

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. 12FE4M5 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 25 Massachusetts Ave, NW Suite 600 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C0000422 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 06 / 11 / 2015

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="2015"/>		552464.38
(b) Cash on Hand at Beginning of Reporting Period.....	819157.30	
(c) Total Receipts (from Line 19)	74326.82	572186.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	893484.12	1124650.67
7. Total Disbursements (from Line 31).....	33439.61	264606.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	860044.51	860044.51
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

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).....	38592.13	305518.00
(ii) Unitemized	35721.33	261607.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74313.46	567125.30
(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)	74313.46	567125.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.36	60.99
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))..... ▶	74326.82	572186.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74326.82	572186.29

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	1239.61	7716.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1239.61	7716.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	1690.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32200.00	251200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4000.00
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)) ..	33439.61	264606.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33439.61	264606.16

DETAILED SUMMARY PAGE
of Disbursements

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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)	74313.46	567125.30
34. Total Contribution Refunds (from Line 28(d))	0.00	4000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74313.46	563125.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1239.61	7716.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1239.61	7716.16

**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 110
	<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

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 Maurice O'Bannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8111 Rose Hill Rd
 City Richmond State VA Zip Code 23229-8031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROLOGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : 65567482
 Amount of Each Receipt this Period **100.00**

B. Sharon Sullivan Camden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Hickory Park Dr Ste A
 City Glen Allen State VA Zip Code 23059-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOMINION DERMATOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : 65567485
 Amount of Each Receipt this Period **100.00**

C. Brent Le Kane MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7257 N Fresno St California Cancer Ctr
 City Fresno State CA Zip Code 93720-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CALIFORNIA CANCER CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : 65590896
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 7 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William Crawford Pierce MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 961 Glen Eden Ct NW
 City Salem State OR Zip Code 97304-2258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEMATOLOGY MEDICAL ONCOLOGY OF SA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2015
Transaction ID : 65612480
 Amount of Each Receipt this Period
 2500.00

B. Kevin Martin Spangler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3137 Allerton Lake Dr
 City Winston Salem State NC Zip Code 27106-4481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRIAD RADIOLOGY ASSOCIATES PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 65612902
 Amount of Each Receipt this Period
 100.00

C. Robert Edmund Tortolani MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Belmont Ave
 City Brattleboro State VT Zip Code 05301-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRATTLEBORO MEMORIAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 65613016
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2720.00
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 110
	<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

Full Name (Last, First, Middle Initial) A. Edward Salisbury Bentley MD		Date of Receipt
Mailing Address 2403 Castillo St Ste 201		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City Santa Barbara	State CA	Zip Code 93105-5316
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 65613029
Name of Employer SANTA BARBARA GASTROENTEROLOGY CC	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. George Melvin Lange MD		Date of Receipt
Mailing Address 1200 W Green Tree Rd		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City Milwaukee	State WI	Zip Code 53217-3721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 65613735
Name of Employer CSMCP-WESTGATE MEDICAL GROUP	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. William Stephen Minore MD		Date of Receipt
Mailing Address 2202 Harlem Rd		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City Loves Park	State IL	Zip Code 61111-2754
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 65613760
Name of Employer ROCKFORD ANESTHESIOLOGISTS ASSOCIATION	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
	<input type="text" value="3500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 110
	<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. Terry Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 915

City Whippany State NJ Zip Code 07981-0915

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

Name of Employer OCCUPATIONAL HEALTH CENTER 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
 05 / 08 / 2015
Transaction ID : 65613762

Amount of Each Receipt this Period
 500.00

B. Gary Robt Figge MD
Full Name (Last, First, Middle Initial)

Mailing Address 8039 N Tuscany Dr

City Tucson State AZ Zip Code 85742-4348

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
 05 / 08 / 2015
Transaction ID : 65613768

Amount of Each Receipt this Period
 500.00

C. Nabil Khorshid Kiridly MD
Full Name (Last, First, Middle Initial)

Mailing Address 28 Rolling Hills Dr

City Nesconset State NY Zip Code 11767-2065

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 65613769

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Marietta Nelson MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2015 Transaction ID : 65613772
Mailing Address 3100 W Charlstn Blvd Ste 204		Amount of Each Receipt this Period 500.00
City Las Vegas	State NV	Zip Code 89102-1996
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jay Matthew Portnoy MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2015 Transaction ID : 65613773
Mailing Address 2401 Gillham Rd Childrens Mercy Hosp		Amount of Each Receipt this Period 500.00
City Kansas City	State MO	Zip Code 64108-4619
FEC ID number of contributing federal political committee. C		
Name of Employer CHILDREN'S MERCY HOSPITAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey P Wick MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2015 Transaction ID : 65613775
Mailing Address 6109 Quail Creek Dr		Amount of Each Receipt this Period 1000.00
City Tyler	State TX	Zip Code 75703-4536
FEC ID number of contributing federal political committee. C		
Name of Employer EYE CARE ASSOCIATES OF EAST TEXAS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Mrs. Sarah A Sanders		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 Transaction ID : 65787296
Mailing Address 6842 Stillhouse Lane		Amount of Each Receipt this Period 500.00
City Dublin	State OH	Zip Code 43016-7191
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Physician Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jing Dong MD		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : 65797311
Mailing Address 651 S Millidge Ave The Center For Sight		Amount of Each Receipt this Period 300.00
City Athens	State GA	Zip Code 30605-1250
FEC ID number of contributing federal political committee. C		
Name of Employer GEORGIA CENTER FOR SIGHT	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. David James Bensema MD		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : 65798738
Mailing Address 1780 Nicholasville Rd Ste 103		Amount of Each Receipt this Period 500.00
City Lexington	State KY	Zip Code 40503-1411
FEC ID number of contributing federal political committee. C		
Name of Employer CHIPPS CAFFREY & DUBILIER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 110
	<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

Full Name (Last, First, Middle Initial) A. Gary M Schniegenberg MD		Date of Receipt
Mailing Address 1982 Road P1		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015
City Bluffton State OH Zip Code 45817-9304		Transaction ID : 65798743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ORTHOPAEDIC INSTITUTE OF OHIO INC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Niranjan Marino Selvarajah MD		Date of Receipt
Mailing Address 1729 Burrstone Rd Slocum Dickson Medical Group Pllc		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015
City New Hartford State NY Zip Code 13413-1001		Transaction ID : 65798744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David A Wyszomierski MD		Date of Receipt
Mailing Address 210 Weldon St		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015
City Latrobe State PA Zip Code 15650-1848		Transaction ID : 65798746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 13 OF 110
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Teresa Keller Gurin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13822 Edenwood Way
 City State Zip Code
 Apple Valley MN 55124-9242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MINNESOTA ORTHOPAEDIC SPECIALISTS P 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
 05 / 18 / 2015
Transaction ID : 65800568
 Amount of Each Receipt this Period
 500.00

B. Linda Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 W Katmai Ave
 City State Zip Code
 Soldotna AK 99669-7315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTHEACH HEALTHCARE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847535
 Amount of Each Receipt this Period
 41.66

