

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **1101 VERMONT AVENUE, NW**
12TH FLOOR
 Check if different than previously reported. (ACC) **WASHINGTON DC 20005**

2. **FEC IDENTIFICATION NUMBER** C00000422
CITY STATE ZIP CODE
 3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) Election on in the State of (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2003 through 01 31 2003

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 Electronically Filed by KEVIN WALKER Date 02 20 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 3 To: ^h 0 1 ^D 3 1 ^v / ^v 2 0 0 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 3		325046.28
(b) Cash on Hand at Beginning of Reporting Period	325046.28	
(c) Total Receipts (from Line 19)	235175.05	235175.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	560221.33	560221.33
7. Total Disbursements (from Line 30)	58981.05	58981.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	501240.28	501240.28
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2003 To: ^{MM}01 ^{DD}31 ^{YYYY}2003

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)	225029.00	
(ii) Unitemized	9949.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	234978.00	234978.00
(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 32, page 4)	234978.00	234978.00
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 36, page 4)	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.)	197.05	197.05
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	235175.05	235175.05
20. Total Federal Receipts (subtract Line 18 from Line 19)	235175.05	235175.05

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1046.05	1046.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1046.05	1046.05
22. Transfers to Affiliated/Other Party Committees.....	185.00	185.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	57500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	250.00	250.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	58981.05	58981.05
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	58981.05	58981.05
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	234978.00	234978.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	234978.00	234978.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1046.05	1046.05
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1046.05	1046.05

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 24

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. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period
1500.00

Transaction ID: SA11A1.10960

B. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period
700.00

Transaction ID: SA11A1.10961

C. Full Name (Last, First, Middle Initial)
ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1900

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 3050.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period
850.00

Transaction ID: SA11A1.10972

SUBTOTAL of Receipts This Page (optional) ▶ **3050.00**

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

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

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1800

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 3450.00

Date of Receipt
M / D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
400.00

Transaction ID: SA11A1.10985

Full Name (Last, First, Middle Initial)
B. ALABAMA MEDICAL PAC

Mailing Address
PO BOX 1800

City State Zip Code
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 4400.00

Date of Receipt
M / D / Y Y Y Y
01 / 23 / 2003

Amount of Each Receipt this Period
950.00

Transaction ID: SA11A1.10990

Full Name (Last, First, Middle Initial)
C. ARIZONA MEDICAL PAC

Mailing Address
810 W BETHANY HOME ROAD

City State Zip Code
PHOENIX AZ 85015

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1280.00

Date of Receipt
M / D / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
1280.00

Transaction ID: SA11A1.10989

SUBTOTAL of Receipts This Page (optional) ▶ **2630.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ARKANSAS MEDICAL PAC

Mailing Address
PO BOX 5508B

City State Zip Code
LITTLE ROCK AR 72215

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.10968

B. Full Name (Last, First, Middle Initial)
CALIFORNIA MEDICAL PAC

Mailing Address
221 MAIN STREET

City State Zip Code
SAN FRANCISCO CA 94105

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
6200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NA NA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 6200.00

Transaction ID: SA11A1.10994

C. Full Name (Last, First, Middle Initial)
CALIFORNIA MEDICAL PAC

Mailing Address
221 MAIN STREET

City State Zip Code
SAN FRANCISCO CA 94105

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
1400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NA NA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 7600.00

Transaction ID: SA11A1.10995

SUBTOTAL of Receipts This Page (optional) ▶ **7820.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CALIFORNIA MEDICAL PAC

Mailing Address

221 MAIN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94105

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

550.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

8150.00

Transaction ID: SA11A1.10996

Full Name (Last, First, Middle Initial)

B. COLORADO MEDICAL PAC

Mailing Address

PO BOX 17550

City

DENVER

State

CO

Zip Code

80217

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

2920.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2920.00

Transaction ID: SA11A1.10993

Full Name (Last, First, Middle Initial)

C. FLORIDA MEDICAL PAC

Mailing Address

PO BOX 10269

City

TALLAHASSEE

State

FL

Zip Code

32302

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period

6785.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

6785.00

Transaction ID: SA11A1.10973

SUBTOTAL of Receipts This Page (optional) ► **10255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. IDAHO MEDICAL PAC

