

**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. 12 FE 4 M5

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day  Primary (12P)  General (12G)  Runoff (12R)  
PRE-Election Report for the:  Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day  General (30G)  Runoff (30R)  Special (30S)  
POST-Election Report for the:  Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Kevin Walker [Electronically Filed] Date 06 / 11 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		552464.38
(b) Cash on Hand at Beginning of Reporting Period.....	727452.28	
(c) Total Receipts (from Line 19) .....	138995.85	409694.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	866448.13	962159.14
7. Total Disbursements (from Line 31).....	100518.05	196229.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	765930.08	765930.08
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74781.31	216926.35
(ii) Unitemized .....	64201.58	192737.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	138982.89	409663.81
(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) .....	138982.89	409663.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.96	30.95
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))..... ▶	138995.85	409694.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	138995.85	409694.76

**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 .....	1818.05	5229.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1818.05	5229.06
22. Transfers to Affiliated/Other Party Committees.....	100.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	187000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3600.00	3900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	3600.00	3900.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100518.05	196229.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100518.05	196229.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	138982.89	409663.81
34. Total Contribution Refunds (from Line 28(d)) .....	3600.00	3900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	135382.89	405763.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1818.05	5229.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1818.05	5229.06

**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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Scott Mitchel Tenner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Trenton Ave  
 City East Atlantic Beach State NY Zip Code 11561-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.99**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : 64539756**  
 Amount of Each Receipt this Period **208.33**

**B. Stephen Francis Darrow MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5324 30th Ave S  
 City Minneapolis State MN Zip Code 55417-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF MINNESOTA Occupation Resident Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **224.98**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : 64541762**  
 Amount of Each Receipt this Period **83.32**

**C. Michael Arthur Battista MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.66**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : 64541772**  
 Amount of Each Receipt this Period **208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>499.98</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Victoria Joan Dorr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1321 Upland Dr  
 City Houston State TX Zip Code 77043-4718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEMATOLOGY ONCOLOGY CONSULTANTS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : 64550152**  
 Amount of Each Receipt this Period **500.00**

**B. Sara S Woodward Dyrstad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5901 Montana Ave  
 City Odessa State TX Zip Code 79762-9343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BARNES JEWISH HOSPITAL Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.33**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : 64555767**  
 Amount of Each Receipt this Period **208.33**

**c. Stephen Paul Cragle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 Northway Dr  
 City Saint Cloud State MN Zip Code 56303-1255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST CLOUD EAR NOSE & THROAT HEAD & NE Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : 64699035**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1708.33</b>
<b>TOTAL</b> 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 111
	<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

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. Thomas Michael Hanson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7309  
 Yale Med Grp  
 City New Haven State CT Zip Code 06519-0309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OBSTETRICS GYNECOLOGY & MENOPAUSE Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : 64699041**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Ralph F Heaven Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1957 Antilley Rd  
 City Abilene State TX Zip Code 79606-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US ONCOLOGY Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : 64699042**  
 Amount of Each Receipt this Period  
**500.00**

**C. Hanna Lesicka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 97th St  
 City Brooklyn State NY Zip Code 11209-7602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : 64699048**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Joe Mayer**  
Full Name (Last, First, Middle Initial)

Mailing Address 3421 Highwood Dr. SE

City Washington State DC Zip Code 20020-2343

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 06 / 2015  
Transaction ID : 64699050

Amount of Each Receipt this Period  
250.00

**B. Josephine Chu Mcallister MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2333 N Triphammer Rd Ste 203 Dermatologist

City Ithaca State NY Zip Code 14850-1075

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

Name of Employer ROBERT T HORN JR. MEDICAL Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 06 / 2015  
Transaction ID : 64699051

Amount of Each Receipt this Period  
250.00

**C. Annette Williams Reda MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 885 Kempsville Rd Ste 101

City Norfolk State VA Zip Code 23502-3800

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

Name of Employer VIRGINIA OPHTHALOMOLOGY ASSOCIATES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 06 / 2015  
Transaction ID : 64699057

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Glenn Stephen Shear MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Upper Riverdale Rd SW  
 Ste 114  
 City Riverdale State GA Zip Code 30274-2642  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : 64699061**  
 Amount of Each Receipt this Period 500.00

**B. Anthony Shihin Shen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12787 Wynfield Pines Ct  
 City Saint Louis State MO Zip Code 63131-2156  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : 64699062**  
 Amount of Each Receipt this Period 500.00

**C. Craig Carter Callewart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9101 N Central Expy  
 Ste 360  
 City Dallas State TX Zip Code 75231-5949  
 Name of Employer NORTH TEXAS SPINECARE LLP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : 64703493**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Alan Frank Frigy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2163 W Ravina Park Rd

City Decatur State IL Zip Code 62526-3067

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

Name of Employer KMB SERVICE CORP Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 09 / 2015  
Transaction ID : 64703494

Amount of Each Receipt this Period  
500.00

**B. Michelle A Berger MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4100 Duval Rd Ste 4-205

City Austin State TX Zip Code 78759-4278

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 09 / 2015  
Transaction ID : 64703495

Amount of Each Receipt this Period  
500.00

**c. Carol D Adler Berkowitz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30736 Cartier Dr

City Rch Palos Vrd State CA Zip Code 90275-5638

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 09 / 2015  
Transaction ID : 64703496

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cathy O Blight MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2615 Circle Dr  
 City State Zip Code  
 Flint MI 48507-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PATHOLOGY ASSOCIATES PC INC 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  
 03 / 09 / 2015  
**Transaction ID : 64703497**  
 Amount of Each Receipt this Period  
 1000.00

**B. Nicholas P Chimento DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Pittston Ave  
 City State Zip Code  
 Yatesville PA 18640-3356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GEISINGER MEDICAL CENTER Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 64703594**  
 Amount of Each Receipt this Period  
 250.00

**C. Juan Carlos Nieto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2140 John F Kennedy Rd  
 Fuerste Eye Clinic  
 City State Zip Code  
 Dubuque IA 52002-3883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GUTTENBERG MUNICIPAL HOSPITAL Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 64703595**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 111
	<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. Jeanine Aural Mc Neill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3435 Ramona Dr  
 City Riverside State CA Zip Code 92506-1253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RENAISSANCE RADIOLOGY MEDICAL GROU Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 64703604**  
 Amount of Each Receipt this Period  
 500.00

**B. Rhonda Lee Sharp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 N Detroit St  
 PO Box 168  
 City Lagrange State IN Zip Code 46761-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARKVIEW FIRST CARE Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 64703781**  
 Amount of Each Receipt this Period  
 100.00

**C. Janice Tildon-Burton MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : 64710122**  
 Amount of Each Receipt this Period  
 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	808.33
<b>TOTAL</b> 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 111
	<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

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. Steven Michael Connolly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 Hinsdale Rd  
 Family Care Med Grp  
 City Camillus State NY Zip Code 13031-1648  
 Name of Employer FAMILY CARE MEDICAL GROUP PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 64748088**  
 Amount of Each Receipt this Period 250.00

**B. Charles James Barone II MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8228 Long Island Ct  
 City Ira State MI Zip Code 48023-2458  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : 64754901**  
 Amount of Each Receipt this Period 500.00

**C. John Stuart Dirksen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104B Srp Dr  
 John S Dirksen MD  
 City Evans State GA Zip Code 30809-3319  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : 64754902**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 111  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)  
**A. Charles Drueck III MD**

Mailing Address 111 Yale Ct

City State Zip Code  
Glenview IL 60026-5916

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : 64754903**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mark Graham Attlessey MD**

Mailing Address 751 Shipwatch Dr E

City State Zip Code  
Jacksonville FL 32225-5416

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

Name of Employer Occupation  
CAPITOL REGIONAL MEDICAL CENTER Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : 64754904**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Alexander B Kenton MD**

