

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) 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 (12S)
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 / / through / /

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 Kevin Walker [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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="2016"/>		<input type="text" value="1172484.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1203029.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="119793.07"/>	<input type="text" value="418090.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1322822.78"/>	<input type="text" value="1590575.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="121726.69"/>	<input type="text" value="389479.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1201096.09"/>	<input type="text" value="1201096.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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).....	59102.06	219915.75
(ii) Unitemized	60690.99	198152.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	119793.05	418068.16
(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)	119793.05	418068.16
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.).....	0.02	22.56
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))..... ▶	119793.07	418090.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	119793.07	418090.72

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	1418.36	6287.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1418.36	6287.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	119900.00	382250.00
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	408.33	841.69
(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)).....	408.33	841.69
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)) ..	121726.69	389479.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121726.69	389479.16

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)	119793.05	418068.16
34. Total Contribution Refunds (from Line 28(d))	408.33	841.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119384.72	417226.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1418.36	6287.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1418.36	6287.47

**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 6 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dena Marie Minning MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3956 Town Ctr Blvd
 Ste 457
 City Orlando State FL Zip Code 32837-6103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 70158707
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Jon Klinton Peebles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Post Rd
 Apt 111
 City Fitchburg State WI Zip Code 53713-4244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF WISCONSIN HOSPITALS Occupation Resident
 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
 03 / 02 / 2016
Transaction ID : 70158711
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Bryan Richard Neuwirth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2753 Birdie Ln NE
 City Conover State NC Zip Code 28613-9493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BILLIE AND ANDERSON DRS Occupation Physician
 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
 03 / 04 / 2016
Transaction ID : 70186073
 Amount of Each Receipt this Period
 500.00
 Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 93
(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)
A. Robert Alan Pensler MD

Mailing Address 31160 Hunters Dr
Lower Level

City Farmington Hills State MI Zip Code 48334-1214

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 70186074

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Charles James Barone II MD

Mailing Address 8228 Long Island Ct

City Ira State MI Zip Code 48023-2458

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 70186075

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sandra Adamson Fryhofer MD

Mailing Address 1938 Peachtree Rd NW Ste 502

City Atlanta State GA Zip Code 30309-1254

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 70186076

Amount of Each Receipt this Period
500.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Robert Lane Chappell Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2487 E 11th St
 City Odessa State TX Zip Code 79761-4232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LASER & AESTHETIC CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70186182
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. James Patrick O'Hara MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1358
 134 Mesa Rd
 City Pt Reyes Sta State CA Zip Code 94956-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70186183
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Steven Thos Charles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1432 Kimbrough Rd
 City Germantown State TN Zip Code 38138-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70186184
 Amount of Each Receipt this Period **500.00**
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Andrew Jos Palafox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Crown Point Dr
 City El Paso State TX Zip Code 79912-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EL PASO ORTHOPAEDIC SURGERY GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70186185
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Richard Robt Bartkowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Rogers Ln
 City Wallingford State PA Zip Code 19086-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JEFFERSON HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70186196
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Louis M Alpern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4171 N Mesa St Ste D100
 City El Paso State TX Zip Code 79902-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70190500
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 10 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Edmond Bechir Cabbabe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10004 Kennerly Rd Ste 365B
 City Saint Louis State MO Zip Code 63128-2178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70190506
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Alexander B Kenton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 W Lynwood Ave
 City San Antonio State TX Zip Code 78212-2592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70190516
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Glenn Stephen Sheor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Upper Riverdale Rd SW Ste 114
 City Riverdale State GA Zip Code 30274-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 70190534
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 11 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. John Pasteur Hamide MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Carthage St
 City State Zip Code
 Metairie LA 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LSUHSC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : 70328667
 Amount of Each Receipt this Period
 416.70
 Memo Item

B. Suzanne Jean Martens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Lake Breeze Ln
 City State Zip Code
 Random Lake WI 53075-1679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 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
 03 / 10 / 2016
Transaction ID : 70351334
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jose Toribio Sandoval MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 N Main St
 Ste C
 City State Zip Code
 Donna TX 78537-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MAIN FAMILY PRACTICE Physician
 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
 03 / 10 / 2016
Transaction ID : 70351335
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1416.70
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 12 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gina Rae Busch MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Courtney Dr
Sedgely Office Park

City Charleston State WV Zip Code 25304-2699

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
03 / 10 / 2016
Transaction ID : 70351372

Amount of Each Receipt this Period
365.00

Memo Item

B. J Michael Powers MD
Full Name (Last, First, Middle Initial)

Mailing Address 7510 N 1st St

City Phoenix State AZ Zip Code 85020-4001

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

Name of Employer KAHN PATTERSON POWERS MDS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 10 / 2016
Transaction ID : 70351373

Amount of Each Receipt this Period
500.00

Memo Item

C. Josephine Chu Mcallister MD
Full Name (Last, First, Middle Initial)

Mailing Address 2333 N Triphammer Rd Ste 203
Dermatologist

City Ithaca State NY Zip Code 14850-1075

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

Name of Employer ROBERT T HORN JR. MEDICAL Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 10 / 2016
Transaction ID : 70351374