Mailing Address
PO BOX 2868

City State Zip Code
BOISE ID 83701

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2003

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 800.00

Transaction ID: SA11A1.10950

Full Name (Last, First, Middle Initial)
B. INDEPENDENT MEDICINES PAC

Mailing Address
PO BOX 120908

City State Zip Code
NASHVILLE TN 37212

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2003

Amount of Each Receipt this Period
4400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4400.00

Transaction ID: SA11A1.10991

Full Name (Last, First, Middle Initial)
C. INDIANA MEDICAL PAC

Mailing Address
322 CANAL WALK

City State Zip Code
INDIANAPOLIS IN 46202

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
27860.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 27860.00

Transaction ID: SA11A1.10982

SUBTOTAL of Receipts This Page (optional) ▶ **32860.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. IOWA MEDICAL PAC

Mailing Address

1001 GRAND AVENUE

City

W. DES MOINES

State

IA

Zip Code

50265

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period

1100.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Transaction ID: SA11A1.10967

Full Name (Last, First, Middle Initial)

B. IOWA MEDICAL PAC

Mailing Address

1001 GRAND AVENUE

City

W. DES MOINES

State

IA

Zip Code

50265

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 3 / 2 0 0 3

Amount of Each Receipt this Period

1150.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Transaction ID: SA11A1.10987

Full Name (Last, First, Middle Initial)

C. KANSAS MEDICAL PAC

Mailing Address

623 SW 10TH

City

TOPEKA

State

KS

Zip Code

66612

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 3 / 2 0 0 3

Amount of Each Receipt this Period

3720.00

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
N/A

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

3720.00

Transaction ID: SA11A1.10986

SUBTOTAL of Receipts This Page (optional) ▶ **5970.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
KENTUCKY EDUC MEDICAL PAC

Mailing Address
4965 US HIGHWAY 42

City State Zip Code
LOUISVILLE KY 40222

Date of Receipt
N M / D E / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
2410.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2410.00

Transaction ID: SA11A1.10974

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

Mailing Address
10635 CANTERBERRY ROAD

City State Zip Code
FAIRFAX STATION VA 22039

Date of Receipt
N M / D E / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10964

C. Full Name (Last, First, Middle Initial)
LOUISIANA MEDICAL PAC

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

Date of Receipt
N M / D E / Y Y Y Y
01 / 03 / 2003

Amount of Each Receipt this Period
2850.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2850.00

Transaction ID: SA11A1.10962

SUBTOTAL of Receipts This Page (optional) ▶ **5760.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. LOUISIANA MEDICAL PAC

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2003

Amount of Each Receipt this Period
2480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 5310.00

Transaction ID: SA11A1.10992

Full Name (Last, First, Middle Initial)
B. MAINE MEDICAL PAC

Mailing Address
PO BOX 190

City State Zip Code
MANCHESTER ME 04351

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2003

Amount of Each Receipt this Period
880.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 880.00

Transaction ID: SA11A1.10963

Full Name (Last, First, Middle Initial)
C. MARYLAND MEDICAL PAC

Mailing Address
1211 CATHEDRAL STREET

City State Zip Code
BALTIMORE MD 21201

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
6514.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 6514.00

Transaction ID: SA11A1.10970

SUBTOTAL of Receipts This Page (optional) ▶ **9854.00**

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

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

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

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

A. MEDICAL SOC OF THE ST OF NY PAC

Full Name (Last, First, Middle Initial)
Mailing Address
ONE COMMERCE PLAZA
City State Zip Code
ALBANY NY 12210

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2003

Amount of Each Receipt this Period
30870.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 30870.00

Transaction ID: SA11A1.10968

B. MINNESOTA MEDICAL PAC

Full Name (Last, First, Middle Initial)
Mailing Address
PO BOX 18855
City State Zip Code
MINNEAPOLIS MN 55418

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
900.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: SA11A1.10978

C. MISSISSIPPI MEDICAL PAC

Full Name (Last, First, Middle Initial)
Mailing Address
PO BOX 2548
City State Zip Code
RIDGELAND MS 39158

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 800.00

Transaction ID: SA11A1.10975

SUBTOTAL of Receipts This Page (optional) ▶ **32570.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. Full Name (Last, First, Middle Initial)
MISSISSIPPI MEDICAL PAC