Mailing Address 302 W Lynwood Ave

City State Zip Code  
San Antonio TX 78212-2592

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

Name of Employer Occupation  
SELF-EMPLOYED Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : 64754905**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Manjit Singh Randhawa DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 E Hospital Dr  
 Ste 205  
 City Angleton State TX Zip Code 77515-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRAZORIA COUNTY PAIN CENTER Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754906**  
 Amount of Each Receipt this Period  
**500.00**

**B. Sandra Adamson Fryhofer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1938 Peachtree Rd NW Ste 502  
 City Atlanta State GA Zip Code 30309-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754907**  
 Amount of Each Receipt this Period  
**500.00**

**C. Mitchell James Giangobbe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13629 W Camino Del Sol  
 Ste 180  
 City Sun City West State AZ Zip Code 85375-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754908**  
 Amount of Each Receipt this Period  
**1000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 111
	<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

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. Cathleen Ann Woomert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 Maple Ridge Rd  
 City Millville State PA Zip Code 17846-8933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754909**  
 Amount of Each Receipt this Period  
 2500.00

**B. Robert Siew MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 W Huntington Dr Ste 607  
 City Arcadia State CA Zip Code 91007-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754942**  
 Amount of Each Receipt this Period  
 500.00

**C. Eduardo Covarrubias MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 Lomaland Dr Ste A  
 City El Paso State TX Zip Code 79935-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEL SOL MEDICAL CENTER Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64754943**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Charles Edward Geringer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12230 S Arbor Trl  
 City Palos Heights State IL Zip Code 60463-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WELLGROUP HEALTHPARTNERS LLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755016**  
 Amount of Each Receipt this Period  
 250.00

**B. Amir Taymoor Ekanej MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6041 Cadillac Ave  
 Dept Of Gastroenterology  
 City Los Angeles State CA Zip Code 90034-1702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAISER PERMANENTE Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755017**  
 Amount of Each Receipt this Period  
 250.00

**C. Anthony M D'Agostino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1650 Moon Lake Blvd  
 City Hoffman Est State IL Zip Code 60169-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALEXIAN BROTHERS BEHAVIORAL HEALTH Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755018**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 19 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Brandy Rene Patterson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4611 Pine Cone Ln  
 City Belden State MS Zip Code 38826-6001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755019**  
 Amount of Each Receipt this Period  
**500.00**

**B. William B Lowry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS HEALTH CARE PLLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755023**  
 Amount of Each Receipt this Period  
**500.00**

**c. Michael Stephen Reel MD**  
 Full Name (Last, First, Middle Initial)  
 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 OBSTETRICS GYNECOLOGY & MENOPAUSE Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64755024**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Thomas Walton Eppes Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 Corporate Park Dr  
 City Forest State VA Zip Code 24551-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64756211**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. David Ray Diaz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 Cold Spring Rd  
 Larue Carter Mem Hosp  
 City Indianapolis State IN Zip Code 46222-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARMEL SURGICAL SPECIALISTS Occupation 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  
 03 / 13 / 2015  
**Transaction ID : 64756215**  
 Amount of Each Receipt this Period  
 100.00

**c. Dr. Peggy Lou Sankey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 185  
 City Rockville State IN Zip Code 47872-0185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 64756220**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00  
**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 21 OF 111
	<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

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. Mohammed Abdul Jaleel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Laconia St  
 City Lexington State MA Zip Code 02420-2252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARITAS HOLY FAMILY HOSPITAL & MEDICA  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 64761896**  
 Amount of Each Receipt this Period  
 500.00

**B. Curtis Lars Hedberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1670 W Sunset Ave Ste C  
 City Springdale State AR Zip Code 72762-5136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEDBERG ALLERGY  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 64931940**  
 Amount of Each Receipt this Period  
 1000.00

**C. Curtis Lars Hedberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1670 W Sunset Ave Ste C  
 City Springdale State AR Zip Code 72762-5136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEDBERG ALLERGY  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 64931941**  
 Amount of Each Receipt this Period  
 1000.00

**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 22 OF 111
	<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

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. Maryanne C Bombaugh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 Clowes Dr  
 City Falmouth State MA Zip Code 02540-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.65**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : 64943795**  
 Amount of Each Receipt this Period **41.66**

**B. Liana Puscas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Box 3805 Duke South  
 City Durham State NC Zip Code 27710-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUKE UNIVERSITY Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : 64943881**  
 Amount of Each Receipt this Period **500.00**

**C. Joy Ann Maxey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 E Paces Ferry Rd NE Ste 212  
 City Atlanta State GA Zip Code 30305-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : 64943913**  
 Amount of Each Receipt this Period **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>624.99</b>
<b>TOTAL</b> 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 111
	<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

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. Elvin C Irvin Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 Lindberg Dr  
 City Florence State SC Zip Code 29501-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943914**  
 Amount of Each Receipt this Period  
**83.33**

**B. Keith Francis De Sonier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 Dr Michael Debakey Dr Ste 103  
 City Lake Charles State LA Zip Code 70601-5700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943915**  
 Amount of Each Receipt this Period  
**83.33**

**C. John Steven Polsley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Scioto St Ste 7  
 City Urbana State OH Zip Code 43078-2251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAMILY PHYSICIANS OF URBANA INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943916**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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**

Full Name (Last, First, Middle Initial) <b>A. Mr. George E. Cox</b>		Date of Receipt
Mailing Address 10308 Fleming Ave.		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Bethesda	MD	20814-2136
FEC ID number of contributing federal political committee.		Transaction ID : <b>64943917</b>
C		Amount of Each Receipt this Period
		83.33
Name of Employer	Occupation	
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	249.99	

Full Name (Last, First, Middle Initial) <b>B. Mr. Dean Armandroff</b>		Date of Receipt
Mailing Address 3603 Gunston Rd.		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Alexandria	VA	22302-2007
FEC ID number of contributing federal political committee.		Transaction ID : <b>64943918</b>
C		Amount of Each Receipt this Period
		83.33
Name of Employer	Occupation	
AMERICAN MEDICAL ASSOCIATION	AMA Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	249.99	

Full Name (Last, First, Middle Initial) <b>C. James Thos Hay MD</b>		Date of Receipt
Mailing Address 14202 Recuerdo Dr		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Del Mar	CA	92014-2956
FEC ID number of contributing federal political committee.		Transaction ID : <b>64943919</b>
C		Amount of Each Receipt this Period
		83.33
Name of Employer	Occupation	
NORTH COAST FAMILY MEDICAL GROUP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Keith Irvin Adams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 Munro Rd  
 City Mill Hall State PA Zip Code 17751-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943920**  
 Amount of Each Receipt this Period  
 83.33

**B. Gregory Jude Gallina MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 W Spring Valley Ave Ste 103  
 City Maywood State NJ Zip Code 07607-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943921**  
 Amount of Each Receipt this Period  
 83.33

**C. James Allan Goodyear MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Medical Campus Dr Ste 310  
 City Lansdale State PA Zip Code 19446-7205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943922**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. Floyd Anthony Buras Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Live Oak St  
 City Metairie State LA Zip Code 70005-1243  
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943923**  
 Amount of Each Receipt this Period 83.33

**B. Mary Susan Carpenter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 769  
 City Winner State SD Zip Code 57580-0769  
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943924**  
 Amount of Each Receipt this Period 83.33

**C. Gary Lee Dillehay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5555 N Sheridan Rd Apt 1402  
 City Chicago State IL Zip Code 60640-1636  
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATI Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943925**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Stuart Gitlow MD</b>		Date of Receipt
Mailing Address 153 Gaskill St		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Woonsocket RI 02895-1011		<b>Transaction ID : 64943926</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation SELF-EMPLOYED Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="249.99"/>

Full Name (Last, First, Middle Initial) <b>B. Randolph J Gould MD</b>		Date of Receipt
Mailing Address 1801 Windy Ridge Pt		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Virginia Bch VA 23454-1534		<b>Transaction ID : 64943927</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation NORFOLK SURGICAL GROUP LTD Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="249.99"/>