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
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 13 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Jessica Burke-Wats MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Beaver Creek Ln
 City State Zip Code
 Maumelle AR 72113-5937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 METHODIST HOSPITAL Resident
 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
 03 / 10 / 2016
Transaction ID : 70351378
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Seyed Hossain Aleali MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4699 Main St
 City State Zip Code
 Bridgeport CT 06606-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDICAL SPECIALISTS OF FAIRFIELD Physician
 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
 03 / 10 / 2016
Transaction ID : 70351410
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Neil David Herbsman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Hering Ave
 City State Zip Code
 Bronx NY 10461-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 URBAN HEALTH PLAN INC Physician
 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
 03 / 10 / 2016
Transaction ID : 70351470
 Amount of Each Receipt this Period
 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Maureen Theresa Luby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7230 Midbury Dr
 City Dallas State TX Zip Code 75230-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DALLAS ANESTHESIOLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 70351568
 Amount of Each Receipt this Period 500.00
 Memo Item

B. David Andrew Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39A Danforth St
 City Jamaica Plain State MA Zip Code 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MGH Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 70351685
 Amount of Each Receipt this Period 833.30
 Memo Item

C. Samantha Leona Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Danforth St Apt 2
 City Jamaica Plain State MA Zip Code 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOSTON MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 70351686
 Amount of Each Receipt this Period 916.60
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2249.90
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 15 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Daniel David Bennett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 Van Buren St
 City Madison State WI Zip Code 53711-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2016**
Transaction ID : 70433447
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Thomas Edward Daghish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W Noble Ave
 City Visalia State CA Zip Code 93277-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.04**

Date of Receipt **03 / 21 / 2016**
Transaction ID : 70433834
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Michael Vest DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Wineberry Dr
 City Hockessin State DE Zip Code 19707-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.06**

Date of Receipt **03 / 21 / 2016**
Transaction ID : 70433840
 Amount of Each Receipt this Period **41.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Thu Nguyen Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 03 / 21 / 2016
Transaction ID : 70433855
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.36

Date of Receipt 03 / 21 / 2016
Transaction ID : 70433885
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Diana Elaine Ramos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2545 Corona Way
 City Laguna Beach State CA Zip Code 92651-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC SCHOOL OF MEDICINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 70433910
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	183.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Piyush I Vyas MD
Full Name (Last, First, Middle Initial)
Mailing Address 460 McCormick Dr
City Lake Forest State IL Zip Code 60045-3350
FEC ID number of contributing federal political committee. **C**
Name of Employer THE CAPTAIN LOVELL FEDERAL HEALTH CA Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 70433915
Amount of Each Receipt this Period 100.00
 Memo Item

B. Clifford K Moy MD
Full Name (Last, First, Middle Initial)
Mailing Address 5657 Fairfax Dr
City Frisco State TX Zip Code 75034-5947
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.12

Date of Receipt 03 / 21 / 2016
Transaction ID : 70434021
Amount of Each Receipt this Period 41.74
 Memo Item

C. Steven Averill Thau MD
Full Name (Last, First, Middle Initial)
Mailing Address 190 W Broad St Pulmonary Assoc Of Stamford Pc
City Stamford State CT Zip Code 06902-3633
FEC ID number of contributing federal political committee. **C**
Name of Employer PULMONARY ASSOCIATES OF STAMFORD F Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.06

Date of Receipt 03 / 21 / 2016
Transaction ID : 70434082
Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 183.40
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 18 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Leslie Patricia Dean MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 Piper St
 Ste 220
 City Anchorage State AK Zip Code 99508-4672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANCHORAGE FRACTURE & ORTHOPEDIC CI Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 70442897
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Jerome Craig Cohen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 968
 City Binghamton State NY Zip Code 13902-0968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GASTROENTEROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 70442898
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jennifer Ruth Cranny MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 River St
 Apt 823
 City Greenville State SC Zip Code 29601-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RADISPHERE Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 70442899
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 19 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Dean A Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 831 82nd Pkwy

City Myrtle Beach State SC Zip Code 29572-4607

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 70442907

Amount of Each Receipt this Period 500.00

Memo Item

B. John Wesley Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 87388

City Fayetteville State NC Zip Code 28304-7388

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

Name of Employer CAPE FEAR CENTER FOR DIGESTIVE DISEASE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 70442927

Amount of Each Receipt this Period 500.00

Memo Item

C. Albert C Broders III MD
Full Name (Last, First, Middle Initial)

Mailing Address 8198 Walnut Hill Ln Ste 007

City Dallas State TX Zip Code 75231-4316

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

Name of Employer UT SOUTHWESTERN Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450833

Amount of Each Receipt this Period 1000.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Joy A Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 E Paces Ferry Rd NE
 Ste 212
 City Atlanta State GA Zip Code 30305-3319
 Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03
 FEC ID number of contributing federal political committee. C

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450834
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Elvin C Irvin Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Bayou Blvd
 City Pensacola State FL Zip Code 32503-4205
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03
 FEC ID number of contributing federal political committee. C

