

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Gastroenterological Association Inc. PAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Allen, John, , MD

Signature of Treasurer Allen, John, , MD Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text" value="99567.69"/>	<input type="text" value="99567.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85781.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16585.00"/>	<input type="text" value="27299.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="102366.70"/>	<input type="text" value="126866.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="33000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93866.70"/>	<input type="text" value="93866.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From: 04 / 04 / 2024 To: 06 / 30 / 2024

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).....	14365.00	19549.01
(ii) Unitemized	2220.00	7750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16585.00	27299.01
(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)	16585.00	27299.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	16585.00	27299.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16585.00	27299.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	33000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8500.00	33000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	33000.00

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)	16585.00	27299.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16585.00	27299.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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 Gastroenterological Association Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Abbasi, Sadeea, Qureshi, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2024 Transaction ID : 2024043011510-3
Mailing Address 16736 Pageant Pl Ste 235			Amount of Each Receipt this Period 1000.00
City Encino	State CA	Zip Code 91436-3847	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USC / LAC		Occupation (for Individual) Gastroenterologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Akerman, Paul, A., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2024 Transaction ID : 2024043011510-5
Mailing Address 33 Staniford St FI 1			Amount of Each Receipt this Period 250.00
City Providence	State RI	Zip Code 02905-3100	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) University Gastroenterology		Occupation (for Individual) Clinical Assistant Professor of Medici	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Allen, John, I., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2024 Transaction ID : 2024042310138-3
Mailing Address 8067 Kentucky Ave S			Amount of Each Receipt this Period 500.00
City Bloomington	State MN	Zip Code 55438-1247	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) AGA		Occupation (for Individual) Consultant	
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).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ashby, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Pointe Monarch Dr
 City Dana Point State CA Zip Code 92629-3360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saddleback Medical Group Occupation (for Individual) gastroenterologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2024
Transaction ID : 2024043011510-2
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Baig, Nadeem, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 State Route 35 Ste 201
 City Oakhurst State NJ Zip Code 07755-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Digestive Health LLC Occupation (for Individual) Chief Medical Officer
 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
 04 / 17 / 2024
Transaction ID : 2024043011510-9
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Bhuta, Rajiv, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 N Broad St
 City Philadelphia State PA Zip Code 19140-5103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2024
Transaction ID : 2024060410499-8
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Brill, Joel, V., ,

Mailing Address 3639 E Denton Ln

City Paradise Valley State AZ Zip Code 85253-7508

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

Name of Employer (for Individual) Predictive Health Occupation (for Individual) Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2024
Transaction ID : 2024070810110-8

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Carr, Rotonya, M., ,

Mailing Address 1959 NE Pacific St Rm BB1225

City Seattle State WA Zip Code 98195-0001

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

Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) Associate Professor of Medicine, Cyrus

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2024
Transaction ID : 202405071059-6

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Farrar, Wm, David, ,

Mailing Address 701 Hewitt Blvd

City Red Wing State MN Zip Code 55066-2848

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

Name of Employer (for Individual) Mayo Clinic Health System - Red Wing Occupation (for Individual) Gastroenterologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2024
Transaction ID : 2024043011510-7

Amount of Each Receipt this Period 300.00

Memo Item

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 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fisher, Laurel, R., ,			Date of Receipt MM / DD / YYYY 04 / 29 / 2024 Transaction ID : 202405071059-4
Mailing Address 410 S Front St Unit 211, Unit 211			Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19147-1712	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Perelman School of Medicine, Universit		Occupation (for Individual) Professor of Clinical Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gangarosa, Lisa, M., ,			Date of Receipt MM / DD / YYYY 05 / 19 / 2024 Transaction ID : 2024060410499-3
Mailing Address 105 Sunset Ridge Ln			Amount of Each Receipt this Period 250.00
City Chapel Hill	State NC	Zip Code 27516-5191	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) University of North Carolina		Occupation (for Individual) Professor of Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. George, Alister, A., ,			Date of Receipt MM / DD / YYYY 06 / 27 / 2024 Transaction ID : 75E3A3624796437C9964
Mailing Address 12384 Ridge Dr			Amount of Each Receipt this Period 365.00
City Santa Rosa Valley	State CA	Zip Code 93012-9305	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Gastroenterologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 615.00	