C. Mark Mandabach MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th St S
 UAB Dept of Anesthesiology
 City State Zip Code
 Birmingham AL 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAHSF PSYCHIATRY Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847536
 Amount of Each Receipt this Period
 41.66

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:	PAGE 14 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Timothy Michael Beittel MD			Date of Receipt
Mailing Address 702 Wildwood Rd			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847538
Aberdeen	NC	28315-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.66"/>
Name of Employer	Occupation		
ACT MEDICAL GROUP PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paul Erik Houmann MD			Date of Receipt
Mailing Address 3 Kershaw Ct			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847540
Greenville	SC	29607-5986	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.66"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Kevin Christopher Reilly Sr MD			Date of Receipt
Mailing Address 108 Deer Grove Ct			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847541
Elizabethtown	KY	42701-6986	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.66"/>
Name of Employer	Occupation		
US ARMY	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Roy Gilbert Soto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Sycamore Ct
 City Bloomfield State MI Zip Code 48302-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847542
 Amount of Each Receipt this Period
 41.66

B. Lance Allen Talmage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Exmoor
 City Ottawa Hills State OH Zip Code 43615-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROMEDICA PHYSICIAN GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847543
 Amount of Each Receipt this Period
 41.66

C. William Wells Simmons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5204 Box Turtle Cir
 City Sarasota State FL Zip Code 34232-4311
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847545
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
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 110
	<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. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5451 Coral Reef Ave
 City La Jolla State CA Zip Code 92037-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASMG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847546
 Amount of Each Receipt this Period
 41.66

B. Leon Harvey Chandler Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Lake Otis Pkwy Ste 216
 City Anchorage State AK Zip Code 99508-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A A SPECIALTY HEALTH CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847547
 Amount of Each Receipt this Period
 41.66

C. Christopher Peter Poje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3580 Sheridan Dr Ste 115
 City Amherst State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEDIATRIC ENT ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847548
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
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 110
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3828
 City Bluffton State SC Zip Code 29910-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET EAST COOPER SPINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847549
 Amount of Each Receipt this Period
 41.66

B. Damon Michael Dietrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 English Turn Dr
 City New Orleans State LA Zip Code 70131-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847550
 Amount of Each Receipt this Period
 41.66

C. James Albert Corwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Robin Ln
 City Midland State TX Zip Code 79707-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ONCOLOGY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847551
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 18 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Juan Francisco Fitz MD			Date of Receipt
Mailing Address 6003 84th St			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847552
Lubbock	TX	79424-3686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer	Occupation		
COVENANT MEDICAL GROUP ADMINISTRAT	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Masud Iqbal Malik MD			Date of Receipt
Mailing Address 3865 N Mulford Rd			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847553
Rockford	IL	61114-5603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dennis Lee Galinsky MD			Date of Receipt
Mailing Address 55 E Erie St Apt 1905			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65847556
Chicago	IL	60611-2248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer	Occupation		
NOMC MACNEAL RADIATION THERAPY	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 110
	<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. Erick Allen Eiting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 S Grand Ave
 Apt 805
 City Los Angeles State CA Zip Code 90015-2768
 Name of Employer JACOBI MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847558
 Amount of Each Receipt this Period
 41.66

B. Jason Michael Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Coral Hills Dr
 Ste 340
 City Coral Springs State FL Zip Code 33065-4172
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847559
 Amount of Each Receipt this Period
 41.66

C. Gregory Laurence Heacock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy
 Ste 230
 City Annapolis State MD Zip Code 21401-3282
 Name of Employer ANNAPOLIS ENT Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847560
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Joydeep Som MD
Full Name (Last, First, Middle Initial)
Mailing Address 2002 Medical Pkwy Ste 230
City Annapolis State MD Zip Code 21401-3282
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 **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847561
Amount of Each Receipt this Period **41.66**

B. Harold A Woodcome Jr MD
Full Name (Last, First, Middle Initial)
Mailing Address 690 Eddy St Retina Consultants
City Providence State RI Zip Code 02903-4928
FEC ID number of contributing federal political committee. **C**
Name of Employer RETINA CONSULTANTS, INC Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847562
Amount of Each Receipt this Period **41.66**

C. Theodore A Calianos II MD
Full Name (Last, First, Middle Initial)
Mailing Address 151 Whitmar Rd
City Cotuit State MA Zip Code 02635-2931
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 **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847563
Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **124.98**
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 110
	<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. Erich Bryan Groos Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Patterson St
 Ste 201
 City Nashville State TN Zip Code 37203-1587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNEA CONSULTANTS OF NASHVILLE PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847564
 Amount of Each Receipt this Period
41.66

B. Michael Allan Sandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4270 Barcroft Way
 City Orchard Lake State MI Zip Code 48323-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847565
 Amount of Each Receipt this Period
41.66

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 **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847566
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
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 110
	<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

Full Name (Last, First, Middle Initial) A. David Glen Morrell MD		Date of Receipt
Mailing Address 2121 N 1700 W		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Layton State UT Zip Code 84041-8803		Transaction ID : 65847568
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Occupation Physician		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.30"/>	

Full Name (Last, First, Middle Initial) B. Charles Frederick Willson MD		Date of Receipt
Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Greenville State NC Zip Code 27834-4300		Transaction ID : 65847569
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.30"/>	

Full Name (Last, First, Middle Initial) C. Howard Bradley Chodash MD		Date of Receipt
Mailing Address 3804 Indian Lands Ln		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Springfield State IL Zip Code 62711-8214		Transaction ID : 65847571
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer HEALTHCARE NETWORK ASSOCIATES Occupation Physician		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.30"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 110
	<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. Marcy L Zwelling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3771 Katella Ave
 Ste 108
 City Los Alamitos State CA Zip Code 90720-3111
 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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847572
 Amount of Each Receipt this Period
 41.66

B. Scott Robert Hannum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6554 Lake Burden View Dr
 City Windermere State FL Zip Code 34786-5652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VASCULAR CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847573
 Amount of Each Receipt this Period
 41.66

C. Peter Michael Daloni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Highland Rd
 City Hermitage State PA Zip Code 16148-2868
 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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847574
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. 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 GROU Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847575
 Amount of Each Receipt this Period **41.66**

B. William Alan Handelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 Litchfield St Ste 200
 City Torrington State CT Zip Code 06790-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847576
 Amount of Each Receipt this Period **41.66**

c. John Weeks Culclasure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Demonbreun St Apt 1208
 City Nashville State TN Zip Code 37203-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWELL ALLEN CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847577
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional).....	124.98
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 25 OF 110
(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. Michael Vest DO

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 ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 65847578

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Maryanne C Bombaugh MD

Mailing Address 81 Clowes Dr

City Falmouth State MA Zip Code 02540-2333

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 ▼ **374.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 65847579

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
C. Gary Lewis Woods MD

Mailing Address 12 Evangelyn Dr

City Bow State NH Zip Code 03304-4921

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

Name of Employer CONCORD ORTHOPAEDICS PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 65847580

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ **124.98**

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 26 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<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. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1126 Washington Ave
 City Winter Park State FL Zip Code 32789-5657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRUESDALE OBGYN Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847581
 Amount of Each Receipt this Period
 41.66

