

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

5. Covering Period 07 01 2002 through 07 31 2002

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 08 16 2002

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: ^h07 ^D01 ^v2002 To: ^h07 ^D31 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		2601547.70
(b) Cash on Hand at Beginning of Reporting Period	2802327.98	
(c) Total Receipts (from Line 19)	127552.62	1643002.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2929880.60	4244550.03
7. Total Disbursements (from Line 30)	322577.03	1637246.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2607303.57	2607303.57
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: ^h07 ^d01 ^v2002 To: ^h07 ^d31 ^v2002

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)	73805.00	
(ii) Unitemized	28615.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102420.00	1554633.00
(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)	102420.00	1554633.00
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	4000.00	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	21132.62	83869.33
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)	127552.62	1643002.33
20. Total Federal Receipts (subtract Line 18 from Line 19)	127552.62	1643002.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	7162.43	96836.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7162.43	96836.61
22. Transfers to Affiliated/Other Party Committees.....	340.00	23790.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	205000.00	1139935.25
24. Independent Expenditure (use Schedule E).....	109924.60	376134.60
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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	200.00
(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	200.00
29. Other Disbursements.....	150.00	450.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	322577.03	1637246.46
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	322577.03	1637246.46
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	102420.00	1554633.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	102420.00	1554433.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	7162.43	96836.61
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	7162.43	96836.61

**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 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 1800

City State Zip Code
MONTGOMERY AL 36102

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 7270.00

Transaction ID: SA11A1.9703

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

Mailing Address
PO BOX 55088

City State Zip Code
LITTLE ROCK AR 72215

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
370.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 6330.00

Transaction ID: SA11A1.9666

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

Mailing Address
PO BOX 55088

City State Zip Code
LITTLE ROCK AR 72215

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 6630.00

Transaction ID: SA11A1.9660

SUBTOTAL of Receipts This Page (optional) ▶ **970.00**

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 6 / 52

11a 11b 11c 12
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)
COLORADO MEDICAL PAC

Mailing Address
PO BOX 1755D

City State Zip Code
DENVER CO 80217

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

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) ▼ 4800.00

Amount of Each Receipt this Period
750.00

Transaction ID: SA11A1.9667

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

Mailing Address
PO BOX 1755D

City State Zip Code
DENVER CO 80217

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

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) ▼ 5200.00

Amount of Each Receipt this Period
400.00

Transaction ID: SA11A1.9682

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

Mailing Address
160 ST RONAN STREET

City State Zip Code
NEW HAVEN CT 06511

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

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) ▼ 34425.00

Amount of Each Receipt this Period
1280.00

Transaction ID: SA11A1.9681

SUBTOTAL of Receipts This Page (optional) ▶ **2430.00**

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 7 / 52	
	<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)
FLORIDA MEDICAL PAC

Mailing Address
PO BOX 10269

City State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
2480.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 53475.00

Transaction ID: SA11A1.9682

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

Mailing Address
PO BOX 10269

City State Zip Code
TALLAHASSEE FL 32302

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1050.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 54525.00

Transaction ID: SA11A1.9702

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

Mailing Address
1330 W PEACHTREE STREET

City State Zip Code
ATLANTA GA 30309

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1450.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 72780.00

Transaction ID: SA11A1.9704

SUBTOTAL of Receipts This Page (optional) ▶ **4960.00**

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 8 / 52	
	<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. INDEPENDENT MEDICINES PAC

Mailing Address
PO BOX 120908
City: NASHVILLE State: TN Zip Code: 37212

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
2550.00

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 ▼ 25800.00

Transaction ID: SA11A1.9668

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

Mailing Address
PO BOX 120908
City: NASHVILLE State: TN Zip Code: 37212

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
2200.00

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 ▼ 27800.00

Transaction ID: SA11A1.9688

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

Mailing Address
322 CANAL WALK
City: INDIANAPOLIS State: IN Zip Code: 46202

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
300.00

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 ▼ 67910.00

Transaction ID: SA11A1.9686

SUBTOTAL of Receipts This Page (optional) ▶ **5050.00**

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 / 52	
	<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. KANSAS MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 623 SW 10TH _____
 City _____ State _____ Zip Code _____
 TOPEKA _____ KS _____ 66612 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 16 / 2002 _____

Amount of Each Receipt this Period _____
 2090.00 _____

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) ▼ _____ 7810.00 _____

Transaction ID: SA11A1.9680

B. KENNETH D TUCK MD

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 3320 FRANKLIN ROAD SW _____
 City _____ State _____ Zip Code _____
 ROANOKE _____ VA _____ 24014 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 31 / 2002 _____

Amount of Each Receipt this Period _____
 450.00 _____

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) ▼ _____ 450.00 _____

Transaction ID: SA11A1.9686

C. KENTUCKY EDUG MEDICAL PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4965 US HIGHWAY 42 _____
 City _____ State _____ Zip Code _____
 LOUISVILLE _____ KY _____ 40222 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 09 / 2002 _____

