARKS

Office Sought: ☒ House  
Senate  
President

State: AR District: D2

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13092

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MATHESON FOR CONGRESS

Mailing Address 677 SOUTH 200 WEST SUITE A

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
JAMES DAVID MATHESON

Office Sought: ☒ House  
Senate  
President

State: UT District: D2

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13133

Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 70

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

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

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

Mailing Address PO BOX 360

City PRESCOTT State AR Zip Code 71857

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 MICHAEL AVERY ROSS

Office Sought: ☒ House  
 Senate  
 President

State: AR District: D4

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13094

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 551 MAIN STREET

City JOHNSTOWN State PA Zip Code 15801

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 JOHN P MURTHA

Office Sought: ☒ House  
 Senate  
 President

State: PA District: 12

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13104

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO BOX 7313

City LOUISVILLE State KY Zip Code 40207

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 ANNE MEAGHER NORTHUP

Office Sought: ☒ House  
 Senate  
 President

State: KY District: 03

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13152

Date of Disbursement

04 / 03 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 70

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

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

|                                                                                                    |                                                                                                                                                             |                                                                      |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PEARCE FOR CONGRESS</b>                           |                                                                                                                                                             | Transaction ID: SB23.13143<br>Date of Disbursement<br>04 / 22 / 2004 |  |
| Mailing Address PO Box 2696                                                                        |                                                                                                                                                             | Amount of Each Disbursement this Period<br>5000.00                   |  |
| City Hobbs<br>State NM<br>Zip Code 88241                                                           | Purpose of Disbursement<br>2004 PRIMARY                                                                                                                     | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>STEVE PEARCE                                                                     | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NM District: D2 |                                                                      |  |
| Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |                                                                                                                                                             |                                                                      |  |
| Full Name (Last, First, Middle Initial)<br><b>B. PEOPLE FOR ENGLISH</b>                            |                                                                                                                                                             | Transaction ID: SB23.13099<br>Date of Disbursement<br>04 / 05 / 2004 |  |
| Mailing Address PO BOX 1940                                                                        |                                                                                                                                                             | Amount of Each Disbursement this Period<br>2000.00                   |  |
| City ERIE<br>State PA<br>Zip Code 16507                                                            | Purpose of Disbursement<br>2004 PRIMARY                                                                                                                     | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>PHILIP ENGLISH                                                                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: PA District: 21 |                                                                      |  |
| Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |                                                                                                                                                             |                                                                      |  |
| Full Name (Last, First, Middle Initial)<br><b>C. PEOPLE WITH HART</b>                              |                                                                                                                                                             | Transaction ID: SB23.13100<br>Date of Disbursement<br>04 / 05 / 2004 |  |
| Mailing Address PO BOX 435                                                                         |                                                                                                                                                             | Amount of Each Disbursement this Period<br>3000.00                   |  |
| City WEXFORD<br>State PA<br>Zip Code 15090                                                         | Purpose of Disbursement<br>2004 PRIMARY                                                                                                                     | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>MELISSA A HART                                                                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: PA District: 04 |                                                                      |  |
| Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |                                                                                                                                                             |                                                                      |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                              |                                                                                                                                                             | <b>10000.00</b>                                                      |  |
| <b>TOTAL This Period (last page this line number only)</b>                                         |                                                                                                                                                             |                                                                      |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 70

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

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

|                                                                              |                                                                  |                                                                      |  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. REELECT HAROLD FORD JR</b>  |                                                                  | Transaction ID: SB23.13108<br>Date of Disbursement<br>04 / 05 / 2004 |  |
| Mailing Address 5120 BARRY ROAD                                              |                                                                  | Amount of Each Disbursement this Period<br>1000.00                   |  |
| City MEMPHIS<br>State TN<br>Zip Code 38117                                   | Purpose of Disbursement<br>2004 PRIMARY                          | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>HAROLD JR FORD                                             | Disbursement For: 2004<br>X Primary General<br>Other (specify) ▼ |                                                                      |  |
| Office Sought: X House<br>Senate<br>President<br>State: TN District: D9      |                                                                  |                                                                      |  |
| Full Name (Last, First, Middle Initial)<br><b>B. ROB BISHOP FOR CONGRESS</b> |                                                                  | Transaction ID: SB23.13132<br>Date of Disbursement<br>04 / 15 / 2004 |  |
| Mailing Address PO BOX 2002                                                  |                                                                  | Amount of Each Disbursement this Period<br>5000.00                   |  |
| City BRIGHAM CITY<br>State UT<br>Zip Code 84302                              | Purpose of Disbursement<br>2004 PRIMARY                          | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>ROBERT WILLIAM BISHOP                                      | Disbursement For: 2004<br>X Primary General<br>Other (specify) ▼ |                                                                      |  |
| Office Sought: X House<br>Senate<br>President<br>State: UT District: D1      |                                                                  |                                                                      |  |
| Full Name (Last, First, Middle Initial)<br><b>C. RON LEWIS FOR CONGRESS</b>  |                                                                  | Transaction ID: SB23.13151<br>Date of Disbursement<br>04 / 30 / 2004 |  |
| Mailing Address PO BOX 307                                                   |                                                                  | Amount of Each Disbursement this Period<br>3000.00                   |  |
| City ELIZABETHTOWN<br>State KY<br>Zip Code 42702                             | Purpose of Disbursement<br>2004 PRIMARY                          | 011<br>Category/<br>Type                                             |  |
| Candidate Name<br>RON LEWIS                                                  | Disbursement For: 2004<br>X Primary General<br>Other (specify) ▼ |                                                                      |  |
| Office Sought: X House<br>Senate<br>President<br>State: KY District: D2      |                                                                  |                                                                      |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                        |                                                                  | <b>9000.00</b>                                                       |  |
| <b>TOTAL This Period (last page this line number only)</b>                   |                                                                  |                                                                      |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 70