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450835
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Mr. George E. Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 10308 Fleming Ave.
 City Bethesda State MD Zip Code 20814-2136
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03
 FEC ID number of contributing federal political committee. C

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450836
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 21 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. James Thos Hay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14202 Recuerdo Dr
 City Del Mar State CA Zip Code 92014-2956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH COAST FAMILY MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450838
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Keith Irvin Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Munro Rd
 City Mill Hall State PA Zip Code 17751-8463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450839
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Gregory Jude Gallina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 W Spring Valley Ave Ste 103
 City Maywood State NJ Zip Code 07607-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450840
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 22 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. James Allan Goodyear MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr
 Ste 310
 City Lansdale State PA Zip Code 19446-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450841
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Floyd Anthony Buras Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Live Oak St
 City Metairie State LA Zip Code 70005-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450842
 Amount of Each Receipt this Period
 83.33
 Memo Item

c. Mary Susan Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 769
 City Winner State SD Zip Code 57580-0769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450843
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 23 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Gary Lee Dillehay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 N Sheridan Rd
 Apt 1402
 City Chicago State IL Zip Code 60640-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATI Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450844
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Stuart Gitlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450845
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Randolph J Gould MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Windy Ridge Pt
 City Virginia Bch State VA Zip Code 23454-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORFOLK SURGICAL GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450846
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 24 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Steven James Hattamer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450847
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Robert Ernest Hertzka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1018
 City Rcho Santa Fe State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450848
 Amount of Each Receipt this Period 83.33
 Memo Item

C. John Jos Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450849
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
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 25 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mark Chas Komorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Trumbull St
 City Bay City State MI Zip Code 48708-7656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450850
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Daniel Joel Koretz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Lake Rd
 City Ontario State NY Zip Code 14519-9792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450851
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Glenn Allen Loomis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Thomas More Pkwy Ste 160
 City Crestview Hills State KY Zip Code 41017-3496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPARROW HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450852
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 26 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Patrick Wm Mc Cormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 Woodley Rd
 Ste 600
 City Toledo State OH Zip Code 43606-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROSURGICAL NETWORK INC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450853
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Judith Richmond Pryblick DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5422 Holiday Dr
 City Allentown State PA Zip Code 18104-9439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES PHYSICIAN GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450854
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Michael Bradley Simon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Gellatly Dr
 City Wappingers Fl State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450855
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 27 OF 93
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. John S Mc Intyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Winton Rd S
 Bldg 4
 City Rochester State NY Zip Code 14618-3970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITY MENTAL HEALTH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450857
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Devdutta G Sangvai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Oxboro Cir
 City Durham State NC Zip Code 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450858
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Donald Franklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450859
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 28 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Patrice A Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1397 Wood Pond Cv
 City Stone Mtn State GA Zip Code 30083-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450860
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Kathleen Blake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste 39300
 American Medical Association
 City Chicago State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450861
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Spurgeon Wm Clark III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMORY HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450862
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 29 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Dieter Pohl MD
Full Name (Last, First, Middle Initial)

Mailing Address 34 Eames St

City Providence State RI Zip Code 02906-3304

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

Name of Employer RHODE ISLAND SURGEONS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450863

Amount of Each Receipt this Period 83.33

Memo Item

B. Albert Ray MD
Full Name (Last, First, Middle Initial)

Mailing Address 7035 Convoy Ct
Southern Ca Permanente Med Group

City San Diego State CA Zip Code 92111-1016

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

Name of Employer KAISER FDN HEALTH PLAN NATION HQ Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450864

Amount of Each Receipt this Period 83.33

Memo Item

C. Alexander Ding MD
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Talbryn Dr

City Belmont State CA Zip Code 94002-3755

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

Name of Employer PARTNERS HEALTH CARE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450865

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 30 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Thomas W. Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 389
 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-0389
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450866
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Alan Barth Pillersdorf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 S Congress Ave
 Ste 100
 City Palm Springs State FL Zip Code 33461-2128
 Name of Employer PLASTIC SURGERY OF PALM BEACH PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450867
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Carl Alexander Sirio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Arlington Ave
 Mail Stop 1018
 City Toledo State OH Zip Code 43614-2595
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450869
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 31 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Evangelos Megariotis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Ravona St
 City Clifton State NJ Zip Code 07012-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.11**

Date of Receipt
 03 / 23 / 2016
Transaction ID : 70450870
 Amount of Each Receipt this Period
 83.37
 Memo Item

B. Marilyn Joan Heine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Twining Rd
 City Dresher State PA Zip Code 19025-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 03 / 23 / 2016
Transaction ID : 70450871
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Peter Scott Lund MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W 24th St Ste 101
 City Erie State PA Zip Code 16502-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 03 / 23 / 2016
Transaction ID : 70450872
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
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 32 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Richard Allen Dart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9050 Ader Rd
 Wisconsin Medical Soc
 City Marshfield State WI Zip Code 54449-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHFIELD CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450873
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John Robt Mc Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 436A State St
 City Bangor State ME Zip Code 04401-6606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450874
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPINEONE, INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450875
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 33 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Elizabeth Fay Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Samaritan Dr
 Ste 20
 City San Jose State CA Zip Code 95124-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450876
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Mr. Thomas P. Healy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 S Clark St Apt 1401
 City Chicago State IL Zip Code 60605-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450877
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Gerald Edward Harmon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9699 Ocean Hwy
 PO Box 289
 City Pawleys Isl State SC Zip Code 29585-7425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450879
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 34 OF 93
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Jos Sexton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450880
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Jack M Chapman Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450882
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Julia Virginia Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St
 Umass Memorial Medical Center
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date -83.33

