

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
 Check if different than previously reported. (ACC) **Washington DC 20001**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00000422 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 09 / 01 / 2016 through 09 / 30 / 2016

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

Signature of Treasurer *Walker, Kevin, , ,* [Electronically Filed] Date 10 / 20 / 2016

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)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		1172484.53
(b) Cash on Hand at Beginning of Reporting Period.....	1016636.28	
(c) Total Receipts (from Line 19)	44746.70	858737.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1061382.98	2031221.91
7. Total Disbursements (from Line 31).....	268055.93	1237894.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	793327.05	793327.05
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: M M / D D / Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

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).....	34747.75	536749.13
(ii) Unitemized	9823.77	318484.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44571.52	855233.47
(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)	44571.52	855233.47
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	175.18	503.91
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)).....▶	44746.70	858737.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44746.70	858737.38

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	1055.93	16394.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1055.93	16394.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	266750.00	1215400.00
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	250.00	6000.02
(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)).....	250.00	6000.02
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)) ..	268055.93	1237894.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	268055.93	1237894.86

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)	44571.52	855233.47
34. Total Contribution Refunds (from Line 28(d))	250.00	6000.02
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44321.52	849233.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1055.93	16394.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1055.93	16394.84

**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 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Khoury, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Philadelphia
 City Takoma Park State MD Zip Code 20912-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73474210
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Hollandsworth, Don, L, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1624 Tina Ln
 City Flossmoor State IL Zip Code 60422-1953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73481095
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gross, Sheldon, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 Champions Ln
 City San Antonio State TX Zip Code 78257-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73481108
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1062.50
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 136
	<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. O'Bannon, John, Maurice, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NEUROLOGICAL ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73481128
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gaddis, Gary, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 Radcliffe Ave
 City Saint Louis State MO Zip Code 63130-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METRO EMERGENCY PHYSICIANS LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73481132
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Serna, Jorge, Humberto, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Murchison Dr # 100
 City El Paso State TX Zip Code 79902-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EL PASO KIDNEY SPECIALISTS PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73481141
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 136
	<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. Reel, Michael, Stephen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Kachina Way
 City Madison State CT Zip Code 06443-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OBSTETRICS GYNECOLOGY & MENOPAUSE PHYS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 73513582
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Stein, Alan, Mitchell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9001
 City Suncook State NH Zip Code 03275-9001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNCOOK FAMILY HEALTH CENTER PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73546734
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Biddle, Royce, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1535 Gull Rd Ste 200
 City Kalamazoo State MI Zip Code 49048-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73546739
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 136
	<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. Werner, Linda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 W Katmai Ave
 City Soldotna State AK Zip Code 99669-7315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHREACH HEALTHCARE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693363
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Mandabach, Mark, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 19th St S UAB Dept of Anesthesiology
 City Birmingham State AL Zip Code 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAHSF PSYCHIATRY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693364
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Backs, Craig, Alvin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 Greenbriar Dr Ste C
 City Springfield State IL Zip Code 62704-6440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST JOHNS HOSPITAL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693365
 Amount of Each Receipt this Period **41.66**
 Memo Item

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 10 OF 136
	<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. Beittel, Timothy, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 Wildwood Rd
 City Aberdeen State NC Zip Code 28315-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACT MEDICAL GROUP PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693366
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Talmage, Lance, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PROMEDICA PHYSICIAN GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693368
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Simmons, William, Wells, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) US NAVY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693370
 Amount of Each Receipt this Period 41.66
 Memo Item

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 11 OF 136
	<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. Poje, Christopher, Peter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PEDIATRIC ENT ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693372
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Nivens, Charles, Joseph, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) TENET EAST COOPER SPINE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693373
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Dietrich, Damon, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) WEST JEFFERSON PHYSICIAN SERVICES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693374
 Amount of Each Receipt this Period 41.66
 Memo Item

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 12 OF 136
	<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. Corwin, James, Albert, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) US ONCOLOGY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693375
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Malik, Masud, Iqbal, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3865 N Mulford Rd
 City Rockford State IL Zip Code 61114-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693377
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Annis, Joseph, Payne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2907 Medical Arts St
 City Austin State TX Zip Code 78705-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT PHYSICIANS-ADMINISTRATION Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693379
 Amount of Each Receipt this Period 41.66
 Memo Item

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 13 OF 136
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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

A. Galinsky, Dennis, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 E Erie St
 Apt 1905
 City Chicago State IL Zip Code 60611-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOMC MACNEAL RADIATION THERAPY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693380
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Goldman, Jason, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Coral Hills Dr
 Ste 340
 City Coral Springs State FL Zip Code 33065-4172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693382
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Heacock, Gregory, Laurence, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ANNAPOLIS ENT Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693383
 Amount of Each Receipt this Period 41.66
 Memo Item

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 14 OF 136
	<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. Som, Joydeep, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693384
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Woodcome, Harold, A, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) RETINA CONSULTANTS, INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693385
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Calianos, Theodore, A, , II MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693386
 Amount of Each Receipt this Period 41.66
 Memo Item

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 15 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Groos, Erich, Bryan, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CORNEA CONSULTANTS OF NASHVILLE PLLC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : 73693387

Amount of Each Receipt this Period
41.66

Memo Item

B. Ephrat, Roni, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Broadway

City Norwood	State NJ	Zip Code 07648-1401
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BERGEN ANESTHESIA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : 73693388

Amount of Each Receipt this Period
41.66

Memo Item

c. Morrell, David, Glen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 N 1700 W

City Layton	State UT	Zip Code 84041-8803
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : 73693391

Amount of Each Receipt this Period
41.66

Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Willson, Charles, Frederick, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Moye Blvd
 Brody 3E139 Dept Peds
 City Greenville State NC Zip Code 27834-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EAST CAROLINA UNIV PHYSICIANS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693392
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Chodash, Howard, Bradley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3804 Indian Lands Ln
 City Springfield State IL Zip Code 62711-8214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEALTHCARE NETWORK ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.98

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693393
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Zwelling, Marcy, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693394
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<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. Hannum, Scott, Robert, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) VASCULAR CLINIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.58

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693395
 Amount of Each Receipt this Period 41.74
 Memo Item

B. Daghli, Thomas, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) VISALIA FAMILY PRACTICE MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693396
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Handelman, William, Alan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NEPHROLOGY ASSOC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693397
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 136
	<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. Culclasure, John, Weeks, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HOWELL ALLEN CLINIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693398
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Vest, Michael, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) YALE UNIVERSITY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693399
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Bombaugh, Maryanne, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693400
 Amount of Each Receipt this Period 41.66
 Memo Item

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 19 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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

A. Barron, Kenneth, Ian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 Rainier Rd
 City Charlottesville State VA Zip Code 22903-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRUESDALE OBGYN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693401
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Conlin, Christopher, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DRA FLINT PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693402
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Kazmierowski, John, Albert, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ALLERGY ASTHMA & DERMATOLOGY ASSOC PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693403
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<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. Mc Donald, Brian, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SPPCA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693404
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Sellers, Joseph, Robt, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BASSETT HEALTHCARE CLINIC COOPERSTOWN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693405
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Fowler, James, Raymond, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693406
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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

A. Arrascue, Jose, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SOUTH PALM BEACH NEPHROLOGY PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693407
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Pardo, Juan, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693408
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Brown, Clarence, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693409
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
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	<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. Cash, Janet, Johnson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SOUTHVIEW MEDICAL GROUP PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693410
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Pipia, Paul, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693411
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Howell, Thu, Nguyen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.82