B. Christopher James Conlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DRA FLINT PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847582
 Amount of Each Receipt this Period
 41.66

C. John Albert Kazmierowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 NE 134th St Ste 301
 City Vancouver State WA Zip Code 98686-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALLERGY ASTHMA & DERMATOLOGY ASSO Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847583
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Brian Andrew Mc Donald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Gloria Ln
 City Schenectady State NY Zip Code 12309-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPPCA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847585
 Amount of Each Receipt this Period
 41.66

B. Charles F Pattavina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Broadway St Joseph Hospital
 City Bangor State ME Zip Code 04401-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. JOSEPH HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847586
 Amount of Each Receipt this Period
 41.66

C. Joseph Robt Sellers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 N Grand St
 City Cobleskill State NY Zip Code 12043-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BASSETT HEALTHCARE CLINIC COOPERST Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847587
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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 Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Indigo Dr U-303
 City Pensacola State FL Zip Code 32507-7604
 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 **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847588
 Amount of Each Receipt this Period
 41.66

B. Jose F Arrascue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 S Congress Ave Ste 103
 City Atlantis State FL Zip Code 33462-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH PALM BEACH NEPHROLOGY PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847589
 Amount of Each Receipt this Period
 41.66

C. Juan Michael Pardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City Annapolis State MD Zip Code 21401-3282
 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 **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847590
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
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 110
	<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. Clarence William Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4605 Golf Rd
 City Skokie State IL Zip Code 60076-1209
 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 **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847591
 Amount of Each Receipt this Period
41.66

B. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Pine Rd
 City Syosset State NY Zip Code 11791-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847593
 Amount of Each Receipt this Period
41.66

C. Dinesh Kushangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15604 Shawnee Dr
 City Overland Park State KS Zip Code 66223-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC - KANSAS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847594
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
<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. 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847595
 Amount of Each Receipt this Period
 41.66

B. Dragos Macelaru MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11668 State Route 30
 City Malone State NY Zip Code 12953-5736
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847596
 Amount of Each Receipt this Period
 41.66

C. Corey E Collins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Fairchild Dr
 City Reading State MA Zip Code 01867-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS EYE AND EAR INFIRMARY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847597
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Dionne Hart MD
Full Name (Last, First, Middle Initial)
Mailing Address 1506 Century Knoll Ln NE

City Rochester	State MN	Zip Code 55906-7717
-------------------	-------------	------------------------

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

Name of Employer DOJ	Occupation Physician
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 65847598

Amount of Each Receipt this Period
41.66

B. Charles Rothberg MD
Full Name (Last, First, Middle Initial)
Mailing Address 331 E Main St

City Patchogue	State NY	Zip Code 11772-3142
-------------------	-------------	------------------------

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 ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 65847599

Amount of Each Receipt this Period
41.66

C. Thomas Edward Sullivan MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Brackenbury Ln

City Beverly	State MA	Zip Code 01915-3822
-----------------	-------------	------------------------

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 ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 65847600

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Mr. Rodrigo A Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3727 N Janssen Ave
 City Chicago State IL Zip Code 60613-3701
 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 **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847601
 Amount of Each Receipt this Period
41.66

B. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 898
 City Callicoon State NY Zip Code 12723-0898
 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 **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847602
 Amount of Each Receipt this Period
41.66

c. Michael Jay Springer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROFESSIONAL READERS GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847603
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Shari Louise Orser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 N 7th St
 City Bismarck State ND Zip Code 58501-4423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANFORD HEALTH Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847605
 Amount of Each Receipt this Period
 41.66

B. Gary David Thal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 E Chestnut St Apt 49A
 City Chicago State IL Zip Code 60611-6027
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847606
 Amount of Each Receipt this Period
 41.66

C. John Gerald Albertini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Professional Park Dr Ste 150
 City Winston Salem State NC Zip Code 27103-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKIN SURGERY CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847608
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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

Full Name (Last, First, Middle Initial) A. Michael Ashley Taylor MD		Date of Receipt
Mailing Address 39 Via Navarro		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Greenbrae	CA	94904-1215
FEC ID number of contributing federal political committee.		Transaction ID : 65847610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Henry Jerrold Kaplan MD		Date of Receipt
Mailing Address 301 E Muhammad Ali Blvd Eye Specialists Of Louisvi		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40202-1511
FEC ID number of contributing federal political committee.		Transaction ID : 65847611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
EYE SPECIALISTS OF LOUISVILLE	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Nancy O Naghavi DO		Date of Receipt
Mailing Address 9307 Shady Lane Cir		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77063-1306
FEC ID number of contributing federal political committee.		Transaction ID : 65847612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
FAMILY CARE PLUS REHAB	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.30"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 110
	<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. Lawrence Jay Singerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Enterprise Pkwy
 Ste 300
 City Beachwood State OH Zip Code 44122-7340
 Name of Employer RETINA ASSOCIATES OF CLEVELAND INC
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847613
 Amount of Each Receipt this Period
 41.66

B. J Brennan Cassidy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Tustin Ave
 Ste C
 City Newport Beach State CA Zip Code 92663-4729
 Name of Employer WEST COAST LASER
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847614
 Amount of Each Receipt this Period
 41.66

C. Stephen Noah Horwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2999 NE 191st St
 Ph 1
 City Aventura State FL Zip Code 33180-3116
 Name of Employer HORWITZ WEISSMAN & MEHREL MD PA
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847615
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 36 OF 110
(check only one)

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

A. Wade Anthony Weigel MD
Full Name (Last, First, Middle Initial)
Mailing Address 1100 9th Ave
Dept Of Anesthesia B2-AN
City Seattle State WA Zip Code 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer VIRGINIA MASON MEDICAL CENTER Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847616
Amount of Each Receipt this Period
41.66

B. Zachary Bregman MD
Full Name (Last, First, Middle Initial)
Mailing Address 149 E 18th St Apt 2
City New York State NY Zip Code 10003-2480
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 ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847618
Amount of Each Receipt this Period
41.66

C. Sidney Gold MD
Full Name (Last, First, Middle Initial)
Mailing Address 16973 Stardust Pl
City Granada Hills State CA Zip Code 91344-1732
FEC ID number of contributing federal political committee. C
Name of Employer KAISER FOUNDATION HEALTH PLAN NATIO Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847619
Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
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 110
	<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. Spiro G Spanakis DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Lake Ave
 Apt 1005
 City Worcester State MA Zip Code 01604-1163
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847620
 Amount of Each Receipt this Period
 41.66

B. Kathleen Ann Hoye MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Ashland St
 City Taunton State MA Zip Code 02780-3317
 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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847621
 Amount of Each Receipt this Period
 41.66

C. William Gene Nicholson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 10th St
 City White Bear Lk State MN Zip Code 55110-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTHEAST HOSPITALIST SERVICE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847623
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Asa Carroll Lockhart MD
Full Name (Last, First, Middle Initial)
Mailing Address 2106 Kennebunk Ln
City Tyler State TX Zip Code 75703-0301
FEC ID number of contributing federal political committee. **C**
Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATI Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847624
Amount of Each Receipt this Period
41.66