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450883
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 249.99
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 35 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Susan Rudd Bailey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5929 Lovell Ave
 F W A A
 City Fort Worth State TX Zip Code 76107-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIAT Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450884
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John E Christie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2661 Riva Rd
 Bldg 600
 City Annapolis State MD Zip Code 21401-7353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450885
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Mrs. Margaret Garikes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Sharp Place
 City Alexandria State VA Zip Code 22304-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450886
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 36 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. John M De Figueiredo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Plaza Ct Unit 1674
 City Groton State CT Zip Code 06340-8362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450887
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Peter Amberg Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Fort Ave
 City Cranston State RI Zip Code 02905-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS BLUE SHIELD OF RI Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450888
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Leonard Allison Brabson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Emerald Ave Ste 806 Clark Tower
 City Knoxville State TN Zip Code 37917-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450889
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 37 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Frederick Ray Ridge Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 N 1000 W
 City Linton State IN Zip Code 47441-5281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450890
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 378524
 City Chicago State IL Zip Code 60637-8524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450891
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Albert J Osbahr III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fairgrove Church Rd Cvmc Ohs
 City Hickory State NC Zip Code 28602-9617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450892
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 38 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450893
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mr. John Robert Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Williamsburg Blvd
 City Arlington State VA Zip Code 22207-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450894
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Michael Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 Country Side Dr
 City Orange Park State FL Zip Code 32003-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF FLORIDA JACKSONVILLE PH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450895
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 39 OF 93 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Carol S. Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City Fairfax Station State VA Zip Code 22039-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450896
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Susan Eva Skochelak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wabash Ave Unit 48J
 City Chicago State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450897
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Mrs. Joanne Bergquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 W Tacoma Ave
 City Latrobe State PA Zip Code 15650-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450899
 Amount of Each Receipt this Period
 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St
 Ste 950
 City Houston State TX Zip Code 77004-6943
 Occupation Physician
 Name of Employer SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450900
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Main St
 City Glastonbury State CT Zip Code 06033-2943
 Occupation Physician
 Name of Employer CT VALLEY HOSP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450901
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Corliss Adam Varnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 Occupation Physician
 Name of Employer SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450902
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 41 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Sharon R Metzger Richens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 W 200 N
 Ste 200
 City St George State UT Zip Code 84770-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE CARE SPECIALISTS PS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450903
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John Phillip Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5004 W Grove Ln
 City Gibsonia State PA Zip Code 15044-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450905
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Mr. Christopher Todd Askew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2943 McKinley St, NW
 City Washington State DC Zip Code 20015-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 70450906
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 42 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Ardis Dee Hoven MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 Sweet William Ct
 City Lexington State KY Zip Code 40502-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUEGRASS CARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450907
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kenneth Elmassian DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr
 City East Lansing State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANSING ANESTHESIOLOGISTS PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450908
 Amount of Each Receipt this Period 83.33
 Memo Item

C. E Scott Ferguson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Rhodes St Ste B
 City West Memphis State AR Zip Code 72301-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450909
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 43 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Bruce Alan MacLeod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASPN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450910
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. James David Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1574 Sodon Lake Dr
 City Bloomfield State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450913
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Alan Lane Plummer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365 Clifton Rd NE
 The Emory Clinic
 City Atlanta State GA Zip Code 30322-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450914
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Steven Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Malke Dr
 City Ocean State NJ Zip Code 07712-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEAVIEW ORTHOPAEDIC & MEDICAL ASSOC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450915
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Nicholas V Polifroni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Main Ave Ste 115
 City Norwalk State CT Zip Code 06851-1080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL ORTHOPAEDICS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450916
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Ms. Taylor Tonia Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 S Castle St
 City Baltimore State MD Zip Code 21231-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.04

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450917
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 208.32
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Alyn L Adrain MD
Full Name (Last, First, Middle Initial)
Mailing Address 44 W River St
City Providence State RI Zip Code 02904-2609
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450919
Amount of Each Receipt this Period 83.33
 Memo Item

B. Rattapol Srisinroongruang MD
Full Name (Last, First, Middle Initial)
Mailing Address 2728 McKinnon St Apt 1821
City Dallas State TX Zip Code 75201-1649
FEC ID number of contributing federal political committee. C
Name of Employer AEMA Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450920
Amount of Each Receipt this Period 83.33
 Memo Item