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693412
 Amount of Each Receipt this Period 41.66
 Memo Item

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 23 OF 136
<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. Macelaru, Dragos, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693413
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Collins, Corey, E, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASS EYE AND EAR INFIRMARY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693414
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Hart, Dionne, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DOJ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693415
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rothberg, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693416
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Sullivan, Thomas, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693417
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Sierra, Rodrigo, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 N. Wabash Avenue Suite 39300
 City Chicago State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693418
 Amount of Each Receipt this Period 41.66
 Memo Item

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 25 OF 136
	<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. Salzberg, Paul, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : 73693419
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Springer, Michael, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PROFESSIONAL READERS GROUP INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : 73693420
 Amount of Each Receipt this Period
 41.66
 Memo Item

c. Orser, Shari, Louise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SANFORD HEALTH Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : 73693421
 Amount of Each Receipt this Period
 41.66
 Memo Item

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 26 OF 136
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		<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. Albertini, John, Gerald, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SKIN SURGERY CENTER	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 09 / 21 / 2016
Transaction ID : 73693422

Amount of Each Receipt this Period
41.66

Memo Item

B. Kaplan, Henry, Jerrold, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E Muhammad Ali Blvd
Eye Specialists Of Louisvi

City Louisville	State KY	Zip Code 40202-1511
--------------------	-------------	------------------------

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

Name of Employer (for Individual) EYE SPECIALISTS OF LOUISVILLE	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 09 / 21 / 2016
Transaction ID : 73693423

Amount of Each Receipt this Period
41.66

Memo Item

C. Naghavi, Nancy, O, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1003 Sweet Pine Dr

City Katy	State TX	Zip Code 77450-7584
--------------	-------------	------------------------

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

Name of Employer (for Individual) FAMILY CARE PLUS REHAB	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.02

Date of Receipt
 09 / 21 / 2016
Transaction ID : 73693424

Amount of Each Receipt this Period
41.66

Memo Item

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 136
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	<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. Singerman, Lawrence, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 Enterprise Pkwy
 Ste 300
 City Beachwood State OH Zip Code 44122-7340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETINA ASSOCIATES OF CLEVELAND INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693425
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Cassidy, J, Brennan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Tustin Ave
 Ste C
 City Newport Beach State CA Zip Code 92663-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST COAST LASER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693426
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Hurwitz, Barbara, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) N/A Occupation (for Individual) Physician Spouse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693429
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<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. Bregman, Zachary, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693430
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Hoye, Kathleen, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693432
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Lockhart, Asa, Carroll, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) EAST TEXAS ANESTHESIOLOGY ASSOCIATES P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693434
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karczmar, Peter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693436
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Lal, Raj, Behari, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693437
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Wooldridge, Terry, Nye, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 E 22nd St
 City Fremont State NE Zip Code 68025-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 21 / 2016**
Transaction ID : 73693438
 Amount of Each Receipt this Period **41.66**
 Memo Item

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 136
<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. Wells, Wendell, Byars, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693439
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Young, Daniel, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33-57 Harrison St
 Family Medicine Residency Office
 City Johnson City State NY Zip Code 13790-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693440
 Amount of Each Receipt this Period 41.66
 Memo Item

c. Janis, Angela, Christine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Wisconsin Ave
 Apt 1005
 City Madison State WI Zip Code 53703-4171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF WISCONSIN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.04

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693441
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Pinto, Gregory, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693442
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Butler, Bradley, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 County Road 142
 City Ovalo State TX Zip Code 79541-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA CONSULTANTS OF LONGVIEW Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.98

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693443
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Nohner, Kevin, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ALEAGENT HEALTH IMMANUEL MEDICAL CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693447
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Bobovnyik, Denise, Louise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693448
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Emory, Sylvia, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) OREGON MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693449
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Whitten, Benjamin, Holland, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ABBOTT NORTHWESTERN GENERAL MEDICINE A Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693451
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Katz, Gary, Robert, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7195 Wilton Chase
 City Dublin State OH Zip Code 43017-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PREMIER HEALTHCARE SERVICES, INC. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693452
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Delaney, Gary, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1138 Putter Path Rd
 City Orangeburg State SC Zip Code 29118-4081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REGIONAL MEDICAL CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693457
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Newman, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693458
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
	<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. Caverzagie, Kelly, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 986430 NE Med Center
 Unmc Gen Int Medicine
 City Omaha State NE Zip Code 68198-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY FORD MEDICAL CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693459
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Jha, Sachin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2151 Vallejo Dr
 City Tustin State CA Zip Code 92782-8618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUSH UNIVERISTY MEDICAL CENTER Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.34

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693461
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Robinson, Sharon, M., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3211 25th Street
 City Lubbock State TX Zip Code 79410-2135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693463
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 136
	<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. Tutty, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20126 West Old Meadow Trail
 City Long Grove State IL Zip Code 60047-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693464
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Miguel, Rafael, Victor, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 S Treasure Dr
 City Tampa State FL Zip Code 33609-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF SOUTH FLORIDA PHYSICIANS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693465
 Amount of Each Receipt this Period 41.66
 Memo Item

c. Wright, John, C Young, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Chapel Rd
 City Beaver State PA Zip Code 15009-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRI STATE OBSTETRICS & GYNECOLOGY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693466
 Amount of Each Receipt this Period 41.66
 Memo Item

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 36 OF 136
	<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. Trichtinger, Martin, Drew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Old York Rd Ste 203
 City Jenkintown State PA Zip Code 19046-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNAL MEDICINE ASSOCIATES OF ABINGT Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693467
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Thomas, James, Washington, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1466 W Lamplighter Ln
 City North Wales State PA Zip Code 19454-3696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693468
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Licciardi, Dolleen, Mary, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10612 Carthage St
 City New Orleans State LA Zip Code 70123-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORMOND PEDIATRIC GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.04

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693469
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
<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. Cheung, Lawrence, Chichuen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 Ocean Ave
 Ste 103
 City San Francisco State CA Zip Code 94132-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUTTER HEALTH Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693470
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Mazer, Theodore, Marc, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6699 Alvarado Rd Ste 2209
 City San Diego State CA Zip Code 92120-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMERGENCY PHYSICIANS MEDICAL GROUP INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693471
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Kimura, Bradon, Yoshio, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81-937 Halekii St Ste 4
 City Kealakekua State HI Zip Code 96750-8182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KONA COMMUNITY HOSPITAL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693472
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
<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. Sweeney, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N Pollard St Apt 302

City Arlington	State VA	Zip Code 22203-4088
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Medical Association	Occupation (for Individual) AMA Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : 73693473

Amount of Each Receipt this Period
41.66

Memo Item

B. Moy, Clifford, K, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5657 Fairfax Dr

City Frisco	State TX	Zip Code 75034-5947
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : 73693474

Amount of Each Receipt this Period
41.74

Memo Item

c. Fountain, Cheryl, Gibson, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 Lakepointe St

City Grosse Pointe	State MI	Zip Code 48230-1011
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
363.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : 73693475