B. Peter Karczmar MD
Full Name (Last, First, Middle Initial)
Mailing Address 225 Adelaide Ave
City Providence State RI Zip Code 02907-1832
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 ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847627
Amount of Each Receipt this Period
41.66

C. Hang Thanh Bui MD
Full Name (Last, First, Middle Initial)
Mailing Address 1321 N Harbor Blvd Ste 101
City Fullerton State CA Zip Code 92835-4129
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 ▼ 208.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015
Transaction ID : 65847628
Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 39 OF 110
	<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. Raj Behari Lal MD
Full Name (Last, First, Middle Initial)

Mailing Address 2809 Meyers Rd

City Oak Brook State IL Zip Code 60523-1623

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 ▼ 208.30

Date of Receipt
05 / 21 / 2015
Transaction ID : 65847629

Amount of Each Receipt this Period
41.66

B. Terry Nye Wooldridge MD
Full Name (Last, First, Middle Initial)

Mailing Address 230 E 22nd St Ste 2

City Fremont State NE Zip Code 68025-2661

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 ▼ 208.30

Date of Receipt
05 / 21 / 2015
Transaction ID : 65847630

Amount of Each Receipt this Period
41.66

C. Wendell Byars Wells MD
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Darnell Lake Dr

City Mishawaka State IN Zip Code 46545-7277

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 ▼ 258.30

Date of Receipt
05 / 21 / 2015
Transaction ID : 65847631

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 40 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Daniel M Young MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2015 Transaction ID : 65847632
Mailing Address 33-57 Harrison St Family Medicine Residency Office		Amount of Each Receipt this Period 41.66
City Johnson City	State NY	Zip Code 13790-2107
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) B. Goitom Andom Asgedom MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2015 Transaction ID : 65847634
Mailing Address 1135 Lake Blvd Apt 11		Amount of Each Receipt this Period 41.66
City Marion	State OH	Zip Code 43302-6685
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) C. Leon Everett Butler MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2015 Transaction ID : 65847635
Mailing Address 16605 Chestnut Glen Pl		Amount of Each Receipt this Period 41.66
City Louisville	State KY	Zip Code 40245-6121
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Gregory L Pinto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Maple Ave
 Ste 200
 City Saratoga Spgs State NY Zip Code 12866-5533
 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 **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847636
 Amount of Each Receipt this Period
 41.66

B. 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 **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847637
 Amount of Each Receipt this Period
 41.66

C. Louito Catherina Edje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2051 W Central Ave
 Director Family Medicine Residency
 City Toledo State OH Zip Code 43606-3948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FALLEN TIMBERS FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847638
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... **124.98**
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 110
	<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. Kevin D Nohner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8141 W Center Rd
 City Omaha State NE Zip Code 68124-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALEGENT HEALTH IMMANUEL MEDICAL CEN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847642
 Amount of Each Receipt this Period **41.66**

B. Denise Louise Bobovnyik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3660 Stutz Dr Ste 102 Primary Care Specialists
 City Canfield State OH Zip Code 44406-8149
 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 **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847643
 Amount of Each Receipt this Period **41.66**

C. James R Trahan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2521 University Blvd Ste 122
 City Ames State IA Zip Code 50010-8629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARY GREELEY MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 65847645
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **124.98**
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 110
	<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. Sylvia Ann Emory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 Chambers St
 Westmoreland Fam Med
 City Eugene State OR Zip Code 97402-3636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OREGON MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847647
 Amount of Each Receipt this Period
41.66

B. Benjamin Holland Whitten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 W 78th St
 Ste 100
 City Edina State MN Zip Code 55439-2529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABBOTT NORTHWESTERN GENERAL MEDICINE A Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847650
 Amount of Each Receipt this Period
41.66

C. Gary Robert Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Wisteria Ct
 City Dublin State OH Zip Code 43016-8531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PREMIER HEALTHCARE SERVICES, INC. Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847651
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
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 44 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph T Inglefield III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 18th Street Cir SE
 City State Zip Code
 Hickory NC 28602-1361
 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 ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847652
 Amount of Each Receipt this Period
 41.66

B. Gregory Paul Fazio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Monument Rd Ste 200
 City State Zip Code
 York PA 17403-5049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WELLSPAN MEDICAL GROUP ADMIN Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847653
 Amount of Each Receipt this Period
 41.66

C. Heather G Sutton-Walsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Chaparral Est
 City State Zip Code
 Denton TX 76208-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDICAL CLINIC OF NORTH TEXAS Resident Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 65847654
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
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 110
	<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

Full Name (Last, First, Middle Initial) A. Donald Joseph Swikert MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 Transaction ID : 65847655
Mailing Address 413 S Loop Rd		Amount of Each Receipt this Period 41.66
City Edgewood	State KY	Zip Code 41017-5446
FEC ID number of contributing federal political committee. C		
Name of Employer ST ELIZABETH HOSPITAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) B. Nancy Jewell Swikert MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 Transaction ID : 65847656
Mailing Address 10003 Country Hills Ct		Amount of Each Receipt this Period 41.66
City Union	State KY	Zip Code 41091-9774
FEC ID number of contributing federal political committee. C		
Name of Employer PATIENT FIRST PHYSICIANS GROUP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) C. Gary Allen Delaney MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 Transaction ID : 65847657
Mailing Address 1138 Putter Path Rd		Amount of Each Receipt this Period 41.66
City Orangeburg	State SC	Zip Code 29118-4081
FEC ID number of contributing federal political committee. C		
Name of Employer REGIONAL MEDICAL CENTER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.38	

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
<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. Mr. Richard Newman
Full Name (Last, First, Middle Initial)

Mailing Address 330 North Wabash Avenue

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 ▼ **208.38**

Date of Receipt **05 / 21 / 2015**

Transaction ID : 65847658

Amount of Each Receipt this Period **41.66**

B. Janet Johnson Cash MD
Full Name (Last, First, Middle Initial)

Mailing Address 833 Saint Vincents Dr Ste 401

City Birmingham State AL Zip Code 35205-1613

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

Name of Employer SOUTHVIEW MEDICAL GROUP PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt **05 / 21 / 2015**

Transaction ID : 65847666

Amount of Each Receipt this Period **41.66**

C. Rita Fattouch Saikali MD
Full Name (Last, First, Middle Initial)

Mailing Address 52 Prince Of Wales Ct

City Buffalo State NY Zip Code 14221-1900

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

Name of Employer WAGDY GHALY MD PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt **05 / 21 / 2015**

Transaction ID : 65847668

Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 110
	<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. Mrs. Barbara Hurwitz
Full Name (Last, First, Middle Initial)

Mailing Address 690 Dallas Hwy
Ste 101

City Villa Rica State GA Zip Code 30180-1262

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 ▼
208.30

Date of Receipt
05 / 21 / 2015
Transaction ID : 65847670

Amount of Each Receipt this Period
41.66

B. Joy Ann 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

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

Name of Employer ATLANTA CHILDRENS CLINICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt
05 / 23 / 2015
Transaction ID : 65859288