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SCHROCK FOR CONGRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: SB23.13157<br>Date of Disbursement<br>04 / 30 / 2004                   |  |
| Mailing Address PO BOX 61480<br><br>City VIRGINIA BEACH State VA Zip Code 23466<br><br>Purpose of Disbursement<br>2004 PRIMARY<br><br>Candidate Name<br>EDWARD LEE SCHROCK<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: VA District: D2   |  | Amount of Each Disbursement this Period<br><br>2000.00<br><br>011<br>Category/<br>Type |  |
| Full Name (Last, First, Middle Initial)<br><b>B. SHELLEY MOORE CAPITO FOR CONGRESS</b>                                                                                                                                                                                                                                                                                                                                                                                       |  | Transaction ID: SB23.13144<br>Date of Disbursement<br>04 / 22 / 2004                   |  |
| Mailing Address PO BOX 11519<br><br>City CHARLESTON State WV Zip Code 25336<br><br>Purpose of Disbursement<br>2004 PRIMARY<br><br>Candidate Name<br>SHELLEY MOORE CAPITO<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: WV District: D2     |  | Amount of Each Disbursement this Period<br><br>5000.00<br><br>011<br>Category/<br>Type |  |
| Full Name (Last, First, Middle Initial)<br><b>C. SNYDER FOR CONGRESS CAMPAIGN COMMITTEE</b>                                                                                                                                                                                                                                                                                                                                                                                  |  | Transaction ID: SB23.13091<br>Date of Disbursement<br>04 / 05 / 2004                   |  |
| Mailing Address PO BOX 250898<br><br>City LITTLE ROCK State AR Zip Code 72225<br><br>Purpose of Disbursement<br>2004 PRIMARY<br><br>Candidate Name<br>VICTOR FREDERICK SNYDER<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br><br>State: AR District: 2 |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>011<br>Category/<br>Type |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>8000.00</b>                                                                         |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                        |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. TIM MURPHY FOR CONGRESS**

Mailing Address PO BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 TIM MURPHY

Office Sought: ☒ House  
 Senate  
 President

State: PA District 18

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13106

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
**B. TOM DAVIS FOR CONGRESS**

Mailing Address 6429 DOWNING COURT

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 THOMAS M DAVIS

Office Sought: ☒ House  
 Senate  
 President

State: VA District 11

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13163

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

3000.00

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

Mailing Address PO BOX 1974

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement  
 2004 PRIMARY

Candidate Name  
 JAMES T WALSH

Office Sought: ☒ House  
 Senate  
 President

State: NY District 25

Disbursement For: 2004  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.13142

Date of Disbursement

04 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

**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)

PAGE 67 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WALTER JONES FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99667

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
WALTER B JONES

Office Sought: ☒ House  
Senate  
President

State: NC District: D3

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13146

Date of Disbursement

04 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WELDON VICTORY COMMITTEE

Mailing Address PO BOX 1992

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
W CURTIS WELDON

Office Sought: ☒ House  
Senate  
President

State: PA District: D7

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13102

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address PO BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
2004 PRIMARY

Candidate Name  
ED WHITFIELD

Office Sought: ☒ House  
Senate  
President

State: KY District: D1

Disbursement For: 2004  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13149

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WYNN FOR CONGRESS

Mailing Address PO BOX 39139

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
2004 GENERAL

Candidate Name  
ALBERT R WYNN

Office Sought: ☒ House  
Senate  
President

State: MD District: D4

Disbursement For: 2004  
Primary ☒ General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13097

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

140000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 70

|                              |                                         |                              |                              |                             |                              |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MD LINA AHMAD

Mailing Address 5201 RAYMOND STREET

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

010  
Category/  
Type

Transaction ID: SB28A.13115

Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MD BENJAMIN DAVE MARGOLIS

Mailing Address 1 ERIE CT

City OAK PARK State IL Zip Code 60302

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

010  
Category/  
Type

Transaction ID: SB28A.13111

Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. MD JANUSZ SOSNIAK

Mailing Address 144 LANCELOT DRIVE

City ELMIRA State NY Zip Code 14903

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

010  
Category/  
Type

Transaction ID: SB28A.13130

Date of Disbursement

04 / 16 / 2004

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional) ▶

650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 70

|                              |                                         |                              |                              |                             |                              |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MD ERIC CHAS TREFELNER

Mailing Address 1475 WOODBERRY AVENUE

City State Zip Code  
SAN MATEO CA 94403

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

010  
Category/  
Type

Transaction ID: SB28A.13140

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MD NAKUL VARSHNEY

Mailing Address 1370 TRANCAS ST

City State Zip Code  
NAPA CA 94558

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

010  
Category/  
Type

Transaction ID: SB28A.13113

Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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

750.00