Amount of Each Receipt this Period _____
 750.00 _____

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) ▼ _____ 27090.00 _____

Transaction ID: SA11A1.9674

SUBTOTAL of Receipts This Page (optional) ► **3290.00**

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 10 / 52	
	<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

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) ▼ 33000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.9670

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

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

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) ▼ 33350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
350.00

Transaction ID: SA11A1.9687

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

Mailing Address
6767 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70802

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) ▼ 33600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.9659

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
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)
MARYLAND MEDICAL PAC

Mailing Address
1211 CATHEDRAL STREET

City State Zip Code
BALTIMORE MD 21201

Date of Receipt
M / D / Y
07 / 23 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 23367.50

Transaction ID: SA11A1.9689

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

Mailing Address
1211 CATHEDRAL STREET

City State Zip Code
BALTIMORE MD 21201

Date of Receipt
M / D / Y
07 / 31 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 23767.50

Transaction ID: SA11A1.9688

C. Full Name (Last, First, Middle Initial)
MEDICAL SOC OF THE ST OF NY PAC

Mailing Address
ONE COMMERCE PLAZA

City State Zip Code
ALBANY NY 12210

Date of Receipt
M / D / Y
07 / 16 / 2002

Amount of Each Receipt this Period
14230.00

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) ▼ 153240.00

Transaction ID: SA11A1.9684

SUBTOTAL of Receipts This Page (optional) ▶ **15630.00**

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 / 52	
	<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. 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
07 / 23 / 2002

Amount of Each Receipt this Period
550.00

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) ▼ 9960.00

Transaction ID: SA11A1.9701

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
07 / 31 / 2002

Amount of Each Receipt this Period
1480.00

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) ▼ 11450.00

Transaction ID: SA11A1.9662

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
07 / 16 / 2002

Amount of Each Receipt this Period
450.00

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) ▼ 11525.00

Transaction ID: SA11A1.9689

SUBTOTAL of Receipts This Page (optional) ▶ **2490.00**

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 13 / 52	
	<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. MISSISSIPPI MEDICAL PAC

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

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 16 / 2002

Amount of Each Receipt this Period
 1000.00

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) ▼ 12525.00

Transaction ID: SA11A1.9690

B. MISSOURI MEDICAL PAC

Full Name (Last, First, Middle Initial)
 Mailing Address
 PO BOX 1402
 City State Zip Code
 JEFFERSON CITY MO 65102

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 23 / 2002

Amount of Each Receipt this Period
 1480.00

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) ▼ 34860.00

Transaction ID: SA11A1.9700

C. NC MEDICAL POL EDUC & ACTION CMNTT

Full Name (Last, First, Middle Initial)
 Mailing Address
 PO BOX 25834
 City State Zip Code
 RALEIGH NC 27811

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 16 / 2002

Amount of Each Receipt this Period
 3560.00

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) ▼ 38360.00

Transaction ID: SA11A1.9691

SUBTOTAL of Receipts This Page (optional) ▶ **6020.00**

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 14 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. NEW JERSEY MEDICAL PAC

Mailing Address
2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

Date of Receipt
 N M / D E / Y Y Y Y
07 16 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
3200.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **11100.00**

Transaction ID: **SA11A1.9679**

Full Name (Last, First, Middle Initial)
B. NORTH DAKOTA MEDICAL ASSOCIATION

Mailing Address
PO BOX 1198

City State Zip Code
BISMARCK ND 58502

Date of Receipt
 N M / D E / Y Y Y Y
07 08 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
550.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1950.00**

Transaction ID: **SA11A1.9672**

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

Mailing Address
3401 MILL RUN DRIVE

City State Zip Code
HILLIARD OH 43206

Date of Receipt
 N M / D E / Y Y Y Y
07 16 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
5800.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **40550.00**

Transaction ID: **SA11A1.9685**

SUBTOTAL of Receipts This Page (optional) ▶ **9650.00**

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 15 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
OKLAHOMA MEDICAL PAC

Mailing Address
PO BOX 5452D

City State Zip Code
OKLAHOMA CITY OK 73154

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
750.00

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) ▼ 20300.00

Transaction ID: SA11A1.9673

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

Mailing Address
5210 SW CORBETT STREET

City State Zip Code
PORTLAND OR 97201

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
4405.00

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) ▼ 24540.00

Transaction ID: SA11A1.9683

C. Full Name (Last, First, Middle Initial)
PAUL S FRIEDMAN

Mailing Address
1422 CHESTNUT STREET

City State Zip Code
PHILADELPHIA PA 19102

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: SA11A1.9684

SUBTOTAL of Receipts This Page (optional) ▶ **6155.00**

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 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
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
07 / 09 / 2002

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) ▼ 57900.00

Transaction ID: SA11A1.9676

B. Full Name (Last, First, Middle Initial)
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
07 / 31 / 2002

Amount of Each Receipt this Period
600.00

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) ▼ 58500.00

Transaction ID: SA11A1.9681

C. Full Name (Last, First, Middle Initial)
PETER W CARMEL MD

Mailing Address
115 CENTRAL PARK WEST

City State Zip Code
NEW YORK NY 10025

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
650.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NER JUMERSEY MEDICAL SCHOOL SURGEON