Full Name (Last, First, Middle Initial) <b>C. Steven James Hattamer MD</b>		Date of Receipt
Mailing Address 8 Prospect St Dept Of Anesthesiology		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Nashua NH 03060-3925		<b>Transaction ID : 64943928</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation NASHUA ANESTHESIA PARTNERS PLLC Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="249.99"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Robert Ernest Hertzka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1018  
 City Rcho Santa Fe State CA Zip Code 92067-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943929**  
 Amount of Each Receipt this Period  
 83.33

**B. John Jos Kennedy MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943930**  
 Amount of Each Receipt this Period  
 83.33

**C. Mark Chas Komorowski MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943931**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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**

Full Name (Last, First, Middle Initial) <b>A. Daniel Joel Koretz MD</b>			Date of Receipt
Mailing Address 1939 Lake Rd			<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64943932</b>
Ontario	NY	14519-9792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
SELF-EMPLOYED	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Glenn Allen Loomis MD</b>			Date of Receipt
Mailing Address 334 Thomas More Pkwy Ste 160			<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64943933</b>
Crestview Hills	KY	41017-3496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
SPARROW HEALTH SYSTEM	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Patrick Wm Mc Cormick MD</b>			Date of Receipt
Mailing Address 2222 Cherry St # 2-M200			<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64943934</b>
Toledo	OH	43608-2673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
NEUROSURGICAL NETWORK INC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Judith Richmond Pryblick DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5422 Holiday Dr  
 City Allentown State PA Zip Code 18104-9439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST LUKES PHYSICIAN GROUP INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943935**  
 Amount of Each Receipt this Period  
 83.33

**B. Michael Bradley Simon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Gellatly Dr  
 City Wappingers Fl State NY Zip Code 12590-6452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAPA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943936**  
 Amount of Each Receipt this Period  
 83.33

**C. Robert Cameron More MD**  
 Full Name (Last, First, Middle Initial)  
 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 HUNTERDON ORTHOPEDIC INSTITUTE Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943937**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. John S Mc Intyre MD**  
 Full Name (Last, First, Middle Initial)  
 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 UNITY MENTAL HEALTH Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943938**  
 Amount of Each Receipt this Period 83.33

**B. Devdutta G Sangvai MD**  
 Full Name (Last, First, Middle Initial)  
 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 DUKE UNIVERSITY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943939**  
 Amount of Each Receipt this Period 83.33

**C. David George Gerkin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Lakemoor Dr  
 City Knoxville State TN Zip Code 37920-2815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943940**  
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Judson J Somerville MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1503 Palmer Dr  
 City Laredo State TX Zip Code 78045-7506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943941**  
 Amount of Each Receipt this Period  
 83.33

**B. Donald Franklin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5335 Summerfield Ln  
 City Signal Mtn State TN Zip Code 37377-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943942**  
 Amount of Each Receipt this Period  
 83.33

**C. Patrice A Harris MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 Jesse Hill Jr Dr SE Ste 400  
 City Atlanta State GA Zip Code 30303-3030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943943**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. Kathleen Blake MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 N Wabash Ave Ste 39300  
 American Medical Association  
 City Chicago State IL Zip Code 60611-5885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943944**  
 Amount of Each Receipt this Period  
**83.33**

**B. Spurgeon Wm Clark III MD**  
 Full Name (Last, First, Middle Initial)  
 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 EMORY HEALTHCARE Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943945**  
 Amount of Each Receipt this Period  
**83.33**

**C. Dieter Pohl MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Eames St  
 City Providence State RI Zip Code 02906-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RHODE ISLAND SURGEONS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **349.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943946**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 7035 Convoy Ct  
Southern Ca Permanente Med Group

City San Diego State CA Zip Code 92111-1016

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

Name of Employer KAISER FDN HEALTH PLAN NATION HQ Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 23 / 2015  
Transaction ID : 64943947

Amount of Each Receipt this Period  
83.33

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

Mailing Address 1251 Talbryn Dr

City Belmont State CA Zip Code 94002-3755

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

Name of Employer PARTNERS HEALTH CARE Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 23 / 2015  
Transaction ID : 64943948

Amount of Each Receipt this Period  
83.33

**C. Thomas Walton Eppes Jr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 Corporate Park Dr

City Forest State VA Zip Code 24551-2238

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

Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
349.99

Date of Receipt  
03 / 23 / 2015  
Transaction ID : 64943949

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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**

Full Name (Last, First, Middle Initial) <b>A. Alan Barth Pillersdorf MD</b>		Date of Receipt 03 / 23 / 2015 <b>Transaction ID : 64943950</b>
Mailing Address 1620 S Congress Ave Ste 100		Amount of Each Receipt this Period 83.33
City Palm Springs	State FL	
Zip Code 33461-2128		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer PLASTIC SURGERY OF PALM BEACH PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Chas Sternfeld MD</b>		Date of Receipt 03 / 23 / 2015 <b>Transaction ID : 64943951</b>
Mailing Address 4235 Secor Rd Bldg 1		Amount of Each Receipt this Period 83.33
City Toledo	State OH	
Zip Code 43623-4231		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer TOLEDO CLINIC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carl Alexander Sirio MD</b>		Date of Receipt 03 / 23 / 2015 <b>Transaction ID : 64943952</b>
Mailing Address 3000 Arlington Ave Mail Stop 1018		Amount of Each Receipt this Period 83.33
City Toledo	State OH	
Zip Code 43614-2595		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
<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

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. Evangelos Megariotis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Ravona St  
 City Clifton State NJ Zip Code 07012-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943953**  
 Amount of Each Receipt this Period  
**83.33**

**B. Marilyn Joan Heine MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Twining Rd  
 City Dresher State PA Zip Code 19025-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943954**  
 Amount of Each Receipt this Period  
**83.33**

**C. Peter Scott Lund MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 W 24th St Ste 101  
 City Erie State PA Zip Code 16502-2668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943955**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> 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 111
	<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. Richard Allen Dart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9050 Ader Rd  
 Wisconsin Medical Soc  
 City Marshfield State WI Zip Code 54449-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARSHFIELD CLINIC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943956**  
 Amount of Each Receipt this Period  
**83.33**

**B. John Robt Mc Gill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436A State St  
 City Bangor State ME Zip Code 04401-6606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943957**  
 Amount of Each Receipt this Period  
**83.33**

**C. Perry Lynn Haney MD**  
 Full Name (Last, First, Middle Initial)  
 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 SPINEONE, INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943958**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> 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 111
<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

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**

Full Name (Last, First, Middle Initial) <b>A. Roni Ephrat MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943959</b>
Mailing Address 116 Broadway		Amount of Each Receipt this Period 83.33
City Norwood	State NJ	Zip Code 07648-1401
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BERGEN ANESTHESIA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Fay Wu MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943960</b>
Mailing Address 2504 Samaritan Dr Ste 20		Amount of Each Receipt this Period 83.33
City San Jose	State CA	Zip Code 95124-4005
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

Full Name (Last, First, Middle Initial) <b>C. Betty Shuwein Chu MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943961</b>
Mailing Address 233 Warrington Rd		Amount of Each Receipt this Period 83.33
City Bloomfield	State MI	Zip Code 48304-2952
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. Mr. Thomas P. Healy Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 547 S Clark St Apt 1401  
 City Chicago State IL Zip Code 60605-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943962**  
 Amount of Each Receipt this Period  
 83.33

**B. Mokarram Husain Jafri MD**  
 Full Name (Last, First, Middle Initial)  
 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 ANESTHESIA GROUP OF ALBANY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943963**  
 Amount of Each Receipt this Period  
 83.33

**C. Gerald Edward Harmon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9699 Ocean Hwy PO Box 289  
 City Pawleys Isl State SC Zip Code 29585-7425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943964**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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**