SUBTOTAL of Receipts This Page (optional).....	865.00
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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. George, Alister, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3510 N Moorpark Rd
 Ste 201
 City Thousand Oaks State CA Zip Code 91360-2689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt **06 / 27 / 2024**
Transaction ID : 2024070810110-4
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jain, Rajeev, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln
 Professional Bldg 3, Ste 610
 City Dallas State TX Zip Code 75231-4482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Digestive Disease Consultants - Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 18 / 2024**
Transaction ID : 2024070810110-11
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lopez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Mediterranean Dr
 City Sycamore State IL Zip Code 60178-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Gastroenterology Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 18 / 2024**
Transaction ID : 2024060410499-5
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Margolis, Peter, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 13th Ave
 City Warwick State RI Zip Code 02886-8427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Clinical Assistant Professor of Medici
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 10 / 2024**
Transaction ID : 2024042310138-4
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Natarajan, Yamini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2727 W Holcombe Blvd
 City Houston State TX Zip Code 77025-1669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 21 / 2024**
Transaction ID : 2024060410499-2
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Omary, M. Bishr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 679 Hoes Ln W
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutgers Robert Wood Johnson School of Occupation (for Individual) Senior Vice Chancellor, Academic Affai
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 01 / 2024**
Transaction ID : 202405071059-2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Patel, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6548 Reserve Pine Dr
 City Cary State NC Zip Code 27519-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University School of Medicine Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 11 / 2024**
Transaction ID : 20240618114910-5
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Patel, Arpan, Arun, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4133 Tilden Ave
 City Culver City State CA Zip Code 90232-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, Los Angeles Occupation (for Individual) Physician Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 10 / 2024**
Transaction ID : 2024042310138-2
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ramsay, David, Brownlie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2025 Frontis Plaza Blvd Ste 200
 City Winston Salem State NC Zip Code 27103-5663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Digestive Health Specialists Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 04 / 2024**
Transaction ID : 202405071059-1
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Rizk, Maged, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5727 Saxony Ct
 City Broadview Heights State OH Zip Code 44147-2071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cleveland Clinic Foundation Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 24 / 2024**
Transaction ID : 202405071059-5
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Roberts, David, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Arbor Chase
 City Edmond State OK Zip Code 73013-6900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Occupation (for Individual) Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 29 / 2024**
Transaction ID : 2024070810110-3
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sang, You Sung, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Wawecus Street Suite 1A
 City Norwich State CT Zip Code 06360-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connecticut GI, PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 11 / 2024**
Transaction ID : 20240618114910-6
 Amount of Each Receipt this Period 250.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Shah, Brijen, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W 110th St
 Apt 9B
 City New York State NY Zip Code 10026-4283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School of Medicine at Mount Sina Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00

Date of Receipt **06 / 13 / 2024**
Transaction ID : 20240618114910-3
 Amount of Each Receipt this Period 700.00
 Memo Item

B. Shah, Nihar, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9288 Starry Night Ave
 City Sarasota State FL Zip Code 34241-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First physician group of Sarasota memo Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 23 / 2024**
Transaction ID : 2024043011510-1
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Siddique, Shazia, Mehmood, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 565 Sprague Rd
 City Penn Valley State PA Zip Code 19072-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Assistant Professor of Medicine
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **05 / 24 / 2024**
Transaction ID : 2024060410499-1
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 15 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sogge, Merle, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10225 Morning Mist Ln
 City Sarasota State FL Zip Code 34241-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Modesto Medical Center Occupation (for Individual) Gastroenterologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 14 / 2024**
Transaction ID : 2024042310138-1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sterling, Richard, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12328 Bradford Landing Way
 City Glen Allen State VA Zip Code 23059-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Professor of Medicine, Chief of Hepato
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 25 / 2024**
Transaction ID : 2024070810110-5
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Teixeira, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4926 Del Ray Ave
 City Bethesda State MD Zip Code 20814-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AGA Institute Occupation (for Individual) Vice President, Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 24 / 2024**
Transaction ID : 2024070810110-6
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wadhwa, Vaibhav, , ,		Date of Receipt MM / DD / YYYY 04 / 18 / 2024 Transaction ID : 2024043011510-8
Mailing Address 6431 Fannin St MSB 4.234		Amount of Each Receipt this Period 500.00
City Houston	State TX	Zip Code 77030-1501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Texas Health Science Cen	Occupation (for Individual) Director, Interventional Gastroenterol	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wootton, Frank, T, ,		Date of Receipt MM / DD / YYYY 04 / 07 / 2024 Transaction ID : 20240415143710-6
Mailing Address 1061 Downshire Chase		Amount of Each Receipt this Period 1000.00
City Virginia Beach	State VA	Zip Code 23452-6155
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Digestive & Liver Disease Specialists	Occupation (for Individual) Gastroenterologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	14365.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Amish For Arizona

Mailing Address 5550 N 16th St

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement 2024 Primary

Candidate Name

Shah, Amish, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: AZ District: 01

Date of Disbursement

Date of Disbursement: 05 / 21 / 2024

FEC Identification Number

C00836502

Transaction ID : DBB0C241F0

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. DSCC

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2024 Contribution

Candidate Name

DSCC

Office Sought: [] House [] Senate [] President

Disbursement For: 2024 [] Primary [] General [X] Other (specify) Contribution

State: District:

Date of Disbursement

Date of Disbursement: 04 / 11 / 2024

FEC Identification Number

C00042366

Transaction ID : 4A0703C28D7

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Neal Dunn

Mailing Address PO Box 10037

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement 2024 Primary

Candidate Name

Dunn, Neal, Patrick, ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: FL District: 02

Date of Disbursement

Date of Disbursement: 04 / 19 / 2024

FEC Identification Number

C00582304

Transaction ID : A30011FE2D

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

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

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

8500.00

8500.00