Amount of Each Receipt this Period
83.33

C. Elvin C Irvin Jr MD
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Lindberg Dr

City Florence State SC Zip Code 29501-5653

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 ▼
416.65

Date of Receipt
05 / 23 / 2015
Transaction ID : 65859289

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....	208.30
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 110
	<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

Full Name (Last, First, Middle Initial) A. Keith Francis De Sonier MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859290
Mailing Address 555 Dr Michael Debakey Dr Ste 103		Amount of Each Receipt this Period 83.33
City Lake Charles	State Zip Code LA 70601-5700	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.65
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Steven Polsley MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859291
Mailing Address 900 Scioto St Ste 7		Amount of Each Receipt this Period 83.33
City Urbana	State Zip Code OH 43078-2251	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.65
Name of Employer FAMILY PHYSICIANS OF URBANA INC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. George E. Cox		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859292
Mailing Address 10308 Fleming Ave.		Amount of Each Receipt this Period 83.33
City Bethesda	State Zip Code MD 20814-2136	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.65
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 49 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859293
Amount of Each Receipt this Period 83.33

B. 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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859294
Amount of Each Receipt this Period 83.33

C. 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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859295
Amount of Each Receipt this Period 83.33

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 50 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859296
 Amount of Each Receipt this Period 83.33

B. 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
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859297
 Amount of Each Receipt this Period 83.33

C. 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
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859298
 Amount of Each Receipt this Period 83.33

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 110
(check only one)

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

A. 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 ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2015

Transaction ID : 65859299

Amount of Each Receipt this Period

83.33

B. Stuart Gitlow MD
Full Name (Last, First, Middle Initial)
Mailing Address 153 Gaskill St

City Woonsocket	State RI	Zip Code 02895-1011
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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 ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2015

Transaction ID : 65859301

Amount of Each Receipt this Period

83.33

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 ▼
516.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2015

Transaction ID : 65859302

Amount of Each Receipt this Period

83.33

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 110
	<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
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859303
 Amount of Each Receipt this Period 83.33

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
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859304
 Amount of Each Receipt this Period 83.33

C. John Jos Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859305
 Amount of Each Receipt this Period 83.33

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 53 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Mark Chas Komorowski MD			Date of Receipt
Mailing Address 610 S Trumbull St			M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code	Transaction ID : 65859306
Bay City	MI	48708-7656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	416.65		

Full Name (Last, First, Middle Initial) B. Daniel Joel Koretz MD			Date of Receipt
Mailing Address 1939 Lake Rd			M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code	Transaction ID : 65859307
Ontario	NY	14519-9792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	416.65		

Full Name (Last, First, Middle Initial) C. Glenn Allen Loomis MD			Date of Receipt
Mailing Address 334 Thomas More Pkwy Ste 160			M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code	Transaction ID : 65859308
Crestview Hills	KY	41017-3496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupation		
SPARROW HEALTH SYSTEM	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	416.65		

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 54 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Patrick Wm Mc Cormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Cherry St # 2-M200
 City Toledo State OH Zip Code 43608-2673
 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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859309
 Amount of Each Receipt this Period 83.33

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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859310
 Amount of Each Receipt this Period 83.33

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 ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859311
 Amount of Each Receipt this Period 83.33

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 55 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Robert Cameron More MD		Date of Receipt
Mailing Address 8100 Wescott Dr Ste 101		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Flemington	NJ	08822-4671
FEC ID number of contributing federal political committee.		Transaction ID : 65859312
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
HUNTERDON ORTHOPEDIC INSTITUTE	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) B. John S Mc Intyre MD		Date of Receipt
Mailing Address 2000 Winton Rd S Bldg 4		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rochester	NY	14618-3970
FEC ID number of contributing federal political committee.		Transaction ID : 65859313
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
UNITY MENTAL HEALTH	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	

Full Name (Last, First, Middle Initial) C. Devdutta G Sangvai MD		Date of Receipt
Mailing Address 708 Oxboro Cir		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Durham	NC	27713-8298
FEC ID number of contributing federal political committee.		Transaction ID : 65859314
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
DUKE UNIVERSITY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 110
	<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 George Gerkin MD
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Lakemoor Dr

City Knoxville State TN Zip Code 37920-2815

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 ▼ 416.65

Date of Receipt
05 / 23 / 2015
Transaction ID : 65859315

Amount of Each Receipt this Period
83.33

B. 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 ▼ 416.65

Date of Receipt
05 / 23 / 2015
Transaction ID : 65859316

Amount of Each Receipt this Period
83.33

C. Patrice A Harris MD
Full Name (Last, First, Middle Initial)

Mailing Address 99 Jesse Hill Jr Dr SE Ste 400

City Atlanta State GA Zip Code 30303-3030

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 ▼ 416.65

Date of Receipt
05 / 23 / 2015
Transaction ID : 65859317

Amount of Each Receipt this Period
83.33

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 57 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **516.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859320

Amount of Each Receipt this Period
83.33

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

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 ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859321

Amount of Each Receipt this Period
83.33

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

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 ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859322

Amount of Each Receipt this Period
83.33

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 58 OF 110
	<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 Walton Eppes Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-2238
 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 **516.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859323
 Amount of Each Receipt this Period **83.33**

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLASTIC SURGERY OF PALM BEACH PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859324
 Amount of Each Receipt this Period **83.33**

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859326
 Amount of Each Receipt this Period **83.33**

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 59 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859327
 Amount of Each Receipt this Period
 83.33

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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859328
 Amount of Each Receipt this Period
 83.33

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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859329
 Amount of Each Receipt this Period
 83.33

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 60 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Richard Allen Dart MD		Date of Receipt
Mailing Address 9050 Ader Rd Wisconsin Medical Soc		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Marshfield	State WI	Zip Code 54449-9652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 65859330
Name of Employer MARSHFIELD CLINIC		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.65"/>		

Full Name (Last, First, Middle Initial) B. Perry Lynn Haney MD		Date of Receipt
Mailing Address PO Box 6680		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Denver	State CO	Zip Code 80206-0680
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 65859332
Name of Employer SPINEONE, INC		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.65"/>		

Full Name (Last, First, Middle Initial) C. Roni Ephrat MD		Date of Receipt
Mailing Address 116 Broadway		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Norwood	State NJ	Zip Code 07648-1401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 65859333
Name of Employer BERGEN ANESTHESIA		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.65"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 110
	<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. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859334
 Amount of Each Receipt this Period
 83.33

B. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859335
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859336
 Amount of Each Receipt this Period
 83.33

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 62 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Mokarram Husain Jafri MD		Date of Receipt
Mailing Address 6 Oakhurst Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Clifton Park	NY	12065-8719
FEC ID number of contributing federal political committee.		Transaction ID : 65859337
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
ANESTHESIA GROUP OF ALBANY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerald Edward Harmon MD		Date of Receipt
Mailing Address 9699 Ocean Hwy PO Box 289		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pawleys Isl	SC	29585-7425
FEC ID number of contributing federal political committee.		Transaction ID : 65859338
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Jos Sexton MD		Date of Receipt
Mailing Address 12 Erica Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Novato	CA	94947-1900
FEC ID number of contributing federal political committee.		Transaction ID : 65859339
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 110
	<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