Full Name (Last, First, Middle Initial) <b>A. Michael Jos Sexton MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943965</b>
Mailing Address 12 Erica Ct		Amount of Each Receipt this Period 83.33
City Novato	State CA	
Zip Code 94947-1900		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. James J Dehen Jr MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943966</b>
Mailing Address 2024 S 6th St		Amount of Each Receipt this Period 83.33
City Brainerd	State MN	
Zip Code 56401-4529		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer BRAINERD MEDICAL CENTER INC	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jack M Chapman Jr MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2015 <b>Transaction ID : 64943968</b>
Mailing Address 2061 Beverly Rd		Amount of Each Receipt this Period 83.33
City Gainesville	State GA	
Zip Code 30501-2034		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Richard Earl Thorp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2395 Tokay Ct  
 City Paradise State CA Zip Code 95969-6658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARADISE MEDICAL GROUP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943969**  
 Amount of Each Receipt this Period  
 83.33

**B. Julia Virginia Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Belmont St  
 Umass Memorial Medical Center  
 City Worcester State MA Zip Code 01605-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMASS MEMORIAL HOSPITAL Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943970**  
 Amount of Each Receipt this Period  
 83.33

**C. Georgia Anne Tuttle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Mechanic St  
 The Skin Care Ctr  
 City Lebanon State NH Zip Code 03766-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943971**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Susan Rudd Bailey MD**  
 Full Name (Last, First, Middle Initial)  
 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 FORT WORTH ALLERGY ASTHMA ASSOCIAT  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943972**  
 Amount of Each Receipt this Period  
 83.33

**B. John E Christie MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943973**  
 Amount of Each Receipt this Period  
 83.33

**C. Mrs. Margaret Garikes**  
 Full Name (Last, First, Middle Initial)  
 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 AMERICAN MEDICAL ASSOCIATION  
 Occupation AMA Executive  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943974**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. John M De Figueiredo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Plaza Ct Unit 1674  
 City Groton State CT Zip Code 06340-8362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : 64943975**  
 Amount of Each Receipt this Period **83.33**

**B. Badri N Nath MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 13331  
 City Palm Desert State CA Zip Code 92255-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : 64943977**  
 Amount of Each Receipt this Period **83.33**

**C. Leonard Allison Brabson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 939 Emerald Ave Ste 806 Clark Tower  
 City Knoxville State TN Zip Code 37917-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : 64943978**  
 Amount of Each Receipt this Period **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Frederick Ray Ridge Jr MD</b>		Date of Receipt
Mailing Address 1043 N 1000 W		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Linton	IN	47441-5281
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 64943979</b>
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>	<input type="text" value="83.33"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Alfred Mc Dade MD</b>		Date of Receipt
Mailing Address 5401 S Ingleside Ave		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60615-5013
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 64943980</b>
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>	<input type="text" value="83.33"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Albert J Osbahr III MD</b>		Date of Receipt
Mailing Address 810 Fairgrove Church Rd Cvmc Ohs		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hickory	NC	28602-9617
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 64943981</b>
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>	<input type="text" value="83.33"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="83.33"/>

**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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Prasanta Chandra Chandra MD</b>		Date of Receipt
Mailing Address PO Box 8868		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Turnersville NJ 08012-8868		<b>Transaction ID : 64943982</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation STOCKHOLM OB-GYN Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Robert Jordan</b>		Date of Receipt
Mailing Address 5100 Williamsburg Blvd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Arlington VA 22207-1813		<b>Transaction ID : 64943983</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation AMERICAN MEDICAL ASSOCIATION AMA Executive		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.32"/>	

Full Name (Last, First, Middle Initial) <b>c. John Michael Montgomery MD</b>		Date of Receipt
Mailing Address 2636 Country Side Dr		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Orange Park FL 32003-4951		<b>Transaction ID : 64943984</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation UNIVERSITY OF FLORIDA JACKSONVILLE PH Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Susan Eva Skochelak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 N Wabash Ave  
 Unit 48J  
 City Chicago State IL Zip Code 60611-3790  
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943986**  
 Amount of Each Receipt this Period 83.33

**B. Louis James Kraus MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Skokie Blvd  
 STE230  
 City Northbrook State IL Zip Code 60062-4040  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943987**  
 Amount of Each Receipt this Period 83.33

**C. Mrs. Joanne Bergquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 W Tacoma Ave  
 City Latrobe State PA Zip Code 15650-1026  
 Name of Employer N/A Occupation Physician Spouse  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 499.98

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64943988**  
 Amount of Each Receipt this Period 166.66

**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 47 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Sherman C Yu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Binz St  
 Ste 950  
 City Houston State TX Zip Code 77004-6943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943989**  
 Amount of Each Receipt this Period  
 83.33

**B. Donald D Timmerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1817 Main St  
 City Glastonbury State CT Zip Code 06033-2943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT VALLEY HOSP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943990**  
 Amount of Each Receipt this Period  
 83.33

**C. Corliss Adam Varnum MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943991**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. Sharon R Metzger Richens MD**  
 Full Name (Last, First, Middle Initial)  
 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 EYE CARE SPECIALISTS PS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943992**  
 Amount of Each Receipt this Period  
 83.33

**B. John William Hartman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 Belle Plane Cir  
 City Green Bay State WI Zip Code 54313-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943993**  
 Amount of Each Receipt this Period  
 83.33

**C. Kenneth Michael Certa MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Fox Hunt Cir  
 City Plymouth Mtng State PA Zip Code 19462-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THOMAS JEFFERSON UNIVERSITY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943994**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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**

Full Name (Last, First, Middle Initial) <b>A. John Phillip Williams MD</b>		Date of Receipt
Mailing Address 5004 W Grove Ln		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City Gibsonia	State PA	Zip Code 15044-6053
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 64943995</b>
Name of Employer UPMC		Amount of Each Receipt this Period
Occupation Physician		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		249.99

Full Name (Last, First, Middle Initial) <b>B. Ardis Dee Hoven MD</b>		Date of Receipt
Mailing Address 2912 Sweet William Ct		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City Lexington	State KY	Zip Code 40502-2975
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 64943996</b>
Name of Employer BLUEGRASS CARE CLINIC		Amount of Each Receipt this Period
Occupation Physician		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		249.99

Full Name (Last, First, Middle Initial) <b>C. Kenneth Elmassian DO</b>		Date of Receipt
Mailing Address 2399 Pine Hollow Dr		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City East Lansing	State MI	Zip Code 48823-9775
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 64943997</b>
Name of Employer LANSING ANESTHESIOLOGISTS PC		Amount of Each Receipt this Period
Occupation Physician		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		249.99

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. E Scott Ferguson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S Rhodes St  
 Ste B  
 City West Memphis State AR Zip Code 72301-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943998**  
 Amount of Each Receipt this Period  
**83.33**

**B. Bruce Alan Mac Leod MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 Mohican Dr  
 City Pittsburgh State PA Zip Code 15228-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASPN Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64943999**  
 Amount of Each Receipt this Period  
**83.33**

**C. Peter Augusto Bernardo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3356 Homestead Rd S  
 City Salem State OR Zip Code 97302-9752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944000**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> 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 111
	<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

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. Ahmed Bajandas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City Humacao State PR Zip Code 00792-0489

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 23 / 2015**

**Transaction ID : 64944001**

Amount of Each Receipt this Period **83.33**

**B. Mr. William R. Abrams JD**  
Full Name (Last, First, Middle Initial)

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 WISCONSIN MEDICAL SOCIETY Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 23 / 2015**

**Transaction ID : 64944002**

Amount of Each Receipt this Period **83.33**

**C. James David Grant MD**  
Full Name (Last, First, Middle Initial)

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 BEAUMONT HEALTH SYSTEM Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **03 / 23 / 2015**

**Transaction ID : 64944003**

Amount of Each Receipt this Period **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> 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 111
<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

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**

Full Name (Last, First, Middle Initial) <b>A. Alan Lane Plummer MD</b>		Date of Receipt
Mailing Address 1365 Clifton Rd NE The Emory Clinic		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Atlanta	State GA	Zip Code 30322-1013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944004</b>
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="750.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Steven Berkowitz MD</b>		Date of Receipt
Mailing Address 22 Malke Dr		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Ocean	State NJ	Zip Code 07712-3371
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944005</b>
Name of Employer SEAVIEW ORTHOPAEDIC & MEDICAL ASSOCIAT		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="249.99"/>		