Mailing Address
PO BOX 2548

City State Zip Code
RIDGELAND MS 39158

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
3450.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4250.00

Transaction ID: SA11A1.10997

B. Full Name (Last, First, Middle Initial)
MONTANA MEDICAL PAC

Mailing Address
2021 ELEVENTH AVENUE

City State Zip Code
HELENA MT 59601

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
500.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10971

C. Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMNTT

Mailing Address
PO BOX 25834

City State Zip Code
RALEIGH NC 27811

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
4260.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4260.00

Transaction ID: SA11A1.10980

SUBTOTAL of Receipts This Page (optional) ▶ **8210.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
NEW JERSEY MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Mailing Address
2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Amount of Each Receipt this Period
300.00

Transaction ID: SA11A1.10976

B. Full Name (Last, First, Middle Initial)
OREGON MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Mailing Address
5210 SW CORBETT STREET

City State Zip Code
PORTLAND OR 97201

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1500.00

Amount of Each Receipt this Period
1500.00

Transaction ID: SA11A1.10977

C. Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Mailing Address
PO BOX 8820

City State Zip Code
HARRISBURG PA 17105

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2850.00

Amount of Each Receipt this Period
2850.00

Transaction ID: SA11A1.10981

SUBTOTAL of Receipts This Page (optional) ▶ **4650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. PENNSYLVANIA MEDICAL PAC

Mailing Address
PO BOX 8820

City State Zip Code
HARRISBURG PA 17105

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2003

Amount of Each Receipt this Period
3050.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 5900.00

Transaction ID: SA11A1.10988

Full Name (Last, First, Middle Initial)
B. PHILIP E MCCARTHY MD

Mailing Address
825 WASHINGTON STREET

City State Zip Code
NORWOOD MA 02062

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.10989

Full Name (Last, First, Middle Initial)
C. SOUTH CAROLINA MEDICAL PAC

Mailing Address
PO BOX 11188

City State Zip Code
COLUMBIA SC 29211

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
1260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NA NA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1260.00

Transaction ID: SA11A1.10983

SUBTOTAL of Receipts This Page (optional) ▶ **4810.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SOUTH DAKOTA MEDICAL PAC

Mailing Address
1323 S MINNESOTA AVENUE

City State Zip Code
SIOUX FALLS SD 57105

Date of Receipt
M / D / Y
01 / 10 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10965

B. Full Name (Last, First, Middle Initial)
TEXAS MEDICAL PAC

Mailing Address
401 W 15TH STREET

City State Zip Code
AUSTIN TX 78701

Date of Receipt
M / D / Y
01 / 30 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
88690.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 88690.00

Transaction ID: SA11A1.10998

C. Full Name (Last, First, Middle Initial)
VIRGINIA MEDICAL PAC

Mailing Address
4205 DOVER ROAD

City State Zip Code
RICHMOND VA 23221

Date of Receipt
M / D / Y
01 / 15 / 2003

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
2300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2300.00

Transaction ID: SA11A1.10964

SUBTOTAL of Receipts This Page (optional) ▶ **91240.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
WASHINGTON MEDICAL PAC

Mailing Address
2033 SIXTH AVENUE

City State Zip Code
SEATTLE WA 98121

Date of Receipt
M / D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
3350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 3350.00

Transaction ID: SA11A1.10979

B. Full Name (Last, First, Middle Initial)
WISCONSIN PHYSICIANS MEDICAL PAC

Mailing Address
PO BOX 2595

City State Zip Code
MADISON WI 53701

Date of Receipt
M / D / Y Y Y Y
01 / 10 / 2003

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.10966

C.

SUBTOTAL of Receipts This Page (optional)	▶	5350.00
TOTAL This Period (last page this line number only)	▶	225029.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 24
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. RIGGS INVESTMENT MANAGEMENT COMPANY

Mailing Address
PO BOX 96211

City State Zip Code
WASHINGTON DC 20090

Date of Receipt
M / D / Y Y Y Y
01 / 31 / 2003

FEC ID number of contributing federal political committee.