Full Name (Last, First, Middle Initial) A. James J Dehen Jr MD		Date of Receipt
Mailing Address 2024 S 6th St		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code
Brainerd	MN	56401-4529
FEC ID number of contributing federal political committee.		Transaction ID : 65859340
C		Amount of Each Receipt this Period
		83.33
Name of Employer	Occupation	
BRAINERD MEDICAL CENTER INC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	416.65	

Full Name (Last, First, Middle Initial) B. Aaron Edward George DO		Date of Receipt
Mailing Address PO Box 3886 Dept of Community/Family Medicine		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code
Durham	NC	27710-0001
FEC ID number of contributing federal political committee.		Transaction ID : 65859341
C		Amount of Each Receipt this Period
		41.66
Name of Employer	Occupation	
N/A	Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	208.30	

Full Name (Last, First, Middle Initial) C. Jack M Chapman Jr MD		Date of Receipt
Mailing Address 2061 Beverly Rd		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City	State	Zip Code
Gainesville	GA	30501-2034
FEC ID number of contributing federal political committee.		Transaction ID : 65859342
C		Amount of Each Receipt this Period
		83.33
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	416.65	

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 64 OF 110
	<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. Richard Earl Thorp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2395 Tokay Ct
 City Paradise State CA Zip Code 95969-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARADISE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859343
 Amount of Each Receipt this Period
83.33

B. 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859344
 Amount of Each Receipt this Period
83.33

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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859345
 Amount of Each Receipt this Period
83.33

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 65 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Susan Rudd Bailey MD		Date of Receipt
Mailing Address 5929 Lovell Ave F W A A		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fort Worth	TX	76107-5029
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 65859346
FORT WORTH ALLERGY ASTHMA ASSOCIAT	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	<input type="text" value="83.33"/>

Full Name (Last, First, Middle Initial) B. John E Christie MD		Date of Receipt
Mailing Address 2661 Riva Rd Bldg 600		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Annapolis	MD	21401-7353
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 65859347
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	<input type="text" value="83.33"/>

Full Name (Last, First, Middle Initial) C. Mrs. Margaret Garikes		Date of Receipt
Mailing Address 4003 Sharp Place		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Alexandria	VA	22304-1736
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 65859348
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	<input type="text" value="83.33"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 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 **416.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859349
 Amount of Each Receipt this Period **83.33**

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 **416.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859350
 Amount of Each Receipt this Period **83.33**

C. Badri N Nath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13331
 City Palm Desert State CA Zip Code 92255-3331
 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 **416.65**

Date of Receipt **05 / 23 / 2015**
Transaction ID : 65859351
 Amount of Each Receipt this Period **83.33**

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 67 OF 110
	<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. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859352
 Amount of Each Receipt this Period
83.33

B. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859353
 Amount of Each Receipt this Period
83.33

C. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 S Ingleside Ave
 City Chicago State IL Zip Code 60615-5013
 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859354
 Amount of Each Receipt this Period
83.33

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 68 OF 110
	<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. 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
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859355
 Amount of Each Receipt this Period 83.33

B. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859356
 Amount of Each Receipt this Period 83.33

C. Mr. John Robert Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Williamsburg Blvd
 City Arlington State VA Zip Code 22207-1813
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 23 / 2015
Transaction ID : 65859357
 Amount of Each Receipt this Period 83.33

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 69 OF 110
	<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 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015
Transaction ID : 65859358
 Amount of Each Receipt this Period
83.33

B. Carol Sadie 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015
Transaction ID : 65859359
 Amount of Each Receipt this Period
83.33

C. 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015
Transaction ID : 65859360
 Amount of Each Receipt this Period
83.33

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 70 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Louis James Kraus MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859361
Mailing Address 910 Skokie Blvd STE230		Amount of Each Receipt this Period 83.33
City Northbrook	State IL	
Zip Code 60062-4040		Aggregate Year-to-Date ▼ 416.65
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mrs. Joanne Bergquist		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859362
Mailing Address 210 W Tacoma Ave		Amount of Each Receipt this Period 166.66
City Latrobe	State PA	
Zip Code 15650-1026		Aggregate Year-to-Date ▼ 833.30
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Physician Spouse	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Donald D Timmerman MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859364
Mailing Address 1817 Main St		Amount of Each Receipt this Period 83.33
City Glastonbury	State CT	
Zip Code 06033-2943		Aggregate Year-to-Date ▼ 416.65
FEC ID number of contributing federal political committee. C		
Name of Employer CT VALLEY HOSP	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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:	PAGE 71 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Corliss Adam Varnum MD			Date of Receipt
Mailing Address 79 Regan Dr			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859365
Oswego	NY	13126-5602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Andrew Rosman MD			Date of Receipt
Mailing Address 51 School St			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859366
Andover	MA	01810-4037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
MGH	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.69"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Sharon R Metzger Richens MD			Date of Receipt
Mailing Address 161 W 200 N Ste 200			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859367
St George	UT	84770-2728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
EYE CARE SPECIALISTS PS	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 William Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Belle Plane Cir
 City Green Bay State WI Zip Code 54313-3211
 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 ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859368
 Amount of Each Receipt this Period
 83.33

B. Kenneth Michael Certa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Fox Hunt Cir
 City Plymouth Mtng State PA Zip Code 19462-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS JEFFERSON UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859369
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859370
 Amount of Each Receipt this Period
 83.33

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 73 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859371
 Amount of Each Receipt this Period
 83.33

B. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859372
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859373
 Amount of Each Receipt this Period
 83.33

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 74 OF 110
	<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. 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859374
 Amount of Each Receipt this Period
 83.33

B. Bruce Alan Mac Leod 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859375
 Amount of Each Receipt this Period
 83.33

C. Peter Augusto Bernardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3356 Homestead Rd S
 City Salem State OR Zip Code 97302-9752
 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 **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859376
 Amount of Each Receipt this Period
 83.33

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 75 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Ahmed Bajandas MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859377
Mailing Address PO Box 489		Amount of Each Receipt this Period 83.33
City Humacao	State PR	Zip Code 00792-0489
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) B. Mr. William R. Abrams JD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859378
Mailing Address 7702 Radcliffe Drive Apt. C		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) C. James David Grant MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 Transaction ID : 65859379
Mailing Address 1574 Sodon Lake Dr		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

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 76 OF 110
	<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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859380

Amount of Each Receipt this Period
 83.33

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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859381

Amount of Each Receipt this Period
 83.33

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 ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859382

Amount of Each Receipt this Period
 41.66

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: PAGE 77 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christopher Lance Sudduth MD

Mailing Address 2508 S 14th St

City Broken Arrow State OK Zip Code 74012-7264

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 ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859383

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Alyn L Adrain MD

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 ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859384

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
c. Rattapol Srisinroongruang MD

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 ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859386