Amount of Each Receipt this Period
45.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.02
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 136
	<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. Diaz, David, Ray, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 W 16th St
 Ste 2800
 City Indianapolis State IN Zip Code 46202-2279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARMEL SURGICAL SPECIALISTS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693476
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Porter, Burdett, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Guthrie Sq
 Guthrie Clinic Ltd
 City Sayre State PA Zip Code 18840-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUTHRIE HEALTH Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693477
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Thau, Steven, Averill, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 W Broad St
 Pulmonary Assoc Of Stamford Pc
 City Stamford State CT Zip Code 06902-3633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PULMONARY ASSOCIATES OF STAMFORD PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693479
 Amount of Each Receipt this Period 41.66
 Memo Item

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 40 OF 136
	<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. Kief, Jan, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 Sand Hill Ct
 City Highlands Ranch State CO Zip Code 80126-5266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693480
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Khoury, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Philadelphia
 City Takoma Park State MD Zip Code 20912-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693481
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Moseley, Kathryn, Louise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N Ingalls St Rm 6C06 Div Of General Pediatrics
 City Ann Arbor State MI Zip Code 48109-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHILDREN'S HEALTH EVALUATION CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.98

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693483
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.82
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 41 OF 136
<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. Flanders, Christopher, D, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 Hobron Ln
 Apt 902
 City Honolulu State HI Zip Code 96815-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.98

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693485
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Campagnolo, Mary, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3242 Route 206
 Virtua Fam Med Of Mansfield Bld A
 City Bordertown State NJ Zip Code 08505-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRTUA LUMBERTON FAMILY PHYSICIANS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693486
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Richter, Gary, Culp, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 Peachtree St NE
 Ste 1750
 City Atlanta State GA Zip Code 30308-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMORY CLINIC GASTROENTEROLOGY AND DIGE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693487
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 136
	<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. Fumo, David, Eugene, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3510 Iroquois Trl
 City Michigan City State IN Zip Code 46360-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DIGESTIVE HEALTH CARE ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693488
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Bernal-Ramirez, Jose, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5033 Academy Dr
 City Metairie State LA Zip Code 70003-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 475.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693489
 Amount of Each Receipt this Period 41.66
 Memo Item

c. Chandler, Leon, Harvey, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) A A SPECIALTY HEALTH CLINIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693492
 Amount of Each Receipt this Period 41.66
 Memo Item

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 136
<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. Gold, Sidney, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) KAISER FOUNDATION HEALTH PLAN NATION H Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693494
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Sandler, Michael, Allan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HENRY FORD MEDICAL CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693496
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Swikert, Donald, Joseph, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 S Loop Rd
 City Edgewood State KY Zip Code 41017-5446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST ELIZABETH HOSPITAL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693499
 Amount of Each Receipt this Period 41.66
 Memo Item

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 44 OF 136
	<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. Swikert, Nancy, Jewell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10003 Country Hills Ct
 City Union State KY Zip Code 41091-9774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATIENT FIRST PHYSICIANS GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693500
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Santiago, Romero, Navaranjan, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 6th Ave Apt N319
 City Seattle State WA Zip Code 98121-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.51

Date of Receipt 09 / 21 / 2016
Transaction ID : 73693501
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Hattamer, Steven, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Prospect St Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NASHUA ANESTHESIA PARTNERS PLLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 09 / 21 / 2016
Transaction ID : 73697205
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.82
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 45 OF 136
	<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. Maxey, Joy, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) ATLANTA CHILDRENS CLINICAL CENTER PC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704868

Amount of Each Receipt this Period 83.33

Memo Item

B. Irvin, Elvin, C, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 Harbourview Cir

City Pensacola State FL Zip Code 32507-3479

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704869

Amount of Each Receipt this Period 83.33

Memo Item

C. Cox, George, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10308 Fleming Ave.

City Bethesda State MD Zip Code 20814-2136

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

Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704870

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 136
	<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. Armandroff, Dean, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704871
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hay, James, Thos, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NORTH COAST FAMILY MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704872
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Adams, Keith, Irvin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HEALTH SERVICES OF CLARION INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704873
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 136
	<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. Gallina, Gregory, Jude, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 W Spring Valley Ave
Ste 103

City Maywood State NJ Zip Code 07607-1444

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

Name of Employer (for Individual) COLON RECTAL SURGERY PA Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704874

Amount of Each Receipt this Period 83.33

Memo Item

B. Goodyear, James, Allan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Medical Campus Dr
Ste 310

City Lansdale State PA Zip Code 19446-7205

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

Name of Employer (for Individual) NORTH PENN SURGICAL ASSOCIATES Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704875

Amount of Each Receipt this Period 83.33

Memo Item

C. Buras, Floyd, Anthony, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 713 Live Oak St

City Metairie State LA Zip Code 70005-1243

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

Name of Employer (for Individual) LEBOEUF & BURAS MDS INC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704876

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 136
<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. Carpenter, Mary, Susan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704877
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Dillehay, Gary, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704878
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Gitlow, Stuart, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704879
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 136
<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. Gould, Randolph, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NORFOLK SURGICAL GROUP LTD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704880
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hertzka, Robert, Ernest, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1018
 City Rcho Santa Fe State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA SERVICE MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704881
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kennedy, John, Jos, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704882
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 136
<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. Komorowski, Mark, Chas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 S Trumbull St
 City Bay City State MI Zip Code 48708-7656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 09 / 23 / 2016
Transaction ID : 73704883
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Koretz, Daniel, Joel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1939 Lake Rd
 City Ontario State NY Zip Code 14519-9792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 09 / 23 / 2016
Transaction ID : 73704884
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Loomis, Glenn, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1351 Route 55 Ste 200
 City Lagrangeville State NY Zip Code 12540-5128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPARROW HEALTH SYSTEM Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 09 / 23 / 2016
Transaction ID : 73704885
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 136
	<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. Simon, Michael, Bradley, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAPA Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704887

Amount of Each Receipt this Period 83.33

Memo Item

B. More, Robert, Cameron, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Dr Ste 101

City Flemington State NJ Zip Code 08822-4671

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

Name of Employer (for Individual) HUNTERDON ORTHOPEDIC INSTITUTE Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704888

Amount of Each Receipt this Period 83.33

Memo Item

c. Mc Intyre, John, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Winton Rd S Bldg 4

City Rochester State NY Zip Code 14618-3970

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

Name of Employer (for Individual) UNITY MENTAL HEALTH Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704889

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Sangvai, Devdutta, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Oxboro Cir
 City Durham State NC Zip Code 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704890
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Franklin, Donald, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NEPHROLOGY ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704891
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Blake, Kathleen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Massachusetts Ave NW
 City Washington State DC Zip Code 20001-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704892
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 136
<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. Clark, Spurgeon, Wm, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMORY HEALTHCARE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704893
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Pohl, Dieter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) RHODE ISLAND SURGEONS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704894
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Ray, Albert, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) KAISER FDN HEALTH PLAN NATION HQ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704895
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Ding, Alexander, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PARTNERS HEALTH CARE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704896
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Eppes, Thomas, Walton, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704897
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Pillersdorf, Alan, Barth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PLASTIC SURGERY OF PALM BEACH PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704898
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 136
	<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. Sirio, Carl, Alexander, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Quail Hill Rd
 City Pittsburgh State PA Zip Code 15238-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.01**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704899
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Megariotis, Evangelos, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.33**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704900
 Amount of Each Receipt this Period **83.37**
 Memo Item

C. Heine, Marilyn, Joan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SEVERN EMERGENCY PHYSICIANS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.01**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704901
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 136
<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. Lund, Peter, Scott, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7538 Wilson Dr

