

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		83957.35
(b) Cash on Hand at Beginning of Reporting Period.....	51477.35	
(c) Total Receipts (from Line 19)	5440.00	38960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56917.35	122917.35
7. Total Disbursements (from Line 31).....	4000.00	70000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52917.35	52917.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3490.00	23665.00
(ii) Unitemized	1950.00	13295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5440.00	36960.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5440.00	38960.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	5440.00	38960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5440.00	38960.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	70000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	4000.00	70000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	70000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5440.00	38960.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5440.00	38960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)
A. David L. Benkoff MD

Mailing Address 36925 Fox Run
 Ste 20

City Farmington Hills State MI Zip Code 48331-4308

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : C2789780

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Naga P. Chalasani MD

Mailing Address 1050 Wishard Boulevard
 RG 4100

City Indianapolis State IN Zip Code 46202

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

Name of Employer Occupation
 Indiana University Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : C2788195

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
c. Ronald P. Fogel MD, AGAF

Mailing Address 4539 Rolling Ridge Rd
 Ste 206

City West Bloomfield State MI Zip Code 48323-3339

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

Name of Employer Occupation
 Digestive Health Center of Michigan Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : C2799567

Amount of Each Receipt this Period
 625.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Francis M. Giardiello MD, AGAF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 E Monument St Ste 431
 Meyerhoff Digestive Diseases Cente
 City Baltimore State MD Zip Code 21205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins University Occupation M.D.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : C2789784
 Amount of Each Receipt this Period
250.00

B. Jagadeesh S. Hathwar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Timber Ln W
 City Painted Post State NY Zip Code 14870-9341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : C2789783
 Amount of Each Receipt this Period
240.00

C. Neil D. Herbsman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2488 Grand Concourse #412
 City Bronx State NY Zip Code 10458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx Gastroenterology Occupation Physician/Gastroenterologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : C2789781
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	740.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)
A. Alfred L. Hurwitz MD

Mailing Address 455 O'Connor Dr, Suite 350

City State Zip Code
 San Jose CA 95128-1646

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

Name of Employer Occupation
 Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C2794325

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Kofi W. Nuako MD

Mailing Address 111 Lake Park Drive
 Ste C

City State Zip Code
 Martin TN 38237

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

Name of Employer Occupation
 TransSouth Healthcare Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : C2779006

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. David L. Pleet MD

Mailing Address 70 Bellevue Ave

City State Zip Code
 Springfield MA 01108-1742

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

Name of Employer Occupation
 Springfield Medical Association MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : C2778999

Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

A. Gary M. Reiss MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Medical Center Blvd
 Suite S-450
 City New Orleans State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : C2778998
 Amount of Each Receipt this Period
 250.00

B. Gary A. Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3344 N Futrail Dr
 City Fayetteville State AR Zip Code 72703-4057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Associates of NW Arkansas Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : C2789782
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	3490.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rand Paul Victory Committee

Mailing Address PO Box 72190

City Newport State KY Zip Code 41072-0190

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rand Paul

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : D160335

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address 330 Main Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. John B. Larson

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : D160334

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARK TAKANO FOR CONGRESS

Mailing Address PO BOX 5214

City RIVERSIDE State CA Zip Code 92517

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Mark Takano

Office Sought: House
 Senate
 President
State: CA District: 41

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : D160333

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

4000.00