Full Name (Last, First, Middle Initial) <b>C. Nicholas V Polifroni MD</b>		Date of Receipt
Mailing Address 761 Main Ave Ste 115		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Norwalk	State CT	Zip Code 06851-1080
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944006</b>
Name of Employer COASTAL ORTHOPAEDICS		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="249.99"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<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. Alyn L Adrain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 W River St  
 City Providence State RI Zip Code 02904-2609  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64944009**  
 Amount of Each Receipt this Period 83.33

**B. Jeffrey Paul Katz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6528 Ocean Shore Ln  
 City Columbia State MD Zip Code 21044-6070  
 Name of Employer PHYSICIAN'S HOUSE CALLS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64944010**  
 Amount of Each Receipt this Period 83.33

**c. Rattapol Srisinroongruang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2728 McKinnon St Apt 1821  
 City Dallas State TX Zip Code 75201-1649  
 Name of Employer AEMA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 64944011**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. John Alexander Zagat MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 Locust St  
 Apt 4  
 City Philadelphia State PA Zip Code 19107-5409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944012**  
 Amount of Each Receipt this Period  
 83.33

**B. Mrs. Kimberly Moser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 High Ridge Drive  
 City Taylor Mill State KY Zip Code 41015-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KPPAC Occupation State Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944013**  
 Amount of Each Receipt this Period  
 83.33

**C. Steven Roy Daviss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3312 Rueckert Ave  
 City Baltimore State MD Zip Code 21214-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944014**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Deepak Azad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 Charlevoix Ct  
 City State Zip Code  
 Floyds Knobs IN 47119-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944015**  
 Amount of Each Receipt this Period  
 83.33

**B. Richard John Depersio MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7557 Dannaer Dr Ste 220  
 City State Zip Code  
 Powell TN 37849-3563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GREATER KNOXVILLE EAR NOSE & THROAT AS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944017**  
 Amount of Each Receipt this Period  
 83.33

**c. Jeffrey Donnell Cao MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11021 Campus St Ste 301  
 City State Zip Code  
 Loma Linda CA 92350-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOMA LINDA UNIV MEDICAL CTR Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944019**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 111
	<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. David Thos Harvey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Kellsworth Way  
 City Tyrone State GA Zip Code 30290-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SURGICAL & COSMETIC DERMATOLOGY Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944020**  
 Amount of Each Receipt this Period  
**83.33**

**B. Arthur E Apolinario MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 Fairview St  
 City Clinton State NC Zip Code 28328-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLINTON MEDICAL CLINIC INC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944021**  
 Amount of Each Receipt this Period  
**83.33**

**C. Ms. Michaela Sternstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 N Wabash Ave  
 City Chicago State IL Zip Code 60611-3586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64944023**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Lucy Elizabeth Peterson MD</b>		Date of Receipt
Mailing Address 105 W 8th Ave Ste 500		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Spokane	State WA	Zip Code 99204-2300
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944024</b>
Name of Employer SELF-EMPLOYED		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="83.33"/>
<input type="text" value="249.99"/>		

Full Name (Last, First, Middle Initial) <b>B. Krystal Lynne Tomei MD</b>		Date of Receipt
Mailing Address 5245 River Creek Rd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Lyndhurst	State OH	Zip Code 44124-3762
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944028</b>
Name of Employer BARROW NEUROLOGICAL INSTITUTE		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="83.33"/>
<input type="text" value="249.99"/>		

Full Name (Last, First, Middle Initial) <b>C. Karolyn Moody DO</b>		Date of Receipt
Mailing Address 760 Boozy Creek Rd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Blountville	State TN	Zip Code 37617-6609
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 64944030</b>
Name of Employer CHILDREN'S HOSPITAL		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="83.33"/>
<input type="text" value="250.03"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Joel Gary Greenspan MD</b>			Date of Receipt
Mailing Address 6 Oak Ridge Ct			M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2015
City	State	Zip Code	<b>Transaction ID : 64946220</b>
Armonk	NY	10504-2629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
OUTPATIENT MANAGEMENT SERVICES INC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John Clifford German MD</b>			Date of Receipt
Mailing Address 17762 Mountain View Cir			M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2015
City	State	Zip Code	<b>Transaction ID : 64946221</b>
Villa Park	CA	92861-2624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
PEDIATRIC SURGICAL SPECIALISTS	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Tim Ioannides MD</b>			Date of Receipt
Mailing Address 140 SW Chamber Ct Ste 200			M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2015
City	State	Zip Code	<b>Transaction ID : 64946222</b>
Port St Lucie	FL	34986-3414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
TREASURE COAST DERMATOLOGY	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. E Linda Villarreal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 S Closner Blvd  
 City Edinburg State TX Zip Code 78539-5669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : 64946223**  
 Amount of Each Receipt this Period **500.00**

**B. Nathan Edward Hoffmann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 E 3rd St  
 Essentia Hlth Urology  
 City Duluth State MN Zip Code 55805-1951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAYO MEDICAL SCHOOL Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : 64946237**  
 Amount of Each Receipt this Period **500.00**

**C. Jennifer D'Ann Jacobs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16822 Mossford  
 City San Antonio State TX Zip Code 78255-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LONESTAR OBGYN & ASSOCIATES Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : 64946238**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Timothy John Reeder MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Harbor Cir

City Grimesland State NC Zip Code 27837-8888

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

Name of Employer EAST CAROLINA UNIVERSITY PHYSICIANS F Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 64946274**

Amount of Each Receipt this Period  
 150.00

**B. Gina Rae Busch MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Courtney Dr  
Sedgely Office Park

City Charleston State WV Zip Code 25304-2699

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 64946275**

Amount of Each Receipt this Period  
 365.00

**C. David Andrew Margileth MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Montero St

City Newport Beach State CA Zip Code 92661-1133

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

Name of Employer BREAST CARE CNTR OF ORANGE CO Occupation 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  
 03 / 20 / 2015  
**Transaction ID : 64946276**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1015.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 111  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)  
**A. Marta Jane Van Beek MD**

Mailing Address 200 Hawkins Dr  
Rm 40038PFP

City Iowa City State IA Zip Code 52242-1007

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : 64946279**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Bradley Paul Mackler MD**

Mailing Address 924 Middleford Rd

City Seaford State DE Zip Code 19973-3604

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : 64946280**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Sheldon G Gross MD**

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 SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : 64946281**

Amount of Each Receipt this Period  
1000.00

**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:	PAGE 62 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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**

Full Name (Last, First, Middle Initial) <b>A. Joseph Andrew Mannino MD</b>			Date of Receipt
Mailing Address 124 Tamarack Ln			<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64946282</b>
Trumansburg	NY	14886-9769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2500.00"/>
Name of Employer	Occupation		
CAYUGA MEDICAL ASSOC	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David Allen Brown MD</b>			Date of Receipt
Mailing Address PO Box 2407			<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64946283</b>
Skyland	NC	28776-2407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
ALLERGY PARTNERS PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Eric Leif Gustafson</b>			Date of Receipt
Mailing Address 4425 Gilbert Ave Apt 304			<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 64946296</b>
Dallas	TX	75219-2185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
N/A	Medical Student		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Mr. Brian Stoltzfus**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 Arrowhead Trl