City Fairview	State PA	Zip Code 16415-1421
------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLIED UROLOGY ASSOCIATES	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704902

Amount of Each Receipt this Period
83.33

Memo Item

B. Dart, Richard, Allen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MARSHFIELD CLINIC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704903

Amount of Each Receipt this Period
83.33

Memo Item

C. Mc Gill, John, Robt, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704904

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 136
<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. Haney, Perry, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPINEONE, INC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704905
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Wu, Elizabeth, Fay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704906
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Healy, Thomas, P., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704907
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 136
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<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. Jafri, Mokarram, Husain, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Oakhurst Ct
 City Clifton Park State NY Zip Code 12065-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA GROUP OF ALBANY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704908
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Harmon, Gerald, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Shearwater Ct
 City Georgetown State SC Zip Code 29440-7072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704909
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Sexton, Michael, Jos, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704910
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 136
<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. George, Aaron, Edward, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 Beechwood Ln
 City Chambersburg State PA Zip Code 17201-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704911
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Chapman, Jack, M, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704912
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Johnson, Julia, Virginia, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UMASS MEMORIAL HOSPITAL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704913
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 136
	<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. Bailey, Susan, Rudd, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5929 Lovell Ave
 F W A A
 City Fort Worth State TX Zip Code 76107-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704914
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Christie, John, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 Riva Rd
 Bldg 600
 City Annapolis State MD Zip Code 21401-7353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704915
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Garikes, Margaret, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4003 Sharp Place
 City Alexandria State VA Zip Code 22304-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704916
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 136
	<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. De Figueiredo, John, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 573
 City Cheshire State CT Zip Code 06410-0573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704917
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Hollmann, Peter, Amberg, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BLUE CROSS BLUE SHIELD OF RI Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704918
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Brabson, Leonard, Allison, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704919
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 136
	<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. Ridge, Frederick, Ray, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704920
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mc Dade, William, Alfred, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5841 S Maryland Ave Mc 4028
 City Chicago State IL Zip Code 60637-1447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704921
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Osbahr, Albert, J, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 Fairgrove Church Rd Cvmc Ohs
 City Hickory State NC Zip Code 28602-9617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1607.17

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704922
 Amount of Each Receipt this Period 297.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	464.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 136
	<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. Chandra, Prasanta, Chandra, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STOCKHOLM OB-GYN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704923
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Jordan, John, Robert, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 Williamsburg Blvd
 City Arlington State VA Zip Code 22207-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704924
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Montgomery, John, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UNIVERSITY OF FLORIDA JACKSONVILLE PHY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704925
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 136
	<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. Shapiro, Carol, Sadie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **850.01**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704926
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Kraus, Louis, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Skokie Blvd STE230
 City Northbrook State IL Zip Code 60062-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.01**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704927
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Bergquist, Joanne, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W Tacoma Ave
 City Latrobe State PA Zip Code 15650-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1499.94**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704928
 Amount of Each Receipt this Period **166.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 136
	<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. Baumer, Joan, E Goforth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6078 Bridgeview Dr
 City Ventura State CA Zip Code 93003-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN PETER SMITH HLTH NETWORK Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704929
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Yu, Sherman, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704930
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Varnum, Corliss, Adam, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704931
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 136
	<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. Richens, Sharon, R Metzger, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 W 200 N
 Ste 200
 City St George State UT Zip Code 84770-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EYE CARE SPECIALISTS PS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704932
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hartman, John, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704933
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Certa, Kenneth, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) THOMAS JEFFERSON UNIVERSITY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704934
 Amount of Each Receipt this Period 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 136
<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. Williams, John, Phillip, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UPMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704935
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Askew, Christopher, Todd, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704936
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hoven, Ardis, Dee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BLUEGRASS CARE CLINIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704937
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 136
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<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. Elmassian, Kenneth, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LANSING ANESTHESIOLOGISTS PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704938
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Ferguson, E, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704939
 Amount of Each Receipt this Period 83.33
 Memo Item

C. MacLeod, Bruce, Alan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ASPN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704940
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 136
	<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. Abrams, William, R., Mr., JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7702 Radcliffe Drive
 Apt. C
 City Madison State WI Zip Code 53719-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WISCONSIN MEDICAL SOCIETY Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704941
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Grant, James, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1574 Sodon Lake Dr
 City Bloomfield State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUMONT HEALTH SYSTEM Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704942
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Polifroni, Nicholas, V, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) COASTAL ORTHOPAEDICS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704943
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 136
	<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. Desrosiers, Taylor, Tonia, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Armstrong St
 City Portsmouth State VA Zip Code 23704-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN HOPKINS Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704944
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Sudduth, Christopher, Lance, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.02

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704945
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Adrain, Alyn, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704946
 Amount of Each Receipt this Period 83.33
 Memo Item

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 71 OF 136
	<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. Srisinroongruang, Rattapol, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AEMA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704947
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Moser, Kimberly, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3216 High Ridge Drive
 City Taylor Mill State KY Zip Code 41015-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KPPAC Occupation (for Individual) State Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704948
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Daviss, Steven, Roy, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHEPPARD PRATT PHYSICIANS PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704949
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 136
	<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. Azad, Deepak, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3505 Charlevoix Ct

City Floyds Knobs	State IN	Zip Code 47119-9761
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704950

Amount of Each Receipt this Period
83.33

Memo Item

B. Depersio, Richard, John, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7557 Dannaer Dr
Ste 220

City Powell	State TN	Zip Code 37849-3563
----------------	-------------	------------------------

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

Name of Employer (for Individual) GREATER KNOXVILLE EAR NOSE & THROAT AS	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704951

Amount of Each Receipt this Period
83.33

Memo Item

C. Shah, Tina, Rashmi, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MEDSTAR MEMORIAL UNION HOSPITAL	Occupation (for Individual) Resident
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704952

Amount of Each Receipt this Period
41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 136
	<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. Harvey, David, Thos, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SURGICAL & COSMETIC DERMATOLOGY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.01**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704953
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Sharma, Prateek, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 Avalon Pines Dr
 City Coram State NY Zip Code 11727-5169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOSTON MEDICAL CENTER Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704954
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Lesko, Joshua, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 Lost Key Dr Unit 802
 City Pensacola State FL Zip Code 32507-2678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAIRVIEW PARK HOSPITAL Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.02**

Date of Receipt **09 / 23 / 2016**
Transaction ID : 73704955
 Amount of Each Receipt this Period **41.66**
 Memo Item

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 74 OF 136
	<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. Sternstein, Michaela, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 N Wabash Ave Ste. 39300

City Chicago	State IL	Zip Code 60611-3586
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION	Occupation (for Individual) AMA Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704956

Amount of Each Receipt this Period
83.33

Memo Item

B. Armstrong, Grayson, Wilkes, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 Prospect St Apt 5

City Cambridge	State MA	Zip Code 02139-1236
-------------------	-------------	------------------------

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

Name of Employer (for Individual) HARVARD MEDICAL SCHOOL	Occupation (for Individual) Resident
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704957

Amount of Each Receipt this Period
41.66

Memo Item

C. Sarma, Karthik, Venkataraman, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) N/A	Occupation (for Individual) Medical Student
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73704958