C. Mrs. Kimberly Moser
Full Name (Last, First, Middle Initial)
Mailing Address 3216 High Ridge Drive
City Taylor Mill State KY Zip Code 41015-4411
FEC ID number of contributing federal political committee. C
Name of Employer KPPAC Occupation State Staff
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70450921
Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
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 46 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450922
 Amount of Each Receipt this Period **41.67**
 Memo Item

B. Deepak Azad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City Floyds Knobs State IN Zip Code 47119-9761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450923
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Richard John Depersio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7557 Dannaher Dr Ste 220
 City Powell State TN Zip Code 37849-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREATER KNOXVILLE EAR NOSE & THROAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450925
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.33
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 47 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. David Thos Harvey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Kellsworth Way
 City Tyrone State GA Zip Code 30290-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SURGICAL & COSMETIC DERMATOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450928
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Ms. Michaela Sternstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste. 39300
 City Chicago State IL Zip Code 60611-3586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450930
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Marshall Lucas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8701 New Trails Dr Ste 150
 City Spring State TX Zip Code 77381-4546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JASON D BARON MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450933
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 48 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Karolyn Moody DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Boozy Creek Rd
 City Blountville State TN Zip Code 37617-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHILDREN'S HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450934
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. James Lee Sublett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 W Jefferson St Ste 160
 City Louisville State KY Zip Code 40202-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY ALLERGY & ASTHMA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450935
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. William Edward Guptill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Creeping Jenny Ln
 City Taunton State MA Zip Code 02780-7206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARITAS MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70450937
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 49 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Robert Harold Couch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 Hobbs Station Rd
 City Louisville State KY Zip Code 40223-2671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70451107
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. John Lee Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 E Chestnut St Ste 518
 City Louisville State KY Zip Code 40202-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEONATAL ASSOCIATES PSC Occupation Physician
 ADMINISTRATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70451349
 Amount of Each Receipt this Period **83.33**
 Memo Item

c. John Jackson Ingram III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Joule St East TN Med Grp
 City Alcoa State TN Zip Code 37701-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TENNESSEE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70451530
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 50 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Kenneth Scott Wayne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 SW State St
 Ste 100
 City Ankeny State IA Zip Code 50023-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IOWA HEALTH PHYSICIANS INTERNAL MEDI Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70451799
 Amount of Each Receipt this Period 83.33
 Memo Item

B. David Ethan Swee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Hoes Ln W
 Rutgers RWJ Medical School
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70451925
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Randy Jerold Rice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 93669 Viking Way
 City Sturgeon Lake State MN Zip Code 55783-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GATEWAY FAMILY HEALTH CLINIC LTD Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.03

Date of Receipt 03 / 23 / 2016
Transaction ID : 70451927
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 51 OF 93 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Patrick S Pevoto MD
Full Name (Last, First, Middle Initial)

Mailing Address 2373 G Rd
Ste 700

City Grand Jct State CO Zip Code 81505-1002

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

Name of Employer TRAVIS OB GYN ASSOCIATES OF N W AUST Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.03

Date of Receipt
03 / 23 / 2016
Transaction ID : 70451928

Amount of Each Receipt this Period
83.33

Memo Item

B. Mr. Dean Armandroff
Full Name (Last, First, Middle Initial)

Mailing Address 3603 Gunston Rd.

City Alexandria State VA Zip Code 22302-2007

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.03

Date of Receipt
03 / 23 / 2016
Transaction ID : 70451947

Amount of Each Receipt this Period
83.33

Memo Item

C. Mokarram Husain Jafri MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Oakhurst Ct

City Clifton Park State NY Zip Code 12065-8719

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

Name of Employer ANESTHESIA GROUP OF ALBANY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.03

Date of Receipt
03 / 23 / 2016
Transaction ID : 70451952

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 52 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Stephen Alan Imbeau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 E Cheves St Ste 420
 Allergy Asthma and Sinus Ctr
 City Florence State SC Zip Code 29506-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 70452071
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Nestor A Ramirez-Lopez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Grandview Dr
 City Champaign State IL Zip Code 61820-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE NEONATAL & INFANT CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457867
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. William Lee Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 S Cottonwood St Ste 750
 City Salt Lake Cty State UT Zip Code 84107-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457868
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 53 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Nancy Louise Mueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457869
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Mr. Kenneth D. Lancin
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 East Palisade Avenue
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Management Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457870
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Lisa Bohman Egbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Far Hills Ave Ste 112
 City Dayton State OH Zip Code 45429-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARAGON WOMEN'S CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457871
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 54 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Michael E Migliori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St
 Ste 301
 City Providence State RI Zip Code 02905-2429
 Occupation Physician
 Name of Employer SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 25 / 2016
Transaction ID : 70457872
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Mr. Kevin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 10635 Canterbury Rd.
 City Fairfax Station State VA Zip Code 22039-1927
 Occupation AMA Executive
 Name of Employer AMERICAN MEDICAL ASSOCIATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 25 / 2016
Transaction ID : 70457873
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Stephen Alan Imbeau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 E Cheves St Ste 420
 Allergy Asthma and Sinus Ctr
 City Florence State SC Zip Code 29506-2649
 Occupation Physician
 Name of Employer ALLERGY ASTHMA & SINUS CENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 25 / 2016
Transaction ID : 70457874
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	624.99
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 55 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Janice Tildon-Burton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Glasgow Ave
 Ste 207
 City Newark State DE Zip Code 19702-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **933.36**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457875
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Srinivas B Mukkamala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 Charter Dr
 Ste F
 City Flint State MI Zip Code 48532-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457876
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. William Eric Kobler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6729 Millbrook Dr
 City Rockford State IL Zip Code 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSF MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457877
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **624.99**
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 56 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Thomas James Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ohio St
 Ste C
 City Medina State NY Zip Code 14103-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457878
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Robert Puchalski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 520
 City Lugoff State SC Zip Code 29078-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH CAROLINA ENT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.06**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457879
 Amount of Each Receipt this Period **416.66**
 Memo Item