City Sinking Spring State PA Zip Code 19608-9700

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 64946791**

Amount of Each Receipt this Period  
 500.00

**B. Mr. Christopher Todd Askew**  
Full Name (Last, First, Middle Initial)

Mailing Address 2943 McKinley St, NW

City Washington State DC Zip Code 20015-1217

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64948569**

Amount of Each Receipt this Period  
 83.33

**C. Lee Saml Perrin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Powdermill Ln

City Southborough State MA Zip Code 01772-2048

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

Name of Employer CARITAS ANESTHESIA PHYSICIAN PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 64950243**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.33
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Nestor A Ramirez-Lopez MD</b>		Date of Receipt
Mailing Address 1319 Grandview Dr		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2015
City State Zip Code Champaign IL 61820-6824		<b>Transaction ID : 64961936</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer NORTHSIDE NEONATAL & INFANT CARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name (Last, First, Middle Initial) <b>B. William Lee Hamilton MD</b>		Date of Receipt
Mailing Address 5171 S Cottonwood St Ste 750		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2015
City State Zip Code Salt Lake Cty UT 84107-5705		<b>Transaction ID : 64961937</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer INTERMOUNTAIN HEALTHCARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name (Last, First, Middle Initial) <b>C. Nancy Louise Mueller MD</b>		Date of Receipt
Mailing Address 610 E Palisade Ave		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2015
City State Zip Code Englewood NJ 07632-1801		<b>Transaction ID : 64961938</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.99
<b>TOTAL</b> 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 111
<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	

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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kenneth D. Lancin</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 64961939</b>
Mailing Address 610 East Palisade Avenue		Amount of Each Receipt this Period 208.33
City Englewood Cliffs	State Zip Code NJ 07632-1801	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 624.99
Name of Employer SELF-EMPLOYED	Occupation Management Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lisa Bohman Egbert MD</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 64961940</b>
Mailing Address 5335 Far Hills Ave Ste 112		Amount of Each Receipt this Period 208.33
City Dayton	State Zip Code OH 45429-2317	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 624.99
Name of Employer PARAGON WOMEN'S CARE	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael E Migliori MD</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 64961941</b>
Mailing Address 120 Dudley St Ste 301		Amount of Each Receipt this Period 208.33
City Providence	State Zip Code RI 02905-2429	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 833.32
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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 111
<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

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. Mr. Kevin Walker**  
Full Name (Last, First, Middle Initial)

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 AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt **03 / 25 / 2015**

**Transaction ID : 64961942**

Amount of Each Receipt this Period **208.33**

**B. Stephen Alan Imbeau MD**  
Full Name (Last, First, Middle Initial)

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

City Florence State SC Zip Code 29506-2649

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

Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt **03 / 25 / 2015**

**Transaction ID : 64961943**

Amount of Each Receipt this Period **208.33**

**C. Srinivas B Mukkamala MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1170 Charter Dr Ste F

City Flint State MI Zip Code 48532-3587

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt **03 / 25 / 2015**

**Transaction ID : 64961945**

Amount of Each Receipt this Period **208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>624.99</b>
<b>TOTAL</b> 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 111
	<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. William Eric Kobler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6729 Millbrook Dr  
 City Rockford State IL Zip Code 61108-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSF MEDICAL GROUP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961946**  
 Amount of Each Receipt this Period  
 208.33

**B. Robert Puchalski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 520  
 City Lugoff State SC Zip Code 29078-0520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTH CAROLINA ENT Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961948**  
 Amount of Each Receipt this Period  
 416.66

**C. Seth Yawki Flagg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9129 Bradford Rd  
 City Silver Spring State MD Zip Code 20901-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US NAVY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961949**  
 Amount of Each Receipt this Period  
 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.32
<b>TOTAL</b> 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 111
	<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

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. Russell Clark Libby MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 Hamaker Ct Ste 200  
 City State Zip Code  
 Fairfax VA 22031-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VIRGINIA PEDIATRIC GROUP LTD Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961950**  
 Amount of Each Receipt this Period  
 208.33

**B. Jesse Menachem Ehrenfeld MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 20th Ave S  
 Apt 1611  
 City State Zip Code  
 Nashville TN 37212-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VANDERBILT UNIVERSITY Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961951**  
 Amount of Each Receipt this Period  
 208.33

**C. Benjamin Zev Galper MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1284 Beacon St  
 Apt 815  
 City State Zip Code  
 Brookline MA 02446-3734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BRIGHAM AND WOMEN'S HOSPITAL Resident Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961952**  
 Amount of Each Receipt this Period  
 104.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.82
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Luis S Alonzo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 E Grant Ave  
 Iroquois Center for Human Dev  
 City Greensburg State KS Zip Code 67054-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HORIZONS MENTAL HEALTH CENTER Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961953**  
 Amount of Each Receipt this Period  
**208.33**

**B. Dana M Block-Abraham DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6418 Liquid Laughter Ln  
 City Columbia State MD Zip Code 21044-6044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIV OF MARYLAND MEDICAL CTR Occupation OB/GYN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **312.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961954**  
 Amount of Each Receipt this Period  
**104.16**

**C. Dev Appannagari Gnanadev MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 670  
 City Redlands State CA Zip Code 92373-0221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARROWHEAD COMMUNITY SURGICAL Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961955**  
 Amount of Each Receipt this Period  
**208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>520.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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**

Full Name (Last, First, Middle Initial) <b>A. John Pasteur Hamide MD</b>		Date of Receipt
Mailing Address 4720 Carthage St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Metairie LA 70002-1402		<b>Transaction ID : 64961956</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer LSUHSC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="624.99"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Samuel John Mackenzie MD</b>		Date of Receipt
Mailing Address 2277 Glencoe Hills Dr Apt 4		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Ann Arbor MI 48108-3002		<b>Transaction ID : 64961957</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="104.16"/>
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="312.48"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Julie Lynn Whitis</b>		Date of Receipt
Mailing Address PO Box 340903		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Dayton OH 45434-0903		<b>Transaction ID : 64961958</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="104.16"/>
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="312.48"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.65"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 71 OF 111  
(check only one)

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

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. Marvin H Rorick III MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 Wellington Pl  
City Cincinnati State OH Zip Code 45219-1758  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RIVER HILLS HEALTH CARE Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **624.99**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : 64961959**  
Amount of Each Receipt this Period **208.33**

**B. Alethia Ellen Morgan MD**  
Full Name (Last, First, Middle Initial)  
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 COPIC Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **724.99**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : 64961960**  
Amount of Each Receipt this Period **208.33**

**C. Michael Arthur Battista MD**  
Full Name (Last, First, Middle Initial)  
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 SELF-EMPLOYED Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **624.99**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : 64961961**  
Amount of Each Receipt this Period **208.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
<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

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. Mohammed Ali Arsiwala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17197 N Laurel Park Dr  
 Ste 107  
 City Livonia State MI Zip Code 48152-7901  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 64961962**  
 Amount of Each Receipt this Period 208.33

**B. Lee Thos Snook Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2288 Auburn Blvd  
 Ste 106  
 City Sacramento State CA Zip Code 95821-1619  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 64961963**  
 Amount of Each Receipt this Period 208.33

**C. Benjamin Schlechter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2603 Keiser Blvd Ste 207  
 City Wyomissing State PA Zip Code 19610-3341  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 64961964**  
 Amount of Each Receipt this Period 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.99
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Scott Mitchel Tenner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Trenton Ave  
 City East Atlantic Beach State NY Zip Code 11561-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **833.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961965**  
 Amount of Each Receipt this Period  
**208.33**

**B. Steven Jay Fleischman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 Rimmon Rd  
 City Woodbridge State CT Zip Code 06525-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64961966**  
 Amount of Each Receipt this Period  
**208.33**

**C. Janice Tildon-Burton MD**  
 Full Name (Last, First, Middle Initial)  
 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 SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64962434**  
 Amount of Each Receipt this Period  
**208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>624.99</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Alnoor Abdul Malick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Fairmont Pkwy  
 Ste 107  
 City Pasadena State TX Zip Code 77504-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY CLINIC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64964465**  
 Amount of Each Receipt this Period  
**2500.00**

**B. Alnoor Abdul Malick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Fairmont Pkwy  
 Ste 107  
 City Pasadena State TX Zip Code 77504-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY CLINIC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64964468**  
 Amount of Each Receipt this Period  
**500.00**

**C. Brian James Daley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy  
 Box U-11  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIV SURG TN HOSP Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 64965424**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. David Andrew Rosman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 School St  
 City Andover State MA Zip Code 01810-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MGH Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.03**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : 64970571**  
 Amount of Each Receipt this Period **166.70**