Amount of Each Receipt this Period
41.66

Memo Item

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 75 OF 136
<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. Lucas, Marshall, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8701 New Trails Dr
 Ste 150
 City Spring State TX Zip Code 77381-4546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JASON D BARON MD PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704960
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sublett, James, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W Jefferson St
 Ste 160
 City Louisville State KY Zip Code 40202-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY ALLERGY & ASTHMA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704961
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Rao, Niranjan, Venkat, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CENTRAL JERSEY SURGICAL SPECIALISTS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704962
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 136
	<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. Guptill, William, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CARITAS MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704963
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Couch, Robert, Harold, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704964
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bozyk, Paul, Douglas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31926 Robinhood Dr
 City Beverly Hills State MI Zip Code 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704965
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 136
<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. Roberts, John, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 E Chestnut St
 Ste 518
 City Louisville State KY Zip Code 40202-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEONATAL ASSOCIATES PSC ADMINISTRATIVE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704966
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Ingram, John, Jackson, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) EAST TENNESSEE MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704967
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Wayne, Kenneth, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 SW State St
 Ste 100
 City Ankeny State IA Zip Code 50023-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IOWA HEALTH PHYSICIANS INTERNAL MEDICI Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704968
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 136
	<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. Swee, David, Ethan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 675 Hoes Ln W
Rutgers RWJ Medical School

City Piscataway State NJ Zip Code 08854-8021

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704969

Amount of Each Receipt this Period 83.33

Memo Item

B. Galper, Merav, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CARNEY HOSPITAL Occupation (for Individual) Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.02

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704970

Amount of Each Receipt this Period 41.66

Memo Item

C. Rice, Randy, Jerold, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93669 Viking Way

City Sturgeon Lake State MN Zip Code 55783-3601

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

Name of Employer (for Individual) GATEWAY FAMILY HEALTH CLINIC LTD Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704971

Amount of Each Receipt this Period 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 136
<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. Pevoto, Patrick, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2373 G Rd
 Ste 700
 City Grand Jct State CO Zip Code 81505-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRAVIS OB GYN ASSOCIATES OF N W AUSTIN Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704972
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Florio, Karen, L, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 NE Landings Ct
 City Lees Summit State MO Zip Code 64064-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAINT LUKE'S HEALTH SYSTEM Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704973
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Wetzel, Ezekiel, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 N Causeway Blvd
 Ste 625
 City Metairie State LA Zip Code 70002-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 73704974
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 136
	<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. Moss, Charles, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Manor Dr
 City Ramsey State NJ Zip Code 07446-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HACKENSACK HYPERBARIC MEDICINE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.98

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704975
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Yugawa, Craig, Michael, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5559 Pershing Ave # 1F
 City Saint Louis State MO Zip Code 63112-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 394.98

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704976
 Amount of Each Receipt this Period 41.66
 Memo Item

C. White, Philip, Hayden, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 879
 City Sulphur Spgs State TX Zip Code 75483-0879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC PHYSICIANS NEUROLOGY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 23 / 2016
Transaction ID : 73704977
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.98
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 81 OF 136
	<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. Lubrano, Michael, Christopher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Haight St
Apt 8

City San Francisco State CA Zip Code 94102-5863

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

Name of Employer (for Individual) UCSF Occupation (for Individual) Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
394.98

Date of Receipt
 09 / 23 / 2016
Transaction ID : 73704978

Amount of Each Receipt this Period
41.66

Memo Item

B. Hattamer, Steven, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Prospect St
Dept Of Anesthesiology

City Nashua State NH Zip Code 03060-3925

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

Name of Employer (for Individual) NASHUA ANESTHESIA PARTNERS PLLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt
 09 / 23 / 2016
Transaction ID : 73706094

Amount of Each Receipt this Period
83.33

Memo Item

C. Hamilton, William, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5171 S Cottonwood St
Ste 750

City Salt Lake Cty State UT Zip Code 84107-5705

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

Name of Employer (for Individual) INTERMOUNTAIN HEALTHCARE Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1875.01

Date of Receipt
 09 / 25 / 2016
Transaction ID : 73708374

Amount of Each Receipt this Period
208.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 136
	<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. Mueller, Nancy, Louise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 E Palisade Ave
 City Englewood State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708375
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Egbert, Lisa, Bohman, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PARAGON WOMEN'S CARE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708376
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Migliori, Michael, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708377
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 136
	<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. Walker, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10635 Canterbury Rd.

City Fairfax Station	State VA	Zip Code 22039-1927
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION	Occupation (for Individual) AMA Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Transaction ID : 73708378

Amount of Each Receipt this Period
208.33

Memo Item

B. Imbeau, Stephen, Alan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 E Cheves St Ste 420
Allergy Asthma and Sinus Ctr

City Florence	State SC	Zip Code 29506-2649
------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLERGY ASTHMA & SINUS CENTER	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Transaction ID : 73708379

Amount of Each Receipt this Period
208.33

Memo Item

C. Tildon-Burton, Janice, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Glasgow Ave
Ste 207

City Newark	State DE	Zip Code 19702-5704
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2183.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Transaction ID : 73708380

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 136
	<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. Harris, Patrice, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1397 Wood Pond Cv
 City Stone Mtn State GA Zip Code 30083-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708381
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Mukkamala, Srinivas, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1170 Charter Dr Ste F
 City Flint State MI Zip Code 48532-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.34

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708382
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Kobler, William, Eric, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) OSF MEDICAL GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708383
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 136
<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. Madejski, Thomas, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.34

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708384
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Puchalski, Robert, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SOUTH CAROLINA ENT Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.02

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708385
 Amount of Each Receipt this Period 416.66
 Memo Item

c. Flagg, Seth, Yawki, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) US NAVY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708386
 Amount of Each Receipt this Period 208.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 136
	<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. Chu, Betty, Shuwein, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708387
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Libby, Russell, Clark, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) VIRGINIA PEDIATRIC GROUP LTD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708388
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Tuttle, Georgia, Anne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708389
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 136
	<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. Ehrenfeld, Jesse, Menachem, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Woodmont Blvd
 City Nashville State TN Zip Code 37215-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VANDERBILT UNIVERSITY Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016
Transaction ID : 73708390
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Galper, Benjamin, Zev, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BRIGHAM AND WOMEN'S HOSPITAL Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 937.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016
Transaction ID : 73708391
 Amount of Each Receipt this Period
 104.16
 Memo Item

c. Block-Abraham, Dana, M, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UNIV OF MARYLAND MEDICAL CTR Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 937.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016
Transaction ID : 73708392
 Amount of Each Receipt this Period
 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 136
	<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. Gnanadev, Dev Appannagari, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ARROWHEAD COMMUNITY SURGICAL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1875.01**

Date of Receipt **09 / 25 / 2016**
Transaction ID : 73708393
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Hamide, John, Pasteur, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 Carthage St
 City Metairie State LA Zip Code 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LSUHSC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1875.01**

Date of Receipt **09 / 25 / 2016**
Transaction ID : 73708394
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Rorick, Marvin, H, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 Montgomery Rd
 City Cincinnati State OH Zip Code 45212-2198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIVER HILLS HEALTH CARE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1875.01**

Date of Receipt **09 / 25 / 2016**
Transaction ID : 73708395
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 136
	<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. Battista, Michael, Arthur, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708397
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Tomei, Krystal, Lynne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARROW NEUROLOGICAL INSTITUTE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708398
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Snook, Lee, Thos, , Jr MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2288 Auburn Blvd Ste 106
 City Sacramento State CA Zip Code 95821-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1875.01

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708399
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 136
	<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. Schlechter, Benjamin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Keiser Blvd Ste 207

