

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 Gastroenterological Association Inc. PAC

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 J. Sumner Bell MD

Signature of Treasurer J. Sumner Bell MD [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 Gastroenterological Association Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		78185.85
(b) Cash on Hand at Beginning of Reporting Period.....	58685.85	
(c) Total Receipts (from Line 19)	13105.00	75605.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71790.85	153790.85
7. Total Disbursements (from Line 31).....	10000.00	92000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61790.85	61790.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8975.00	50675.00
(ii) Unitemized	4130.00	16930.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13105.00	67605.00
(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)	13105.00	67605.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13105.00	75605.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13105.00	75605.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	89500.00
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	2500.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	92000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13105.00	67605.00
34. Total Contribution Refunds (from Line 28(d))	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10605.00	65105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Our committee will be amending a series of reports due to coding issues with our contribution website that did not capture contributions by individuals who contributed online. We have flagged and fixed the problem at hand and are amending the report to include those contributions.

Form/Schedule:

Transaction ID:

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

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

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

A. Vijaypal Arya
 Full Name (Last, First, Middle Initial)
 Mailing Address 7554 Metropolitan Avenue
 City State Zip Code
 Middle Village NY 11379
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : C2440754
 Amount of Each Receipt this Period
 250.00

B. Richard McGuire Auld Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Sonoma Ave
 Suite One
 City State Zip Code
 Santa Rosa CA 95405-6664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Digestive Health Consultants GI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : C2463468
 Amount of Each Receipt this Period
 500.00

C. John A. Balint
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 New Scotland Avenue, Rm TS 101
 Division of Gastro, MC 153
 City State Zip Code
 Albany NY 12208-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : C2463463
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<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	<input type="checkbox"/> 17

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

A. J. Sumner Bell III
Full Name (Last, First, Middle Initial)

Mailing Address 4316 Sandy Bay Drive

City Virginia Beach State VA Zip Code 23445-1531

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

Name of Employer Digestive & Liver Disease Specialists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 04 / 2013**

Transaction ID : C2463467

Amount of Each Receipt this Period **500.00**

B. Joel V. Brill
Full Name (Last, First, Middle Initial)

Mailing Address 3639 E Denton Ln

City Paradise Valley State AZ Zip Code 85253-7508

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

Name of Employer Predictive Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 17 / 2013**

Transaction ID : C2463457

Amount of Each Receipt this Period **500.00**

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

Mailing Address 3165 Whispering Pines Ln
WD OPW 2005

City Carmel State IN Zip Code 46032-4427

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

Name of Employer Indiana University Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt **10 / 04 / 2013**

Transaction ID : C2463466

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 9 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Erick P. Chan

Mailing Address 795 El Camino Real
Level 2 Lee Bldg, PAMF

City Palo Alto State CA Zip Code 94301-2302

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

Name of Employer Palo Alto Foundation Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2013
Transaction ID : C2437677

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Zongyu John Chen

Mailing Address 3122 119th Court NE

City Blaine State MN Zip Code 55449-7525

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

Name of Employer Minnesota Gastroenterology, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2013
Transaction ID : C2457144

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Hashem B. El-Serag

Mailing Address Faculty Center BCM 620
1709 Dryden Rd

City Houston State TX Zip Code 77030-4211

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 04 / 2013
Transaction ID : C2463472

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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 10 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Rene Shek-Ming Eng

Mailing Address 217 Grand Street
7th floor

City State Zip Code
New York NY 10013

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

Name of Employer Occupation
Rene Shek-Ming Eng, M.D. 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
10 / 29 / 2013

Transaction ID : C2456021

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert J. Fontana

Mailing Address 3034 Walnut Ridge Dr

City State Zip Code
Ann Arbor MI 48103-2190

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

Name of Employer Occupation
University of Michigan Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : C2463465

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Clark A. Harrison

Mailing Address 880 Ryland St

City State Zip Code
Reno NV 89502-1603

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

Name of Employer Occupation
Gastroenterology Consultants Gastroenterologist

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
10 / 22 / 2013

Transaction ID : C2463474

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

A. Steve Douglas Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5115 Oleander Dr
 City State Zip Code
 Wilmington NC 28403-7018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Colon and Rectal Sgns Gastroenterologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : C2463454
 Amount of Each Receipt this Period
 350.00

B. Lawrence R. Kosinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 Fletcher Dr
 City State Zip Code
 Elgin IL 60123-4747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Illinois Gastroenterology Group 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
 10 / 01 / 2013
Transaction ID : C2438980
 Amount of Each Receipt this Period
 1000.00

C. Paul Martin Mauk
 Full Name (Last, First, Middle Initial)
 Mailing Address 4815Menlo Park Dr
 Ste 850
 City State Zip Code
 Sugar Land TX 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self M.D.
 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
 10 / 19 / 2013
Transaction ID : C2457279
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00
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 12 OF 17
	<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	<input type="checkbox"/> 17

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

A. Samiappan Muthusamy
 Full Name (Last, First, Middle Initial)
 Mailing Address 695 Chestnut Street
 City Union State NJ Zip Code 07083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Digestive Diseases Occupation Gastroenterologist
 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
 10 / 01 / 2013
Transaction ID : C2440755
 Amount of Each Receipt this Period
 500.00

B. Mukesh B. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 348 Shoreham Dr
 City Danville State VA Zip Code 24541-5165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Danville Gastro Center Occupation Physician-GI
 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
 10 / 25 / 2013
Transaction ID : C2463460
 Amount of Each Receipt this Period
 100.00

C. James Willoughby Penuel Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7152 Coca Sabal Ln
 City Fort Myers State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Digestive Health Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : C2463476
 Amount of Each Receipt this Period
 1100.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 13 OF 17
(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 Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)
A. Craig M. Sande

Mailing Address 880 Ryland St

City State Zip Code
Reno NV 89502-1603

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

Name of Employer Occupation
Gastroenterology Consultants 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
10 / 18 / 2013

Transaction ID : C2457280

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Edwin C. Schafer

Mailing Address 3875 S 177th Ave

City State Zip Code
Omaha NE 68130-2230

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

Name of Employer Occupation
Midwest Gastrointestinal Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2457141

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C.

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	8975.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rand Paul Victory Committee

Mailing Address PO Box 72190

City Newport State KY Zip Code 41072-0190

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rand Paul

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2013

Transaction ID : D149040

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Voided Disbursement for check originally dated 2/28/2013

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2013

Transaction ID : D150619

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2013

Transaction ID : D150620

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Diane Black

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : D149034

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : D149032

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : D149033

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. COFFMAN FOR CONGRESS

Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Mike Coffman

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : D150618

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Michael Bennet

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : D150617

Amount of Each Disbursement this Period

1000.00

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) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

7500.00

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 Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Dr. Themistocles Dassopoulos

Mailing Address 1700 Mason Knoll Rd

City State Zip Code
Town & Country MO 63131-1200

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : D150615

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick D. Gerstenberger

Mailing Address 2 Burnett Ct
Ste 100

City State Zip Code
Durango CO 81301-3647

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : D150614

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00