Amount of Each Receipt this Period
83.33

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 78 OF 110
	<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 Alexander Zagat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Locust St
 Apt 4
 City Philadelphia State PA Zip Code 19107-5409
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
 Transaction ID : 65859387
 Amount of Each Receipt this Period 83.33

B. Mrs. Kimberly Moser
 Full Name (Last, First, Middle Initial)
 Mailing Address 3216 High Ridge Drive
 City Taylor Mill State KY Zip Code 41015-4411
 Name of Employer KPPAC Occupation State Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
 Transaction ID : 65859388
 Amount of Each Receipt this Period 83.33

C. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 416.65

Date of Receipt 05 / 23 / 2015
 Transaction ID : 65859389
 Amount of Each Receipt this Period 83.33

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 79 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Deepak Azad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City State Zip Code
 Floyds Knobs IN 47119-9761
 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 ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859390
 Amount of Each Receipt this Period
 83.33

B. Daniel O'Brien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8625 Sandstone Ct
 City State Zip Code
 Granite Bay CA 95746-9517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Resident Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859391
 Amount of Each Receipt this Period
 41.66

C. Richard John Depersio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7557 Dannaer Dr
 Ste 220
 City State Zip Code
 Powell TN 37849-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREATER KNOXVILLE EAR NOSE & THROAT Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859392
 Amount of Each Receipt this Period
 83.33

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 80 OF 110
	<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. Tina Rashmi Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 S Maryland Ave
 Ste MC7082
 City Chicago State IL Zip Code 60637-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859393
 Amount of Each Receipt this Period
41.66

B. Jeffrey Donnell Cao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11021 Campus St Ste 301
 City Loma Linda State CA Zip Code 92350-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOMA LINDA UNIV MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859394
 Amount of Each Receipt this Period
83.33

C. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859395
 Amount of Each Receipt this Period
83.33

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:	PAGE 81 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Arthur E Apolinario MD			Date of Receipt
Mailing Address 403 Fairview St			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859396
Clinton	NC	28328-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
CLINTON MEDICAL CLINIC INC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joshua David Lesko MD			Date of Receipt
Mailing Address 408 Dundaff St Apt 805			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859397
Norfolk	VA	23507-2045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.66"/>
Name of Employer	Occupation		
N/A	Resident Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Michaela Sternstein			Date of Receipt
Mailing Address 330 N Wabash Ave			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859398
Chicago	IL	60611-3586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
AMERICAN MEDICAL ASSOCIATION	AMA Executive		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="208.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 82 OF 110
	<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. Mr. Grayson Wilkes Armstrong

Full Name (Last, First, Middle Initial)
Mailing Address 15 Pratt St
Apt 3

City Providence State RI Zip Code 02906-1469

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 ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859400

Amount of Each Receipt this Period
41.66

B. Mr. Karthik Venkataraman Sarma

Full Name (Last, First, Middle Initial)
Mailing Address 10989 Rochester Ave
Apt 111

City Los Angeles State CA Zip Code 90024-6228

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 ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859401

Amount of Each Receipt this Period
41.66

C. 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 ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2015

Transaction ID : 65859402

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	166.65
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 83 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Marshall Lucas MD		Date of Receipt
Mailing Address 8701 New Trails Dr Ste 150		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City Spring	State TX	Zip Code 77381-4546
FEC ID number of contributing federal political committee. C		Transaction ID : 65859403
Name of Employer JASON D BARON MD PA		Amount of Each Receipt this Period
Occupation Physician		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		416.69

Full Name (Last, First, Middle Initial) B. John Robert Corker MD		Date of Receipt
Mailing Address 3200 Maple Ave Apt 323		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City Dallas	State TX	Zip Code 75201-1343
FEC ID number of contributing federal political committee. C		Transaction ID : 65859404
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Resident Physician		41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		208.38

Full Name (Last, First, Middle Initial) C. James Lee Sublett MD		Date of Receipt
Mailing Address 500 W Jefferson St Ste 160		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
City Louisville	State KY	Zip Code 40202-2866
FEC ID number of contributing federal political committee. C		Transaction ID : 65859407
Name of Employer FAMILY ALLERGY & ASTHMA		Amount of Each Receipt this Period
Occupation Physician		150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		450.00

SUBTOTAL of Receipts This Page (optional).....▶	274.99
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 84 OF 110
	<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. Niranjan 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 ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859408
 Amount of Each Receipt this Period
 83.33

B. 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 ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859409
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : 65859410
 Amount of Each Receipt this Period
 83.33

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 85 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Paul Douglas Bozyk MD			Date of Receipt
Mailing Address 7653 Embassy Dr			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65859411
Canton	MI	48187-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.69"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William Lee Hamilton MD			Date of Receipt
Mailing Address 5171 S Cottonwood St Ste 750			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65881093
Salt Lake Cty	UT	84107-5705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="208.33"/>
Name of Employer	Occupation		
INTERMOUNTAIN HEALTHCARE	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1041.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nancy Louise Mueller MD			Date of Receipt
Mailing Address 610 E Palisade Ave			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65881094
Englewood	NJ	07632-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="208.33"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1041.65"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="499.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 86 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 1041.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881095
 Amount of Each Receipt this Period
 208.33

B. 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 ▼ 1041.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881096
 Amount of Each Receipt this Period
 208.33

C. 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
 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 ▼ 1249.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881097
 Amount of Each Receipt this Period
 208.33

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 87 OF 110
	<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. Mr. Kevin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 10635 Canterbury Rd.
 City State Zip Code
 Fairfax Station VA 22039-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN MEDICAL ASSOCIATION AMA Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881098
 Amount of Each Receipt this Period
 208.33

B. Stephen Alan Imbeau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 E Cheves St Ste 420
 Allergy Asthma and Sinus Ctr
 City State Zip Code
 Florence SC 29506-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALLERGY ASTHMA & SINUS CENTER Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881099
 Amount of Each Receipt this Period
 208.33

C. Srinivas B Mukkamala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 Charter Dr
 Ste F
 City State Zip Code
 Flint MI 48532-3587
 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 ▼
 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881101
 Amount of Each Receipt this Period
 208.33

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 88 OF 110
	<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. 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881102
 Amount of Each Receipt this Period
 208.33

B. 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881103
 Amount of Each Receipt this Period
 208.33

C. 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 ▼ 2083.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881104
 Amount of Each Receipt this Period
 416.66

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 89 OF 110
	<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. 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881105

Amount of Each Receipt this Period
 208.33

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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881106

Amount of Each Receipt this Period
 208.33

C. 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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881107

Amount of Each Receipt this Period
 208.33

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 90 OF 110
	<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. Luis S Alonzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Grant Ave
 Iroquois Center for Human Dev
 City Greensburg State KS Zip Code 67054-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HORIZONS MENTAL HEALTH CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881109
 Amount of Each Receipt this Period
208.33

B. 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 OB/GYN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.80**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881110
 Amount of Each Receipt this Period
104.16

C. 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 **1041.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881111
 Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional).....	520.82
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 91 OF 110
	<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

Full Name (Last, First, Middle Initial) A. John Pasteur Hamide MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2015 Transaction ID : 65881112
Mailing Address 4720 Carthage St		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	

