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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1 NAME OF COMMITTEE (or title) TYPE OR PRINT Example: If typing, type over the lines. 12FB4M5

PHYSICIANS FOR A DEMOCRATIC MAJORITY

ADDRESS (number and street) 15201 MISSION ST

Check if different than previously reported. (ACC)

SAN FRANCISCO CA 94111-0111

2 FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00400093

3 IS THIS REPORT NEW OR AMENDED (A) X (N) (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due Date					New 20 (N1) (Non-Election Year Only)	Dec 20 (M12) (Mid-Year Year Only)
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11)	Year End		
(a) Quarterly Reports:							
April 15 Quarterly Report (Q1)					X		
July 15 Quarterly Report (Q2)							
October 15 Quarterly Report (Q3)							
January 31 Year-End Report (YE)							
July 31 Mid-Year Report (Non-election Year Only) (M1)							
Termination Report (TER)							
(c) 12-Day PRE-Election Report for this Election on	Primary (12P)	General (12G)	Special (12S)	in the State of			
	Convention (12C)	Special (12S)					
(d) 30-Day POST-Election Report for this Election on	General (30G)	Primary (30P)	Special (30S)	in the State of			

5. Covering Period 07 01 2004 through 07 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Andrew Calman

Signature of Treasurer [Signature] Date 08 11 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4375.

Office Use Only						
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physicians for a Democratic Majority

Report Covering the Period

From:

07 01 2004

To:

07 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period	2,194.03	
(c) Total Receipts (from Line 19)	6,452.00	17,853.74
(d) Subtotal (both Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	8,646.03	17,853.74
7. Total Disbursements (from Line 31)	5,872.05	15,079.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	2,773.98	2,773.98
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 Schedules C and/or Schedule D)	0.00	

This committee has qualified as a multi-candidate committee. (See FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 03/2008)

Write or Type Committee Name

Physicians for a Democratic Majority

Report Covering the Period

From: *07/01/2007*

To: *07/31/2007*

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)	5,157.00	
(ii) Unitemized	1,295.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6,452.00	17,853.74
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 35, page 5)	6,452.00	17,853.74
12. Transfers From Affiliated/Other Party Committees	-	-
13. All Loans Received	-	-
14. Loan Repayments Received	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-
17. Other Federal Receipts (Dividends, interest, etc.)	-	-
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	-	-
(b) Levin Funds (from Schedule H5)	-	-
(c) Total Transfers (add 18(a) and 18(b))	-	-
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6,452.00	17,853.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6,452.00	17,853.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 301 (Rev. 02/2003)

Page 4

R. 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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	5,537.66	6,995.53
(c) Total Operating Expenditures (see 21(a)(i), (a)(ii), and (b))	5,537.66	6,995.53
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,344.39	7,834.23
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(2)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refund of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	250.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	250.00
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share		
(ii) "Local" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Line 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5,872.05	15,079.76
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	5,872.05	15,079.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 09/2009)

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(c), page 3)	6,452.00	17,853.74
34. Total Contribution Refunds (from Line 26(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,452.00	17,603.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,537.66	6,995.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5,537.66	6,995.53

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

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

FORM LINE NUMBER: PAGE 1 OF 6
(check only one)
 13 14 15 16 17

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

NAME OF COMMITTEE (in Full)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
Berkowitz, Kyle

Mailing Address
2019 N Oakley Ave

City **Chicago** State **IL** Zip Code **60647**

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

Name of Employer: **Northwestern Memorial Hospital Group** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt
07'08'2009

Amount of Each Receipt This Period
250.00

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

Mailing Address
1141 S California Ave #1102

City **Palo Alto** State **CA** Zip Code **94304**

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

Name of Employer: **Retired** Occupation: **Retired**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt
07'09'2009

Amount of Each Receipt This Period
250.00

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

Mailing Address
1150 Delmar St #1

City **San Francisco** State **CA** Zip Code **94110**

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

Name of Employer: **Castroville County** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt
07'10'2009

Amount of Each Receipt This Period
250.00

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

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

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

Use separate schedules for each category of line
Detailed Filing Page

FOR LINE NUMBER: PAGE 1 OF 1

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (in full)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
Fishman, Martin