C. Seth Yawki Flagg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9129 Bradford Rd
 City Silver Spring State MD Zip Code 20901-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457880
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City Bloomfield State MI Zip Code 48304-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457881
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Russell Clark Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Hamaker Ct Ste 200
 City Fairfax State VA Zip Code 22031-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA PEDIATRIC GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457882
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Georgia Anne Tuttle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Mechanic St The Skin Care Ctr
 City Lebanon State NH Zip Code 03766-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457883
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 58 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City Nashville State TN Zip Code 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457884
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 Beacon St
 Apt 815
 City Brookline State MA Zip Code 02446-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.56**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457885
 Amount of Each Receipt this Period **104.16**
 Memo Item

c. Dana M Block-Abraham DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Liquid Laughter Ln
 City Columbia State MD Zip Code 21044-6044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF MARYLAND MEDICAL CTR Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.56**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457886
 Amount of Each Receipt this Period **104.16**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.65
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 59 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Dev Appannagari Gnanadev MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 670
 City Redlands State CA Zip Code 92373-0221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARROWHEAD COMMUNITY SURGICAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457887
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. John Pasteur Hamide MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Carthage St
 City Metairie State LA Zip Code 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457888
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Marvin H Rorick III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Wellington Pl
 City Cincinnati State OH Zip Code 45219-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVER HILLS HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457889
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 60 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Alethia Ellen Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17540
 Risk Management
 City Denver State CO Zip Code 80217-0540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457890
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Michael Arthur Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457891
 Amount of Each Receipt this Period **208.33**
 Memo Item

c. Mohammed Ali Arsiwala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17197 N Laurel Park Dr Ste 107
 City Livonia State MI Zip Code 48152-7901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457892
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 61 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Krystal Lynne Tomei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5245 River Creek Rd
 City Lyndhurst State OH Zip Code 44124-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARROW NEUROLOGICAL INSTITUTE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457893
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Lee Thos Snook Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2288 Auburn Blvd Ste 106
 City Sacramento State CA Zip Code 95821-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457894
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Benjamin Schlechter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Keiser Blvd Ste 207
 City Wyomissing State PA Zip Code 19610-3341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457895
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 62 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scott Mitchel Tenner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Trenton Ave
 City East Atlantic Beach State NY Zip Code 11561-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457896
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Steven Jay Fleischman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Rimmon Rd
 City Woodbridge State CT Zip Code 06525-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457897
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Suzanne Marie Kavic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1S260 Summit Ave
 City Oakbrook Terrace State IL Zip Code 60181-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.03**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 70457898
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
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 63 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Brooke Mattern Buckley MD

Full Name (Last, First, Middle Initial)
Mailing Address 2001 Medical Pkwy
Ste 600

City Annapolis State MD Zip Code 21401-3280

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 70457899

Amount of Each Receipt this Period
 208.33

Memo Item

B. Mr. Justin Miles Bishop

Full Name (Last, First, Middle Initial)
Mailing Address 602 13th St
Unit A

City Lubbock State TX Zip Code 79401-4202

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 70457900

Amount of Each Receipt this Period
 104.16

Memo Item

C. Frank G Dowling MD

Full Name (Last, First, Middle Initial)
Mailing Address 1727 Veterans Hwy
Ste 300

City Islandia State NY Zip Code 11749-1520

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

Name of Employer SMITHTOWN PSYCHIATRIC SERVICES Occupation Physician

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
 03 / 25 / 2016
Transaction ID : 70458019

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	812.49
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 64 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Joseph Leon Vaisman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23256 Blue Bird Dr
 City Calabasas State CA Zip Code 91302-1871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOODLAND HILLS URGENT CARE CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2016
Transaction ID : 70459106
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lee Saml Perrin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Powdermill Ln
 City Southborough State MA Zip Code 01772-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARITAS ANESTHESIA PHYSICIAN PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2016
Transaction ID : 70459113
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ravi Viradia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Winding Woods Dr
 City Charleston State WV Zip Code 25311-9739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHALL UNIVERSITY Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 70485758
 Amount of Each Receipt this Period 250.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mr. William R. Abrams JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7702 Radcliffe Drive
 Apt. C
 City Madison State WI Zip Code 53719-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WISCONSIN MEDICAL SOCIETY Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 31 / 2016
Transaction ID : 70495433
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Niranjana Venkat Rao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Easton Ave
 FI 3
 City New Brunswick State NJ Zip Code 08901-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL JERSEY SURGICAL SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.03