Name of Employer Occupation INTEREST

Amount of Each Receipt this Period
197.05

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
197.05

Transaction ID: SA17.11015

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	197.05
TOTAL This Period (last page this line number only)	▶	197.05

**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)

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

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

Full Name (Last, First, Middle Initial) A. PAYMENTECH		Date of Disbursement 01 / 31 / 2003	
Mailing Address 4 NORTHEASTERN BLVD City State Zip Code SALEM NH 13079		Amount of Each Disbursement this Period 121.25	
Purpose of Disbursement CREDIT CARD BANK CHARGES		Category/ Type	
Candidate Name		Transaction ID: SB21B.11016	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. RIGGS NATIONAL BANK		Date of Disbursement 01 / 31 / 2003	
Mailing Address PO BOX 1912 City State Zip Code WASHINGTON DC 20074		Amount of Each Disbursement this Period 924.80	
Purpose of Disbursement BANK CHARGES		Category/ Type	
Candidate Name		Transaction ID: SB21B.11017	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	1046.05
TOTAL This Period (last page this line number only)	1046.05

**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)

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

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

Full Name (Last, First, Middle Initial) A. CALIFORNIA MEDICAL PAC		Date of Disbursement 01 / 27 / 2003	
Mailing Address 221 MAIN STREET City State Zip Code SAN FRANCISCO CA 94105		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.11005	
State: District:			

Full Name (Last, First, Middle Initial) B. HAWAII MEDICAL PAC		Date of Disbursement 01 / 27 / 2003	
Mailing Address 1360 S BERETANIA STREET City State Zip Code HONOLULU HI 96814		Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.11004	
State: District:			

Full Name (Last, First, Middle Initial) C. PENNSYLVANIA MEDICAL PAC		Date of Disbursement 01 / 27 / 2003	
Mailing Address PO BOX 8820 City State Zip Code HARRISBURG PA 17105		Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.11008	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	185.00
TOTAL This Period (last page this line number only)	185.00

**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)

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<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				

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

Full Name (Last, First, Middle Initial) A. BOB BEAUPREZ FOR CONGRESS COMMITTEE		Date of Disbursement 01 / 27 / 2003
Mailing Address 14142 DENVER WEST PARKWAY City LAKEWOOD State CO Zip Code 80401		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL DEFICIT		Category/ Type
Candidate Name BOB BEAUPREZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.11003
State: CO District: 07		

Full Name (Last, First, Middle Initial) B. BURGESS FOR CONGRESS		Date of Disbursement 01 / 27 / 2003
Mailing Address 106 HIGHLAND LAKE DRIVE City HIGHLAND VILLAGE State TX Zip Code 75077		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2004 PRIMARY		Category/ Type
Candidate Name MICHAEL CLIFTON BURGESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.11001
State: TX District: 26		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement 01 / 29 / 2003
Mailing Address 430 SOUTH CAPITOL STREET SE City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement 2003 ANNUAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.11011
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
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)

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<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				

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NAME OF COMMITTEE (in full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEMOCRATIC NATIONAL COMMITTEE			Date of Disbursement 01 / 29 / 2003	
Mailing Address 430 S CAPITAL STREET SE City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement 2003 ANNUAL CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.11010		
State: District:				

Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE			Date of Disbursement 01 / 29 / 2003	
Mailing Address 430 S CAPITAL STREET City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement 2003 ANNUAL CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.11012		
State: District:				

Full Name (Last, First, Middle Initial) C. TURNER FOR CONGRESS			Date of Disbursement 01 / 29 / 2003	
Mailing Address 131 N LUDLOW STREET City: DAYTON State: OH Zip Code: 45402			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 GENERAL DEFICIT			Category/ Type	
Candidate Name JIM TURNER				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.11014		
State: TX District: 02				

SUBTOTAL of Disbursements This Page (optional)	32500.00
TOTAL This Period (last page this line number only)	57500.00

**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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. AMA LIABILITY REFORM FUND		Date of Disbursement 01 / 27 / 2003	
Mailing Address 1101 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement FUNDS DEPOSITED INCORRECTLY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.11008	
State: District:			

Full Name (Last, First, Middle Initial) B. AMA POLITICAL EDUCATION FUND		Date of Disbursement 01 / 27 / 2003	
Mailing Address 1101 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement TRANSFER FUNDS DEPOSIT INCORRECTLY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.11009	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00