Mailing Address
431 Monterey Blvd #3

City *Los Gatos* State *CA* Zip Code *95030*

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

Name of Employer: *SELF* Occupation: *Physician*

Receipt For: Primary General Other (specify) *▼*

Aggregate Year-to-Date *500.00*

Date of Receipt: *07-20-2004*

Amount of Each Receipt this Period: *500.00*

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

Mailing Address
797 Alameda St

City *Palo Alto* State *CA* Zip Code *94305*

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

Name of Employer: *Stanford University* Occupation: *Physician*

Receipt For: Primary General Other (specify) *▼*

Aggregate Year-to-Date *250.00*

Date of Receipt: *07-12-2004*

Amount of Each Receipt this Period: *250.00*

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

Mailing Address
1001 Potrero Ave

City *San Francisco* State *CA* Zip Code *94110*

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

Name of Employer: *University of California* Occupation: *Physician*

Receipt For: Primary General Other (specify) *▼*

Aggregate Year-to-Date *250.00*

Date of Receipt: *07-20-2004*

Amount of Each Receipt this Period: *250.00*

SUBTOTAL of Receipts This Page (optional) *1,000.00*

TOTAL This Period (list page this line number only) *1,000.00*

**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)

11A	11B	11C	12
13	14	15	16
			17

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NAME OF COMMITTEE (in Full)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
Lee, Philip

Mailing Address
101 Alvar St #805

City *Palo Alto* State *CA* Zip Code *94301*

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

Name of Employer: *Stanford University* Occupation: *Physician*

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *1,000.00*

Date of Receipt
07 ' 22 ' 2009

Amount of Each Receipt this Period
1,000.00

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

Mailing Address
605 Market St #1109

City *San Francisco* State *CA* Zip Code *94105*

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

Name of Employer: *California Academy of Orthodontics* Occupation: *Executive Director*

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *250.00*

Date of Receipt
07 ' 22 ' 2009

Amount of Each Receipt this Period
250.00

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

Mailing Address
45 Castro St #402

City *San Francisco* State *CA* Zip Code *94114*

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

Name of Employer: *Self* Occupation: *Physician*

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *250.00*

Date of Receipt
07 ' 27 ' 2009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) *1,500.00*

TOTAL Bills Filed (last page this line number only) *1,500.00*

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

Use separate schedule(s) for each category on this Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 6
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)
 Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
 Frost, Philip

Mailing Address
 151 10th Ave

City San Francisco State CA Zip Code 94112

FEC ID number of contributing federal political committee: C

Name of Employer self Occupation Physician

Receipt For
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 , 250.00

Date of Receipt
 07 29 2009

Amount of Each Receipt this Period
 , 250.00

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

Mailing Address
 106 Moore Creek Rd

City Santa Cruz State CA Zip Code 95060

FEC ID number of contributing federal political committee: C

Name of Employer self Occupation Attorney

Receipt For
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 , 250.00

Date of Receipt
 07 29 2009

Amount of Each Receipt this Period
 , 250.00

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

Mailing Address
 995 Dolores St

City San Francisco State CA Zip Code 94110

FEC ID number of contributing federal political committee: C

Name of Employer San Francisco General Hospital Occupation Physician

Receipt For
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 , 500.00

Date of Receipt
 07 29 2009

Amount of Each Receipt this Period
 , 500.00

SUBTOTAL of Receipts This Page (optional) ▶

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 NUMBERS		PAGE 5 OF 8	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (in Full)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
Goodie, E. PCA

Mailing Address
2300 California St # 200

City *San Francisco* State *CA* Zip Code *94115*

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

Name of Employer: *Caltrain Pacific Medical Center* Occupation: *Physician*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *250.00*

Date of Receipt: *07/30/2009*

Amount of Each Receipt this Period: *250.00*

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

Mailing Address
947 Divisadero St

City *San Francisco* State *CA* Zip Code *94110*

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

Name of Employer: *University of California* Occupation: *Physician*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *250.00*

Date of Receipt: *07/30/2009*

Amount of Each Receipt this Period: *250.00*

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

Mailing Address
135 Marina Blvd

City *San Francisco* State *CA* Zip Code *94123*

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

Name of Employer: *Horizon Business, Invelich and Tucker* Occupation: *Architect*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *287.00*

Date of Receipt: *07/28/2009*

Amount of Each Receipt this Period: *37.00*
In-kind (postage)

SUBTOTAL of Receipts This Page (optional) *537.00*

TOTAL This Period (last page this line number only) *537.00*

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

FOR LINE NUMBER: PAGE 5 OF 6
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

All 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)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
Calton, Sandra G

Mailing Address
PO Box 371527

City Montana State CA Zip Code 94037

FEC ID number of contributing federal political committee: C

Name of Employer: Provision EyeCare Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date \$510.00

Date of Receipt
07/17/2007

Amount of Each Receipt this Period
370.00
in-kind (postage)

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) \$157.00

TOTAL This Period (last page this line number only) \$157.00

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

Use separate sheets for each category of the Detailed Summary Page	FOR LINE NUMBERS (check only one)					
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 20b	<input type="checkbox"/> 24 25c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30

PAGE 1 OF 1

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

NAME OF COMMITTEE (in full)
Physicians for a Democratic Majority

A.