Date of Receipt 03 / 31 / 2016
Transaction ID : 70500564
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Mark Allen Rubenstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4495 Military Trl Ste 209
 City Jupiter State FL Zip Code 33458-4818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARTZOKIS RUBENSTEIN & SERVOSS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 70516087
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. George Raymond Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Old York Rd
 Ste 110
 City Abington State PA Zip Code 19001-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 70588735
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Jeffrey Alan Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 May Brk
 City Woodstock State CT Zip Code 06281-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HEALTH CARE Occupation Physician
 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
 03 / 31 / 2016
Transaction ID : 70588760
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Lynda Marie Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Otsego Rd
 City Worcester State MA Zip Code 01609-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 70588789
 Amount of Each Receipt this Period
 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. John Joseph Pagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Lawn Ave
 Ste 203
 City Sellersville State PA Zip Code 18960-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PENNRIDGE SURGICAL ASSOCIATES Occupation 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
 03 / 31 / 2016
Transaction ID : 70588823
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. John Edward Hill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2295
 City Tupelo State MS Zip Code 38803-2295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 70588855
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. March Edings Seabrook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Summerplace Dr
 City West Columbia State SC Zip Code 29169-3058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONSULTANTS IN GASTROENTEROLOGY Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 70588884
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Carol D Adler Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30736 Cartier Dr
 City Rch Palos Vrd State CA Zip Code 90275-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70588908
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Carlo O Bayrakdarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Ogden Rd
 City Scarsdale State NY Zip Code 10583-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70588932
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Thomas Thommi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8243 Riding Club Rd E
 City Jacksonville State FL Zip Code 32256-7269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70589924
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 69 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
A. David Anthony Ryan MD

Mailing Address 8574 Scenicview Dr

City Broadview Hts State OH Zip Code 44147-3424

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

Name of Employer SOUTHWEST GENERAL MEDICAL GROUP Occupation 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
 03 / 31 / 2016
Transaction ID : 70592708

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jyoti J Ramachandran MD

Mailing Address 20603 Lori Ln

City Sonora State CA Zip Code 95370-9663

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

Name of Employer CREIGHTON UMC Occupation 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
 03 / 31 / 2016
Transaction ID : 70592762

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Atul A Ramachandran MD

Mailing Address 20603 Lori Ln

City Sonora State CA Zip Code 95370-9663

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

Name of Employer NEBRASKA HEART INSTITUTE PC Occupation 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
 03 / 31 / 2016
Transaction ID : 70592878

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Michael Jos Thoene MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 S Magnolia Ave
 Est County Derm Med Grp
 City El Cajon State CA Zip Code 92020-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70592948
 Amount of Each Receipt this Period **400.00**
 Memo Item

B. Michael James Versackas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Pleasant St
 Ste 202
 City Des Moines State IA Zip Code 50309-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOC OPHTHALMOLOGISTS PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70592990
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Colleen Patricia Harker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1588 E Yale Ave
 City Salt Lake Cty State UT Zip Code 84105-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNTAIN MEDICAL PHYSICIAN SPECIALIS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70593051
 Amount of Each Receipt this Period **500.00**
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. John Bruce Moskow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 La Calma Dr Ste 200
 La Costa Centre
 City Austin State TX Zip Code 78752-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70593101
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Murad Alam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E Bellevue Pl Apt 16C
 City Chicago State IL Zip Code 60611-5183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWESTERN MED FACULTY FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70593620
 Amount of Each Receipt this Period **5000.00**
 Memo Item

C. Mrs. D. Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2165
 City West Memphis State AR Zip Code 72303-2165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70594359
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 72 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mrs. Alice K. Michaelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1063 Oakdale Rd
 City Atlanta State GA Zip Code 30307-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 70594519
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mrs. Kara Tontz
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Schlatter Dr.
 City Dayton State OH Zip Code 45433-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 70595317
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brian W. Heaton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4403 Harrison Blvd Ste 4400
 City Ogden State UT Zip Code 84403-3290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN UROLOGY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 70598845
 Amount of Each Receipt this Period 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Francis Mac Millan Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Brown St
 Ste 207
 City Haverhill State MA Zip Code 01830-6790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANNA JAQUES HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70599276
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Paul Martin Mauk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Gessner Rd Ste 850
 City Houston State TX Zip Code 77024-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIGESTIVE & LIVER SPECIALISTS OF HOUST Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70599400
 Amount of Each Receipt this Period **2500.00**
 Memo Item

C. Michael Louis Patete MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 Palermo Pl
 City Venice State FL Zip Code 34285-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VENICE REGIONAL BAYFRONT HEALTH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70599572
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
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 74 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Laura Elizabeth Rosenfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14909 Bellbrook Dr
 City Dallas State TX Zip Code 75254-7673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS HEALTH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70599781
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Thomas W. Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 389
 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.03**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70603237
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Carol S. Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City Fairfax Station State VA Zip Code 22039-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.03**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70603587
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 75 OF 93
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. John Wm Poole MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Sunset Ave
 City Ridgewood State NJ Zip Code 07450-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH JERSEY SURGICAL SPEC. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 02 / 2016**
Transaction ID : 70682140
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$208.33 This changes the YTD Total to \$2500.00