City Wyomissing	State PA	Zip Code 19610-3341
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.01

Date of Receipt
 09 / 25 / 2016
Transaction ID : 73708400

Amount of Each Receipt this Period
208.33

Memo Item

B. Tenner, Scott, Mitchel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Trenton Ave

City East Atlantic Beach	State NY	Zip Code 11561-1132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY PHYSICIANS OF BROOKLYN INC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.01

Date of Receipt
 09 / 25 / 2016
Transaction ID : 73708401

Amount of Each Receipt this Period
208.33

Memo Item

C. Peterson, Lucy, Elizabeth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 W 8th Ave Ste 500

City Spokane	State WA	Zip Code 99204-2300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1875.02

Date of Receipt
 09 / 25 / 2016
Transaction ID : 73708402

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Buckley, Brooke, Mattern, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Medical Pkwy
Ste 600

City Annapolis	State MD	Zip Code 21401-3280
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016

Transaction ID : 73708403

Amount of Each Receipt this Period
208.33

Memo Item

B. Bishop, Justin, Miles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6127 Reiger Ave

City Dallas	State TX	Zip Code 75214-4535
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TTUHSC	Occupation (for Individual) Resident
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016

Transaction ID : 73708404

Amount of Each Receipt this Period
104.16

Memo Item

c. Rege, Sheila, Dattatraya, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7379 W Deschutes Ave
Ste 100

City Kennewick	State WA	Zip Code 99336-7900
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LSU CLINIC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1875.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016

Transaction ID : 73708405

Amount of Each Receipt this Period
208.33

Memo Item

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 92 OF 136
<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. Walsh, Richard, Peter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16420 Cross Creek Rd
 City Bowling Green State OH Zip Code 43402-9448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708411
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Govindarajan, Raghav, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5012 Clark Ln Apt 204
 City Columbia State MO Zip Code 65202-9973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLEVELAND CLINIC FLORIDA Occupation (for Individual) Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 73708434
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hummer, Charles, D, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Avonlea Cir
 City Glen Mills State PA Zip Code 19342-9520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PREMIER ORTHOPAEDIC & SPORTS MEDICINE Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016
Transaction ID : 73709198
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 93 OF 136
<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. Williams, Gerald, R, , Jr MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 Spruce St Dept ORS

City Philadelphia	State PA	Zip Code 19104-4206
----------------------	-------------	------------------------

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

Name of Employer (for Individual) ROTHMAN INSTITUTE	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2016

Transaction ID : 73709199

Amount of Each Receipt this Period
250.00

Memo Item

B. Dali, Sammi, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1180 Shore Dr

City New Buffalo	State MI	Zip Code 49117-1040
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FRANCISCAN HEALTH HEART CENTER	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2016

Transaction ID : 73709204

Amount of Each Receipt this Period
1000.00

Memo Item

C. Pittman, C, Christopher, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1099 Shipwatch Cir

City Tampa	State FL	Zip Code 33602-5736
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RADIOLOGY & IMAGING SPECIALISTS OF LAK	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2016

Transaction ID : 73709205

Amount of Each Receipt this Period
500.00

Memo Item

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 94 OF 136
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	<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. Morgan, Alethia, Ellen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17540
 Risk Management
 City Denver State CO Zip Code 80217-0540
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1875.01

Date of Receipt 09 / 26 / 2016
Transaction ID : 73709798
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Guerrini, Joseph, Bernard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 N Sam Houston Pkwy E
 Ste 100
 City Houston State TX Zip Code 77060-4024
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 73722236
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Huether, Michael, Jerome, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5980 N La Cholla Blvd
 City Tucson State AZ Zip Code 85741-3535
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MICHAEL J. HUETHER, MD, PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 73815739
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1708.33
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 95 OF 136
	<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. Schafer, John, Arthur, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6555 Coyle Ave
3rd Fl

City Carmichael State CA Zip Code 95608-0302

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

Name of Employer (for Individual) MERCY MEDICAL GROUP DOWNTOWN Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : 73864945

Amount of Each Receipt this Period 100.00

Memo Item

B. Schafer, John, Arthur, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6555 Coyle Ave
3rd Fl

City Carmichael State CA Zip Code 95608-0302

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

Name of Employer (for Individual) MERCY MEDICAL GROUP DOWNTOWN Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : 73864946

Amount of Each Receipt this Period 100.00

Memo Item

c. Stafford, William, Clayton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Metker Trl
Stanford Immediat Care

City Stanford State KY Zip Code 40484-1020

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 263.60

Date of Receipt 09 / 30 / 2016
Transaction ID : 74006752

Amount of Each Receipt this Period 26.36

Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.36
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 136
<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. Downs, David, A, , Jr MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10400 E Alameda Ave

City Denver	State CO	Zip Code 80247-5104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 74006854

Amount of Each Receipt this Period
100.00

Memo Item

B. Fallon, Joseph, James, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Sandwood Dr

City Marlton	State NJ	Zip Code 08053-7035
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JOSEPH J FALLON JR MD	Occupation (for Individual) 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
09		30		2016

Transaction ID : 74007163

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mackler, Bradley, Paul, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 Middleford Rd

City Seaford	State DE	Zip Code 19973-3604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) 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
09		30		2016

Transaction ID : 74007165

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 97 OF 136
	<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. Thorstenson, Lyle, Sheldon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3807 Appleby Sand Rd
 City Nacogdoches State TX Zip Code 75965-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH TX VA MEDICAL CENTER Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 74007166
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Tonzola, Denise, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Indigo Trl
 City Madison State CT Zip Code 06443-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREATER NEW HAVEN OB GYN GROUP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 74007167
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Speranza, Musa, Lisa, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 208063 Dept Obg
 City New Haven State CT Zip Code 06520-8063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 74007168
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 136
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Gerald, R, , Jr MD

Mailing Address 3400 Spruce St Dept ORS

City Philadelphia	State PA	Zip Code 19104-4206
----------------------	-------------	------------------------

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

Name of Employer (for Individual) ROTHMAN INSTITUTE	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2016

Transaction ID : 74270193

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	34747.75

**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 136
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. PNC ADVISORS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 96211

City Washington	State DC	Zip Code 20090
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2016

Transaction ID : 74010249

Amount of Each Receipt this Period
175.18

Memo Item

Interest

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.18
TOTAL This Period (last page this line number only).....	175.18

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address 4 Northeastern Boulevard

City
Salem

State
NH

Zip Code
03079

Purpose of Disbursement
Credit Card Bank Charges

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C []

Transaction ID : 74010392

Amount of Each Disbursement this Period

[] 1055.93

Credit Card Bank Charges

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 1055.93

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

[] 1055.93

**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"/> 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. Sanford Bishop For Congress

Mailing Address P O Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement 2016 General

011

Category/Type

Candidate Name

Bishop, Sanford, D., Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00266940

Transaction ID : 73424345

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City West Point State GA Zip Code 31833

Purpose of Disbursement 2016 General

011

Category/Type

Candidate Name

Ferguson, Anderson, , , IV

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00607838

Transaction ID : 73424346

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Henry Hank Johnson

Mailing Address 4153 Flat Shoals Parkway Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Purpose of Disbursement 2016 General

011

Category/Type

Candidate Name

Johnson, Hank, C., Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00418293

Transaction ID : 73424347

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. John Lewis For Congress

Mailing Address PO Box 2323

City
Atlanta

State
GA

Zip Code
30301

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Lewis, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00202416