Full Name (Last, First, Middle Initial): *David Davis*

Mailing Address: *343 Yale Ave*

City: *New Haven* State: *CT* Zip Code: *06510*

Purpose of Disbursement: *Graphic Design*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: *Connecticut* District: _____

Date of Disbursement: *07 ' 20 ' 2004*

Amount of Each Disbursement this Period: *500.00*

B.

Full Name (Last, First, Middle Initial): *U.S. Postal Service*

Mailing Address: *1199 S Van Ness Ave*

City: *San Francisco* State: *CA* Zip Code: *94110*

Purpose of Disbursement: *Postage*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *07 ' 06 ' 2004*

Amount of Each Disbursement this Period: *118.70*

C.

Full Name (Last, First, Middle Initial): *U.S. Postal Service*

Mailing Address: *1199 S Van Ness Ave*

City: *San Francisco* State: *CA* Zip Code: *94110*

Purpose of Disbursement: *Postage*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *07 ' 19 ' 2004*

Amount of Each Disbursement this Period: *198.65*

SUBTOTAL of Disbursements This Page (optional)	1	5	.	
TOTAL This Period (last page this line number only)	1	7	.	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 2 OF 3	
<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	

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NAME OF COMMITTEE (in Full)
Physicians for a Democratic Majority

A. Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address
1148 S Van Ness Ave

City
San Francisco State
CA Zip Code
94110

Purpose of Disbursement
Postage

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
07 23 2004

Amount of Each Disbursement this Period
373.95

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

Mailing Address
1250 Lark St

City
Emeryville State
CA Zip Code
94608

Purpose of Disbursement
Printing

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
07 23 2004

Amount of Each Disbursement this Period
1,560.98

C. Full Name (Last, First, Middle Initial)
In and Out Press

Mailing Address
1925 Fairway Dr

City
San Leandro State
CA Zip Code
94577

Purpose of Disbursement
Printing

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
07 23 2004

Amount of Each Disbursement this Period
1,954.24

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 this Detailed Summary Page

FOR LINE NUMBER (check only one)

PAGE 3 OF 3

<input checked="" type="checkbox"/> 210	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d

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NAME OF COMMITTEE (to file) Physicians for a Democratic Majority

A

Full Name (Last, First, Middle Initial) US Postal Service

Mailing Address 1198 S Van Ness Ave

City San Francisco State CA Zip Code 94110

Purpose of Disbursement Postage

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 07-17-2004

Amount of Each Disbursement This Period 370.00
In-kind (see schedule A)

B

Full Name (Last, First, Middle Initial) US Postal Service

Mailing Address 1198 S Van Ness Ave

City San Francisco State CA Zip Code 94110

Purpose of Disbursement Postage

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 07-18-2004

Amount of Each Disbursement This Period 37.00
In-kind (see Schedule A)

C

Full Name (Last, First, Middle Initial) American Medical Information

Mailing Address 5711 S 86th Circle

City Omaha State NE Zip Code 68127

Purpose of Disbursement Mailing List

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 07-23-2004

Amount of Each Disbursement This Period 269.70

SUBTOTAL of Disbursements This Page (optional) 5322.92

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

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

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

FOR LINE NUMBER (check only one)

PAGE 1 OF 1

21
 22
 23
 24
 25
 26

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NAME OF COMMITTEE (in full)
Physicians for a Democratic Majority

A. Democracy for America

Full Name (Last, First, Middle Initial)
A. Democracy for America

Mailing Address
PO Box 8313

City: **Barlinton** State: **VT** Zip Code: **05402**

Purpose of Disbursement
Contribution

Candidate Name
[Blank]

Category Type
[Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [Blank] District: [Blank]

Date of Disbursement
07 07 2004

Amount of Each Disbursement this Period
250.00

B. Lois Murphy for Congress

Full Name (Last, First, Middle Initial)
B. Lois Murphy for Congress

Mailing Address
PO Box 1006

City: **Paoli** State: **PA** Zip Code: **19301**

Purpose of Disbursement
Travel expenses for volunteer

Candidate Name
Lois Murphy

Category Type
[Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **PA** District: **6**

Date of Disbursement
07 22 2004

Amount of Each Disbursement this Period
84.39

In-kind (travel expenses)

C.

Full Name (Last, First, Middle Initial)
[Blank]

Mailing Address
[Blank]

City
[Blank] State
[Blank] Zip Code
[Blank]

Purpose of Disbursement
[Blank]

Candidate Name
[Blank]

Category Type
[Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [Blank] District: [Blank]

Date of Disbursement
[Blank]

Amount of Each Disbursement this Period
[Blank]

SUBTOTAL of Disbursements This Page (optional) **334.39**

TOTAL This Period (see page this form number only)

Federal Election Commission
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