Full Name (Last, First, Middle Initial) B. Mr. Samuel John Mackenzie MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2015 Transaction ID : 65881113
Mailing Address 2277 Glencoe Hills Dr Apt 4		Amount of Each Receipt this Period 104.16
City Ann Arbor	State MI	Zip Code 48108-3002
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.80	

Full Name (Last, First, Middle Initial) C. Mrs. Julie Lynn Whitis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2015 Transaction ID : 65881114
Mailing Address PO Box 340903		Amount of Each Receipt this Period 104.16
City Dayton	State OH	Zip Code 45434-0903
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.80	

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 92 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Marvin H Rorick III MD			Date of Receipt
Mailing Address 111 Wellington Pl			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65881115
Cincinnati	OH	45219-1758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="208.33"/>
Name of Employer	Occupation		
RIVER HILLS HEALTH CARE	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1041.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alethia Ellen Morgan MD			Date of Receipt
Mailing Address PO Box 17540 Risk Management			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65881116
Denver	CO	80217-0540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="208.33"/>
Name of Employer	Occupation		
COPIC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1141.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Arthur Battista MD			Date of Receipt
Mailing Address 11 Orsinger HI			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 65881117
San Antonio	TX	78230-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="208.33"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1041.65"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="624.99"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 93 OF 110
	<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. 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
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 25 / 2015
Transaction ID : 65881118
 Amount of Each Receipt this Period 208.33

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
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 25 / 2015
Transaction ID : 65881119
 Amount of Each Receipt this Period 208.33

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
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 25 / 2015
Transaction ID : 65881120
 Amount of Each Receipt this Period 208.33

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 94 OF 110
	<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. 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 **1249.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881121
 Amount of Each Receipt this Period
208.33

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 **1041.69**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 65881122
 Amount of Each Receipt this Period
208.33

C. 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 **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881548
 Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	499.99
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 95 OF 110
	<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. 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881549
 Amount of Each Receipt this Period
 83.33

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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881552
 Amount of Each Receipt this Period
 83.33

C. 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
 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 ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881553
 Amount of Each Receipt this Period
 83.33

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 96 OF 110
	<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 ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881555
 Amount of Each Receipt this Period
 83.33

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 ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881558
 Amount of Each Receipt this Period
 208.33

C. 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 Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : 65881560
 Amount of Each Receipt this Period
 104.16

SUBTOTAL of Receipts This Page (optional).....▶	395.82
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 97 OF 110
	<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. Jeffrey Paul Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6528 Ocean Shore Ln
 City Columbia State MD Zip Code 21044-6070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PHYSICIAN'S HOUSE CALLS Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt: **05 / 26 / 2015**
Transaction ID : 65881561
 Amount of Each Receipt this Period: **83.33**

B. Steven Lloyd Drayer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Lake Lansing Rd
 City Lansing State MI Zip Code 48912-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: DRAYER ORTHOPEDICS Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: **05 / 29 / 2015**
Transaction ID : 66028457
 Amount of Each Receipt this Period: **250.00**

C. James Walter Wooldridge MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13510 Kingsmill Rd
 City Midlothian State VA Zip Code 23113-3818
 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 **300.00**

Date of Receipt: **05 / 29 / 2015**
Transaction ID : 66028458
 Amount of Each Receipt this Period: **100.00**

SUBTOTAL of Receipts This Page (optional).....	433.33
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 98 OF 110
	<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. Paul Jerry Carniol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Overlook Rd
 Ste 401
 City Summit State NJ Zip Code 07901-3564
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015
Transaction ID : 66028464
 Amount of Each Receipt this Period 500.00

B. Ms. Julie Goonewardene
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Hillcrest Rd.
 City West Lafayette State IN Zip Code 47906-2350
 Name of Employer UNIVERSITY OF KANSAS Occupation Vice Chancellor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2015
Transaction ID : 66028465
 Amount of Each Receipt this Period 1000.00

C. Joshua David Lesko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Dundaff St
 Apt 805
 City Norfolk State VA Zip Code 23507-2045
 Name of Employer N/A Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.30

Date of Receipt 05 / 29 / 2015
Transaction ID : 66028479
 Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional).....▶ 1590.00
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 99 OF 110
	<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. Charles Cutler MD
Full Name (Last, First, Middle Initial)

Mailing Address 512 Hamilton Rd

City Merion Station State PA Zip Code 19066-1105

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

Name of Employer FORNANCE PHYSICIAN SERVICES INC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2015
Transaction ID : 66028489

Amount of Each Receipt this Period 1000.00

B. 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 ▼ 416.69

Date of Receipt 05 / 29 / 2015
Transaction ID : 66028490

Amount of Each Receipt this Period 416.69

c. Dr. Jeffrey Lee Akaka MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25697

City Honolulu State HI Zip Code 96825-0697

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

Name of Employer DIAMOND HEAD COMMUNITY HEALTH CENT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2015
Transaction ID : 66038667

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1516.69

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 100 OF 110
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Dr. Marvin Joel Bittner MD

Mailing Address 4101 Woolworth Ave
Ste 111D

City Omaha State NE Zip Code 68105-1850

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

Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
05 / 22 / 2015
Transaction ID : 66038680

Amount of Each Receipt this Period
100.00

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	38592.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. PNC ADVISORS

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 ▼ **60.99**

Date of Receipt
05 / 31 / 2015

Transaction ID : 66030879

Amount of Each Receipt this Period
13.36

Interest

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

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	13.36
TOTAL This Period (last page this line number only).....▶	13.36

**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. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET STOP 3254

City OMAHA State NE Zip Code 68197

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 : 66030878

Amount of Each Disbursement this Period

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

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

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. Heartland Values PAC

Mailing Address PO Box 505

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2015 Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65578870

Amount of Each Disbursement this Period

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City State Zip Code
Visalia CA 93290

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65586620

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Richard E. Neal

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65611063

Amount of Each Disbursement this Period

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. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65611064

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65612638

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Kelly Ayotte

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65649378

Amount of Each Disbursement this Period

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. Boozman For Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Mr. John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

/ /

Transaction ID : 65649382

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Mr. Jerry Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

/ /

Transaction ID : 65649383

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Sen. Chuck E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

/ /

Transaction ID : 65649384

Amount of Each Disbursement this Period

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. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 65649385

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mr. Patrick Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 65649386

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ms. Susan Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : 65794097

Amount of Each Disbursement this Period

1500.00

2016 Primary

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

3500.00

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

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

Use separate schedule(s) 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. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Larry Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : 65794099

Amount of Each Disbursement this Period

1500.00

2016 Primary

Full Name (Last, First, Middle Initial)

B. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Andy Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : 65794100

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : 65794101

Amount of Each Disbursement this Period

5000.00

2016 Primary

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

7500.00

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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2016 Primary

011
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 : 65794102

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65794103

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

C. 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
State: NY District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65794105

Amount of Each Disbursement this Period

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. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. Kevin Patrick Brady

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : 65894343

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. John M. Shimkus

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : 65894347

Amount of Each Disbursement this Period

1000.00

2016 Primary

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

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

Amount of Each Disbursement this Period

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

2000.00

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

32200.00