**B. Jennifer Ruth Cranny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 Rice Hope Dr  
 City Mt Pleasant State SC Zip Code 29464-9273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RADISPHERE Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : 64972328**  
 Amount of Each Receipt this Period **1000.00**

**C. Lawrence Reginald Walker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 925  
 City Lk Arrowhead State CA Zip Code 92352-0925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORTHOPAEDIC MEDICAL GROUP OF RIVER Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : 64972346**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1666.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Donald Wayne Aaronson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 N Lake Shore Dr  
 Apt 9C  
 City Chicago State IL Zip Code 60657-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREDERIC K RENOLD MD SC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 64972618**  
 Amount of Each Receipt this Period  
**500.00**

**B. Peter John Mandell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 Rollins Rd  
 City Burlingame State CA Zip Code 94010-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PETER J MANDELL MD PC Occupation Orthopaedic Surgeon  
 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  
 03 / 27 / 2015  
**Transaction ID : 64972624**  
 Amount of Each Receipt this Period  
**1000.00**

**c. Peter Amberg Hollmann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Fort Ave  
 City Cranston State RI Zip Code 02905-3610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLUE CROSS BLUE SHIELD OF RI Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 64972643**  
 Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **1583.33**  
**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 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Terry Lee Dodge MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Medical Park Dr  
Chester Regional Medical C

City Chester State SC Zip Code 29706-9769

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 64975878**

Amount of Each Receipt this Period  
250.00

**B. Marshall Lucas MD**  
Full Name (Last, First, Middle Initial)

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 JASON D BARON MD PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.03

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 64976932**

Amount of Each Receipt this Period  
250.03

**C. Robert Lee Giffin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Mission 66  
Mission Primary Care Clinic

City Vicksburg State MS Zip Code 39180-3711

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

Name of Employer RIVER REGIONAL MEDICAL CENTER Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 64984964**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 OF 111 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

**A. Mark F Deatherage MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 NW 6th St

City Grants Pass State OR Zip Code 97526-1094

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

Name of Employer GRANTS PASS SURGICAL ASSOCIATES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : 64984969**

Amount of Each Receipt this Period  
300.00

**B. Joseph James Fallon MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Sandwood Dr

City Marlton State NJ Zip Code 08053-7035

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

Name of Employer JOSEPH J FALLON JR MD Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : 64984979**

Amount of Each Receipt this Period  
1000.00

**C. Shalin E Arnett DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2926 E Shetland Dr

City Vincennes State IN Zip Code 47591-1980

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : 64984989**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Heidi Marie Duniway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5255 E Stop 11 Rd  
 Ste 400  
 City Indianapolis State IN Zip Code 46237-6341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OTOLARYNGOLOGY ASSOCIATES LLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 64984990**  
 Amount of Each Receipt this Period  
 100.00

**B. Thomas Scott Whiteman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 W University Ave  
 Ste 501  
 City Muncie State IN Zip Code 47303-3434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MUNCIE OTOLARYNGOLOGY Occupation 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  
 03 / 31 / 2015  
**Transaction ID : 64984996**  
 Amount of Each Receipt this Period  
 100.00

**C. Veronica Kathryn Dowling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1481 Larson Rd  
 City Lakeside State AZ Zip Code 85929-6752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 65121167**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Melissa Anne Ehlers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Lakeshore Dr  
 City State Zip Code  
 Ballston Spa NY 12020-6239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALBANY MEDICAL Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 66039082**  
 Amount of Each Receipt this Period  
 250.00

**B. Tamara Paskowitz Folz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1102 Brookfield Rd Ste 200  
 City State Zip Code  
 Memphis TN 38119-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 66039084**  
 Amount of Each Receipt this Period  
 1000.00

**C. William Edward Guptill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Creeping Jenny Ln  
 City State Zip Code  
 Taunton MA 02780-7206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARITAS MEDICAL GROUP Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 66039086**  
 Amount of Each Receipt this Period  
 250.03

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.03
<b>TOTAL</b> 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 111
	<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

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. Lynne Marcum Kirk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5323 Harry Hines Blvd  
 Mc 8889  
 City Dallas State TX Zip Code 75390-7201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT SOUTHWESTERN Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : 66039091**  
 Amount of Each Receipt this Period 500.00

**B. Barbara Susan Levy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 12th St SW  
 Acog  
 City Washington State DC Zip Code 20024-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEVY & O'BRIEN Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : 66039094**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. Cameron Paterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1055 Cetraia Rd  
 City Breinigsville State PA Zip Code 18031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Medical Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : 66039101**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Niranjan Venkat Rao MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Easton Ave  
 FI 3  
 City New Brunswick State NJ Zip Code 08901-1885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTRAL JERSEY SURGICAL SPECIALISTS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 66039104**  
 Amount of Each Receipt this Period  
**250.03**

**B. Mr. Kushyup Shailesh Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Yale Ct  
 City Livingston State NJ Zip Code 07039-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Medical Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 66039112**  
 Amount of Each Receipt this Period  
**500.00**

**C. Steven Robt Garfin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W Arbor Dr  
 # 8894  
 City San Diego State CA Zip Code 92103-1911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSD DEPT OF ORTHOPEDIC SURGERY Occupation 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  
 03 / 13 / 2015  
**Transaction ID : 66044486**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.03**  
**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 83 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Patrick Danl Aiello MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11551 S Fortuna Rd  
 City Yuma State AZ Zip Code 85367-7853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AIELLO EYE INSTITUTE Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044519**  
 Amount of Each Receipt this Period  
 250.03

**B. Christine D Ambro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 454 Sackett Ct  
 City Severna Park State MD Zip Code 21146-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASH ADVENTIST HOSP Occupation Resident Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044520**  
 Amount of Each Receipt this Period  
 500.00

**C. Jason David Cohen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 776 Shrewsbury Ave Ste 201  
 City Tinton Falls State NJ Zip Code 07724-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROFESSIONAL ORTHOPAEDIC ASSOCIATE Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044521**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. John Wm Gainor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1200  
 City Santa Barbara State CA Zip Code 93102-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044522**  
 Amount of Each Receipt this Period  
 500.00

**B. Wayne A Hey DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2340 Perkins Rd  
 City Arlington State TX Zip Code 76016-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DFW UROLOGY CONSULTANTS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044523**  
 Amount of Each Receipt this Period  
 500.00

**C. Paul Martin Mauk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Gessner Rd Ste 850  
 City Houston State TX Zip Code 77024-2556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DIGESTIVE & LIVER SPECIALISTS OF HOUS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044524**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 85 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Stephen Richard Weinman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Boppys Ln  
 City State Zip Code  
 New Paltz NY 12561-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ESSENCE MEDISPA LLC Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044525**  
 Amount of Each Receipt this Period  
 500.00

**B. Louis M Alpern MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4171 N Mesa St  
 Ste D100  
 City State Zip Code  
 El Paso TX 79902-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044526**  
 Amount of Each Receipt this Period  
 1000.00

**C. Bradley Elliott Chipps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5609 J St  
 Ste C  
 City State Zip Code  
 Sacramento CA 95819-3957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUTTER HEALTH 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  
 03 / 13 / 2015  
**Transaction ID : 66044527**  
 Amount of Each Receipt this Period  
 1000.00

**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 86 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Lent Clifton Johnson III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2505 Hyacinth Ave  
 City Hannibal State MO Zip Code 63401-2274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HANNIBAL CLINIC OPERATIONS LLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044528**  
 Amount of Each Receipt this Period  
 1000.00

**B. Thomas Omar Oei MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 N Main Ave  
 City San Antonio State TX Zip Code 78212-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHELDON P BRAVERMAN MD P A Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044529**  
 Amount of Each Receipt this Period  
 1000.00

**C. John Michael Schneider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 W Battlefield St Ste 110  
 City Springfield State MO Zip Code 65807-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST JOHNS HEALTH SYSTEM Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 66044530**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Curtis Lars Hedberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1670 W Sunset Ave  
 Ste C  
 City Springdale State AR Zip Code 72762-5136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEDBERG ALLERGY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : 66236197**  
 Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