Transaction ID : 73424348

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Rob Woodall For Congress

Mailing Address Post Office Box 1871

City
Lawrenceville

State
GA

Zip Code
30046

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Woodall, Rob, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: GA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00482307

Transaction ID : 73424349

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City
Tifton

State
GA

Zip Code
31793

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Scott, Austin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00482737

Transaction ID : 73424350

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

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"/> 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. Jody Hice For Congress

Mailing Address PO Box 586

City
Monroe

State
GA

Zip Code
30655

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Hice, Jody, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00481150

Transaction ID : 73424352

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Rick W. Allen For Congress

Mailing Address P. O. Box 338

City
Augusta

State
GA

Zip Code
30903

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Allen, Richard, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00504019

Transaction ID : 73424353

Amount of Each Disbursement this Period

4000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City
Bloomington

State
IN

Zip Code
47402

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Young, Todd, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00459255

Transaction ID : 73424354

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Walorski For Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Walorski, Jackie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00468579

Transaction ID : 73424355

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address P.O. Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Banks, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00577999

Transaction ID : 73424484

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City
Indianapolis

State
IN

Zip Code
46260

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Brooks, Susan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00500207

Transaction ID : 73424516

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Luke Messer For Congress

Mailing Address PO Box 917

City
Shelbyville

State
IN

Zip Code
46176

Purpose of Disbursement
2016 General

011

Candidate Name

Messer, Allen, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00460667

Transaction ID : 73424517

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement
2016 General

011

Candidate Name

Bucshon, Larry, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00468256

Transaction ID : 73424518

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Shelli Yoder For Congress

Mailing Address PO Box 6654

City
Bloomington

State
IN

Zip Code
47407

Purpose of Disbursement
2016 General

011

Candidate Name

Yoder, Shelli, , Ms.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C C00513457

Transaction ID : 73424519

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Lankford, James, , ,

Office Sought: House Senate President
State: OK District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00466482

Transaction ID : 73424520

Amount of Each Disbursement this Period
4000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Mullin, Markwayne, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00498345

Transaction ID : 73424521

Amount of Each Disbursement this Period
4000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Connolly, Gerald, E., Rep.,

Office Sought: House Senate President
State: VA District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00445452

Transaction ID : 73424522

Amount of Each Disbursement this Period
1000.00

2016 General

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Kind, Ron, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C C00312017

Transaction ID : 73424523

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 753908

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Heck, Joe, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00580688

Transaction ID : 73429235

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Schrader, Kurt, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C C00446906

Transaction ID : 73474444

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

10000.00

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"/> 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. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Davis, Rodney, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	9		2	0	1	6		

FEC Identification Number

C C00521948

Transaction ID : 73474445

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	6		

FEC Identification Number

C C00311043

Transaction ID : 73482120

Amount of Each Disbursement this Period

2250.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Shimkus, John, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	6		

FEC Identification Number

C C00258855

Transaction ID : 73482121

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

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

6750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C00502575

Transaction ID : 73482260

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C00502575

Transaction ID : 73482262

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Ami Bera For Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Bera, Amerish, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C00461061

Transaction ID : 73482265

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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"/> 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. Ami Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Bera, Amerish, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00461061

Transaction ID : 73482266

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Wagner, Ann, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: MO District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00495846

Transaction ID : 73482267

Amount of Each Disbursement this Period

1500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Chu, Judy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00458125

Transaction ID : 73482268

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. Scott Peters For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement 2016 General

Candidate Name **Peters, Scott, , ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 52

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C00503110
Transaction ID : 73482270
Amount of Each Disbursement this Period: 1000.00
2016 General

Memo Item

B. Nolan For Congress Volunteer Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1041

City Brainerd State MN Zip Code 56401

Purpose of Disbursement 2016 General

Candidate Name **Nolan, Richard, , ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 08

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C00499053
Transaction ID : 73482272
Amount of Each Disbursement this Period: 1000.00
2016 General

Memo Item

C. Julia Brownley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement 2016 General

Candidate Name **Brownley, Julia, , ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 26

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C00513077
Transaction ID : 73482274
Amount of Each Disbursement this Period: 1000.00
2016 General

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement 2016 General

011
Category/
Type

Candidate Name
Maloney, Sean, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 18

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00512426

Transaction ID : 73482276

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement 2016 General

011
Category/
Type

Candidate Name
Sinema, Kyrsten, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00508804

Transaction ID : 73482413

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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 General

011
Category/
Type

Candidate Name
Grassley, Chuck, E., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00230482

Transaction ID : 73489297

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Grassley, Chuck, E., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IA

District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00230482

Transaction ID : 73489298

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Isadore Hall For Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City
Long Beach

State
CA

Zip Code
90802

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Hall, Isadore, , , III

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: CA

District: 44

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00497859

Transaction ID : 73490246

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Correa For Congress

Mailing Address 420 N Twin Oaks Valley Road
Suite #2229

City
San Marcos

State
CA

Zip Code
92079

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Correa, Jose, Luis, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CA

District: 46

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C

Transaction ID : 73490401

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

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

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

10500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Votetipton.Com

Mailing Address PO Box 1582

City
Cortez

State
CO

Zip Code
81321

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Tipton, Scott, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00470757

Transaction ID : 73490675

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Monica Vernon For Congress

Mailing Address PO Box 1635

City
Cedar Rapids

State
IA

Zip Code
52406

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Vernon, Monica, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00571562

Transaction ID : 73491245

Amount of Each Disbursement this Period

4000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City
Iowa City

State
IA

Zip Code
52244

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Loeb sack, David, Wayne, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C C00414318

Transaction ID : 73491369

Amount of Each Disbursement this Period

4000.00

2016 General

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Young, David, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: IA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73491498

Amount of Each Disbursement this Period

2016 General

Memo Item

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 General

011
Category/
Type

Candidate Name
Moran, Jerry, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: KS District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73491516

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Jenkins, Lynn, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: KS District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73491517

Amount of Each Disbursement this Period

2016 General

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Yoder, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	6		

FEC Identification Number

C C00472365

Transaction ID : 73491518

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Pompeo For Kansas, Inc

Mailing Address PO Box 780146

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Pompeo, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	6		

FEC Identification Number

C C00460402

Transaction ID : 73491520

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Gottheimer, Josh, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	6		

FEC Identification Number

C C00573949

Transaction ID : 73491567

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement 2016 General

011
Category/Type

Candidate Name Wenstrup, Brad, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 02

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number
C C00497818
Transaction ID : 73491568
Amount of Each Disbursement this Period
2000.00
2016 General
 Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement 2016 General

011
Category/Type

Candidate Name Larsen, Rick, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 02

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number
C C00345546
Transaction ID : 73491569
Amount of Each Disbursement this Period
1000.00
2016 General
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement 2016 Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number
C
Transaction ID : 73504134
Amount of Each Disbursement this Period
2500.00
2016 Contribution
 Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mark Takano For Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Takano, Mark, , ,

Office Sought: House
 Senate
 President
State: CA District: 41

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C00498667

Transaction ID : 73508266

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Ted Yoho For Congress

Mailing Address 5745 Sw 75th Street, #283

City Gainesville State FL Zip Code 32608

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Yoho, Theodore, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C00494583

Transaction ID : 73508578

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Mica For Congress

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Mica, John, L., Rep.,

Office Sought: House
 Senate
 President
State: FL District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C00283051