B. Arthur Isaac Sagalowsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5323 Harry Hines Blvd
 Ut Southwestern Med Ctr
 City Dallas State TX Zip Code 75390-9110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT SOUTHWESTERN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 18 / 2016**
Transaction ID : 70682141
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

c. Raymond Scott Schreyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Jackson Ave
 City Northfield State NJ Zip Code 08225-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REGIONAL NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 70682142
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	59102.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 OF 93
(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

A. PNC ADVISORS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 96211

City Washington State DC Zip Code 20090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 70650895

Amount of Each Receipt this Period
 0.02

Memo Item

Interest

B.

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.02
TOTAL This Period (last page this line number only).....▶	0.02

**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 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. Chase Paymentech

Mailing Address 4 Northeastern Boulevard

City Salem State NH Zip Code 03079

Purpose of Disbursement
Credit Card Bank Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70651578

Amount of Each Disbursement this Period

Memo Item
Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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)

<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. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Robin Kelly

Office Sought: House
 Senate
 President
State: IL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70161041

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address PO Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Rep. Louise McIntosh Slaughter

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70181657

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Rob Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70181659

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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)

<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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70181661

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Timothy J. Walz

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70193086

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rob Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70193089

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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)

<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. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : 70193096

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 232 NE 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194217

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Andy Barr

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194218

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

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

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

3000.00

**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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Raul Ruiz MD

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194219

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Mr. Patrick Toomey

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194221

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Charlie Dent For Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Charlie W. Dent

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194222

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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)

<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. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Michael F. Doyle

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194223

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Keith Rothfus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194226

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Lou Barletta For Congress

Mailing Address P.O. Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Lou Barletta

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194227

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

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

8000.00

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)

<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. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Tom Marino

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194229

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194230

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Ryan Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : 70194231

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

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)
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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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Glenn W. Thompson

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194232

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Mailing Address PO Box 147

City State Zip Code
Red Lion PA 17356

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Scott Perry

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194233

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City State Zip Code
Lyndora PA 16045

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Mike Kelly

Office Sought: House
 Senate
 President
State: PA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70194234

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Brendan Boyle

Office Sought: House Senate President
State: PA District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70331136

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund For A Greater America

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70333643

Amount of Each Disbursement this Period

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lee Zeldin For Congress

Mailing Address PO Box 133

City Shirley State NY Zip Code 11967

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Lee Zeldin

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70351755

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. Maloney For Congress

Mailing Address 49 East 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. Carolyn B. Maloney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 12

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 70351756

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. Eliot L. Engel

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 70351758

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Katko For Congress

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. John Katko

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 70351760

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

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)

<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. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name
Brian Babin

Office Sought: House
 Senate
 President
State: TX District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 70392031

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

B. Adam Smith For Congress Committee

Mailing Address PO Box 578

City Renton State WA Zip Code 98057

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Rep. Adam Smith

Office Sought: House
 Senate
 President
State: WA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : 70392033

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Rep. John Lewis

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2016

Transaction ID : 70439840

Amount of Each Disbursement this Period

2500.00

Memo Item
2016 Primary

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

4500.00

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

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

Use separate schedule(s) 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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 70443420

Amount of Each Disbursement this Period

2300.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Alan Lowenthal For Congress

Mailing Address 16633 Ventura Boulevard
#1008

City Encino State CA Zip Code 91436

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Alan Lowenthal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 70443421

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Sandy M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 70443427

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

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

7300.00

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)

<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 Heck

Mailing Address PO Box 753908

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70443456

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70443457

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70450088

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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)

<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. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
2016 General

011

Candidate Name

Rep. James B. Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	6

Transaction ID : 70457902

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	6

Transaction ID : 70457903

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. William Franklin Shuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	6

Transaction ID : 70459559

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 Primary

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

1	8	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	8	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
Void 2/5/2016 Chk.

011

Candidate Name

Rep. Lloyd Doggett

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 35

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : 70459560

Amount of Each Disbursement this Period

-5000.00

Memo Item
Void 2/5/2016 Chk.

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 20898

Purpose of Disbursement
Void - 1/28/2016 Chk

011

Candidate Name

Continuing America's Strength and Security PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 70464514

Amount of Each Disbursement this Period

-5000.00

Memo Item
Void - 1/28/2016 Chk

Full Name (Last, First, Middle Initial)

C. Continuing America's Strength and Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 20898

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 70464515

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Contribution

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

-5000.00

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

119900.00

**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 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. John Wm Poole MD

Mailing Address 240 Sunset Ave

City Ridgewood State NJ Zip Code 07450-2421

Purpose of Disbursement
Poole Refund- Paid Full, no longer monthly

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 70160293

Amount of Each Disbursement this Period

Memo Item
Poole Refund- Paid Full, no longer monthly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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