**B. Alnoor Abdul Malick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Fairmont Pkwy  
 Ste 107  
 City Pasadena State TX Zip Code 77504-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY CLINIC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 66236198**  
 Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$2500.00 This changes the YTD Total to \$500.00

**C. Thomas Ken Moore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Coolidge Rd  
 Lansing Ophthalmology  
 City East Lansing State MI Zip Code 48823-1378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANSING OPHTHALMOLOGY Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : 66236199**  
 Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	74781.31

**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 111
<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

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. PNC ADVISORS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 96211

City Washington State DC Zip Code 20090

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30.95**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : 65129002**

Amount of Each Receipt this Period  
**12.96**

Interest

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>12.96</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>12.96</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET STOP 3254

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
Credit Card Bank Charges

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 65129004**

Amount of Each Disbursement this Period

Credit Card Bank Charges

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. INDIANA MEDICAL PAC**

Mailing Address 322 CANAL WALK

City INDIANAPOLIS State IN Zip Code 46202

Purpose of Disbursement  
Transfer

Category/  
Type

Candidate Name

**INDIANA MEDICAL PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64756764**

Amount of Each Disbursement this Period

Transfer

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Common Values PAC**

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22302

Purpose of Disbursement 2015 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2015

**Transaction ID : 64539010**

Amount of Each Disbursement this Period: 5000.00

2015 Contribution

Category/Type: 011

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC -- Mc PAC**

Mailing Address PO Box 10134

City Bakersville State CA Zip Code 93389

Purpose of Disbursement 2015 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2015

**Transaction ID : 64539039**

Amount of Each Disbursement this Period: 5000.00

2015 Contribution

Category/Type: 011

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement 2016 Primary

Candidate Name Rep. Vern Buchanan

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 16

Date of Disbursement: 03 / 03 / 2015

**Transaction ID : 64541697**

Amount of Each Disbursement this Period: 1000.00

2016 Primary

Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b
PAGE 92 OF 111

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

Full Name (Last, First, Middle Initial)
A. Mcsally For Congress
Mailing Address PO Box 19128
City Tucson State AZ Zip Code 85731
Purpose of Disbursement 2014 General Deficit
Candidate Name Ms. Martha McSally
Office Sought: X House Disbursement For: 2014
State: AZ District: 02 Primary X General Other (specify)
Date of Disbursement 03 / 03 / 2015
Transaction ID : 64541954
Amount of Each Disbursement this Period 1000.00
2014 General Deficit

Full Name (Last, First, Middle Initial)
B. IMPACT
Mailing Address 192 Lexington Avenue Suite 1001
City New York State NY Zip Code 10016
Purpose of Disbursement 2015 Contribution
Candidate Name
Office Sought: Senate Disbursement For:
State: District: Primary General Other (specify)
Date of Disbursement 03 / 09 / 2015
Transaction ID : 64698704
Amount of Each Disbursement this Period 5000.00
2015 Contribution

Full Name (Last, First, Middle Initial)
C. ALAMO PAC
Mailing Address 919 Congress Avenue Suite 1400
City Austin State TX Zip Code 78701
Purpose of Disbursement 2015 Contribution
Candidate Name
Office Sought: Senate Disbursement For:
State: District: Primary General Other (specify)
Date of Disbursement 03 / 09 / 2015
Transaction ID : 64698709
Amount of Each Disbursement this Period 5000.00
2015 Contribution

SUBTOTAL of Disbursements This Page (optional) 11000.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

**Transaction ID : 64705319**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Westmoreland For Congress**

Mailing Address P.O. Box 458

City State Zip Code  
Sharpsburg GA 30277

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Lynn A. Westmoreland**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : 64743547**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Andy Harris For Congress**

Mailing Address PO Box 426

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Andy Harris**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : 64743548**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rep. Ron Kind**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64743549**

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Johnson For Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rep. Bill Johnson**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64743550**

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Bill Flores For Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rep. Bill Flores**

Office Sought:  House  
 Senate  
 President  
State: TX District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64743551**

Amount of Each Disbursement this Period

2016 Primary

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64743855**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64743891**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Mike Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64743924**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : 64743993**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : 64744058**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Friends For Jim McDermott**

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rep. Jim McDermott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : 64745485**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

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 Primary

011  
Category/  
Type

Candidate Name

**Rep. Sandy M. Levin**

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64745486**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Jenkins For Congress**

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Mr. Evan Jenkins**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64745487**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rep. Patrick L. Meehan**

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64745488**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

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 Primary

011

Candidate Name

**Mr. Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746289**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746309**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Pete Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746310**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Billy Long**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746394**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St Se  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Linda T. Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746395**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Fleming For Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746396**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. David George Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746397**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. MCPAC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**MCPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : 64746400**

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Tim F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 64746419**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
2015 Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : 64746864**

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:  House  Senate  President  
State: CA District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64758266**

Amount of Each Disbursement this Period

1500.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  Senate  President  
State: NC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64758267**

Amount of Each Disbursement this Period

2500.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Pat J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64758268**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Greg P. Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64758269**

Amount of Each Disbursement this Period

3000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Bill Shuster For Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. William Franklin Shuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64758270**

Amount of Each Disbursement this Period

1000.00

2016 Primary

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rep. Charlie W. Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64761969**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rep. Dan Benishek MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64761971**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. PORT PAC**

Mailing Address 900 19th Street, NW  
18th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2015 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  
03 / 17 / 2015

**Transaction ID : 64765803**

Amount of Each Disbursement this Period

5000.00

2015 Contribution

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sen. Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 64769398**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Doris Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : 64941699**

Amount of Each Disbursement this Period

1000.00

2016 Primary

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 Primary

011

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : 64941701**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : 64941752**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : 64941753**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 Primary

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : 64941754**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 Primary

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rep. Peter Roskam**

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 Y  
03 / 23 / 2015

**Transaction ID : 64945393**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : 64945394**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Mullin For Congress**

Mailing Address PO Box 3681

City State Zip Code  
Muskogee OK 74402

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Markwayne Mullin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : 64945395**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rep. Joseph J. Heck**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : 64945396**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rep. Kristi Lynn Noem**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : 64945397**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : 64946685**

Amount of Each Disbursement this Period

1000.00

2016 Primary

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

**A. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sen. Lisa Murkowski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

**Transaction ID : 64946686**

Amount of Each Disbursement this Period

1000.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mr. Roy Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

**Transaction ID : 64946690**

Amount of Each Disbursement this Period

1500.00
---------

2016 Primary

Full Name (Last, First, Middle Initial)

**C. AMERIPAC: The Fund For A Greater America**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

**Transaction ID : 64946785**

Amount of Each Disbursement this Period

5000.00
---------

2015 Contribution

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

7500.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Kelly Ayotte**

Office Sought:  House  
 Senate  
 President  
State: NH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64947001**

Amount of Each Disbursement this Period

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64947053**

Amount of Each Disbursement this Period

2016 Primary

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 Primary

Category/  
Type

Candidate Name  
**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64963562**

Amount of Each Disbursement this Period

2016 Primary

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 111

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

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**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

**Transaction ID : 64963662**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

2016 Primary

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 Primary

011

Category/  
Type

Candidate Name

**Rep. Raul Ruiz MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

**Transaction ID : 64963735**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

2016 Primary

Full Name (Last, First, Middle Initial)

**C. Pete Sessions for Congress**

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rep. Pete Sessions**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

**Transaction ID : 64967825**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

2016 Primary

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

3	0	0	0	0	0
---	---	---	---	---	---

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

9	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Curtis Lars Hedberg MD**

Mailing Address 1670 W Sunset Ave  
Ste C

City Springdale State AR Zip Code 72762-5136

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 64936512**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B. Alnoor Abdul Malick MD**

Mailing Address 4600 Fairmont Pkwy  
Ste 107

City Pasadena State TX Zip Code 77504-3336

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 64964893**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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