Transaction ID : 73508579

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Posey, Bill, , Rep.,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00444968

Transaction ID : 73508581

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Bilirakis, Gus, M., Rep.,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00408534

Transaction ID : 73508582

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Castor, Kathy, , Rep.,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00410761

Transaction ID : 73508583

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00412759

Transaction ID : 73508584

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Rooney For Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Rooney, Thomas, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 17

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00432906

Transaction ID : 73508585

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Deutch, Theodore, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 22

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00469163

Transaction ID : 73508587

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

7000.00

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"/> 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. Mario Diaz-Balart For Congress

Mailing Address 8724 Sw 72nd Street
420

City Miami State FL Zip Code 33173

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Diaz-Balart, Mario, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 25

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00376087

Transaction ID : 73508588

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd St

City Miami State FL Zip Code 33173

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Curbelo, Carlos, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00546846

Transaction ID : 73508589

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Ros-Lehtinen, Ileana, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00280537

Transaction ID : 73508590

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

7000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Ayotte, Kelly, , ,

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73508591

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address P.O. Box 31473

City Charlotte State NC Zip Code 28231

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Adams, Alma, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73508592

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Smucker For Congress

Mailing Address 548 Steel Way
PO Box 7066

City Lancaster State PA Zip Code 17604

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Smucker, Lloyd, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73508593

Amount of Each Disbursement this Period

2016 General

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. People For Patty Murray		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address PO Box 3662		FEC Identification Number C00257642 Transaction ID : 73508748
City Seattle	State WA	Zip Code 98124
Purpose of Disbursement 2016 General		Category/Type 011
Candidate Name Murray, Patty, , Sen.,		Amount of Each Disbursement this Period 2500.00 2016 General
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

Full Name (Last, First, Middle Initial) B. People For Patty Murray		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address PO Box 3662		FEC Identification Number C00257642 Transaction ID : 73508933
City Seattle	State WA	Zip Code 98124
Purpose of Disbursement 2016 General		Category/Type 011
Candidate Name Murray, Patty, , Sen.,		Amount of Each Disbursement this Period 2500.00 2016 General
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

Full Name (Last, First, Middle Initial) C. Friends Of Neal Dunn		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 2640a Mitcham Drive		FEC Identification Number C00582304 Transaction ID : 73509623
City Tallahassee	State FL	Zip Code 32308
Purpose of Disbursement 2016 General		Category/Type 011
Candidate Name Dunn, Neal, , MD FACS		Amount of Each Disbursement this Period 5000.00 2016 General
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
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"/> 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. Dold For Congress

Mailing Address PO Box 6312

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Dold, Bob, James, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C00465971

Transaction ID : 73509679

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Kinzinger For Congress

Mailing Address PO Box 2365

City
Ottawa

State
IL

Zip Code
61350

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kinzinger, Adam, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C00458877

Transaction ID : 73509680

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 6953

City
Chicago

State
IL

Zip Code
60680

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kelly, Robin, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C00539866

Transaction ID : 73509681

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

7000.00

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"/> 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. Price For Congress

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement 2016 General

011

Candidate Name Price, David, E., Rep.,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 04

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00195628

Transaction ID : 73509682

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement 2016 General

011

Candidate Name Chu, Judy, , Rep.,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00458125

Transaction ID : 73509684

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement 2016 General

011

Candidate Name Keating, William, R., Rep.,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C C00479063

Transaction ID : 73546786

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

3000.00

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"/> 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. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement
2016 General

011

Candidate Name

Emmer, Thomas, , , Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C C00545749

Transaction ID : 73705175

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
2016 General

011

Candidate Name

Brady, Kevin, Patrick, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C C00311043

Transaction ID : 73705176

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067

Purpose of Disbursement
2016 General

011

Candidate Name

Lance, Leonard, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00444224

Transaction ID : 73710077

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Griffith, Morgan, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: VA District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73710078

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Reichert, Dave, George, Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73713820

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Blunt, Roy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: MO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73713824

Amount of Each Disbursement this Period

2016 General

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City
West Point

State
GA

Zip Code
31833

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ferguson, Anderson, , IV

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

C C00607838

Transaction ID : 73713829

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 753908

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Heck, Joe, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

C C00580688

Transaction ID : 73713831

Amount of Each Disbursement this Period

2500.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Roskam, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

C C00410969

Transaction ID : 73713985

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bergmanforcongress

Mailing Address N5070 Cisco Lake Road

City Watersmeet State MI Zip Code 49969

Purpose of Disbursement 2016 General

011
Category/
Type

Candidate Name
Bergman, John, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00614214

Transaction ID : 73713996

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement 2016 General

011
Category/
Type

Candidate Name
Huizenga, Bill, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00459297

Transaction ID : 73714026

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement 2016 General

011
Category/
Type

Candidate Name
Moolenaar, John, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00561530

Transaction ID : 73714049

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kildee, Daniel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	6

FEC Identification Number

C C00499947

Transaction ID : 73714052

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	6

FEC Identification Number

C C00200584

Transaction ID : 73714055

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Bishop, Mike, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	6

FEC Identification Number

C C00561001

Transaction ID : 73714057

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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2016 General

Memo Item

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

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

1	1	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Levin For Congress

Mailing Address PO Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Levin, Sandy, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00156612

Transaction ID : 73714059

Amount of Each Disbursement this Period

9000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Kumar For Congress

Mailing Address 2450 Walton Blvd

City
Rochester Hills

State
MI

Zip Code
48309

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kumar, Anil, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00548925

Transaction ID : 73714065

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

City
Dearborn

State
MI

Zip Code
48124

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Dingell, Debbie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00558213

Transaction ID : 73714066

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Rosen For Nevada

Mailing Address 1000 N. Green Valley Pkwy
#440-177

City Henderson State NV Zip Code 89074

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Rosen, Jacky, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00606939

Transaction ID : 73714068

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Cramer For Congress

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Cramer, Kevin, , Mr.,

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C C00474569

Transaction ID : 73714069

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Joyce, David, , ,

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00527457

Transaction ID : 73714070

Amount of Each Disbursement this Period

2016 General

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Stivers, Steve, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: OH District: 15

Date of Disbursement

/ /

FEC Identification Number

C C00441352

Transaction ID : 73714071

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Wilson, Joe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: SC District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00368522

Transaction ID : 73714073

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Duncan, Jeff, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: SC District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00460550

Transaction ID : 73714074

Amount of Each Disbursement this Period

2016 General

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Trey Gowdy For Congress		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address PO Box 3324		FEC Identification Number C 00462523 Transaction ID : 73714075
City Spartanburg	State SC	Zip Code 29304
Purpose of Disbursement 2016 General	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 2016 General
Candidate Name Gowdy, Trey, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: SC District: 04	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Jim Clyburn		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address Post Office Box 12567		FEC Identification Number C 00255562 Transaction ID : 73714076
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement 2016 General	Category/ Type 011	Amount of Each Disbursement this Period 5000.00 2016 General
Candidate Name Clyburn, James, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: SC District: 06	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7000.00

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

266750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Williams, Gerald, R, , Jr MD

Mailing Address 3400 Spruce St Dept ORS

City Philadelphia

State PA

Zip Code 19104-4206

Purpose of Disbursement
Returned Check

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74010389

Amount of Each Disbursement this Period

Returned Check

Memo Item

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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