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 650.00

Transaction ID: SA11A1.9684

SUBTOTAL of Receipts This Page (optional) ▶ **3850.00**

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 17 / 52

11a 11b 11c 12
 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 CAROLINA MEDICAL PAC

Mailing Address
PO BOX 1118B

City State Zip Code
COLUMBIA SC 29211

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
1410.00

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) ▼ 8770.00

Transaction ID: SA11A1.9671

B. 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 M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
450.00

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) ▼ 11050.00

Transaction ID: SA11A1.9665

C. Full Name (Last, First, Middle Initial)
TERRENCE P DESCON

Mailing Address
301 S 7TH AVENUE

City State Zip Code
WEST READING PA 19011

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: SA11A1.9678

SUBTOTAL of Receipts This Page (optional) ▶ **2860.00**

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 / 52	
	<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. TEXAS MEDICAL PAC

Mailing Address
401 W 15TH STREET

City State Zip Code
AUSTIN TX 78701

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
4850.00

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) ▼ 207040.00

Transaction ID: SA11A1.9669

Full Name (Last, First, Middle Initial)
B. THOMAS D KIRKSEY

Mailing Address
2711 BOWMAN AVENUE

City State Zip Code
AUSTIN TX 78703

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: SA11A1.9697

Full Name (Last, First, Middle Initial)
C. THOMAS D KIRKSEY

Mailing Address
2711 BOWMAN AVENUE

City State Zip Code
AUSTIN TX 78703

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
200.00

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: SA11A1.9698

SUBTOTAL of Receipts This Page (optional) ▶ **5350.00**

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 19 / 52	
	<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. VIRGINIA MEDICAL PAC

Mailing Address
4205 DOVER ROAD

City State Zip Code
RICHMOND VA 23221

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
3750.00

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 33150.00

Transaction ID: SA11A1.9675

Full Name (Last, First, Middle Initial)
B. YING CHAN MD

Mailing Address
13 ALPINE DRIVE

City State Zip Code
LINCOLN PARK NJ 07035

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
500.00

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Transaction ID: SA11A1.9708

C.

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	73805.00

**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 20 / 52
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input 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. SIMPSON FOR CONGRESS

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

Mailing Address
788 HOFF DRIVE

City State Zip Code
BLACKFOOT ID 83211

FEC ID number of contributing federal political committee. C00331387

Amount of Each Receipt this Period 4000.00

Name of Employer Occupation

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Transaction ID: SA16.9799

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

**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 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 07 / 31 / 2002	
Mailing Address 4 NORTHEASTERN BLVD City State Zip Code SALEM NH 13079		Amount of Each Disbursement this Period 425.32	
Purpose of Disbursement CREDIT CARD BANK CHARGES		Category/ Type	
Candidate Name		Transaction ID: SB21B.9800	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. RIGGS INVESTMENT MANAGEMENT COMPANY		Date of Disbursement 07 / 31 / 2002	
Mailing Address PO BOX 98211 City State Zip Code WASHINGTON DC 20090		Amount of Each Disbursement this Period 4377.87	
Purpose of Disbursement LOSS ON INVESTMENTS		Category/ Type	
Candidate Name		Transaction ID: SB21B.9855	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. RIGGS INVESTMENT MANAGEMENT COMPANY		Date of Disbursement 07 / 31 / 2002	
Mailing Address PO BOX 98211 City State Zip Code WASHINGTON DC 20090		Amount of Each Disbursement this Period 1789.00	
Purpose of Disbursement BANK CHARGES		Category/ Type	
Candidate Name		Transaction ID: SB21B.9858	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	6591.99
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 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. RIGGS NATIONAL BANK		Date of Disbursement 07 ^N / 31 ^M / 2002 ^Y	
Mailing Address PO BOX 1912 City State Zip Code WASHINGTON DC 20074		Amount of Each Disbursement this Period 570.44	
Purpose of Disbursement BANK CHARGES		Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District:	Transaction ID: SB21B.8657	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	570.44
TOTAL This Period (last page this line number only)	▶	7162.43

**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"/> 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. COLORADO MEDICAL PAC		Date of Disbursement 07 / 16 / 2002
Mailing Address PO BOX 17550 City: DENVER State: CO Zip Code: 80217		Amount of Each Disbursement this Period 50.00
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: SB22.9747
State: District:		

Full Name (Last, First, Middle Initial) B. GEORGIA MEDICAL PAC		Date of Disbursement 07 / 16 / 2002
Mailing Address 1330 W PEACHTREE STREET City: ATLANTA State: GA Zip Code: 30309		Amount of Each Disbursement this Period 150.00
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: SB22.9748
State: District:		

Full Name (Last, First, Middle Initial) C. KENTUCKY EDUC MEDICAL PAC		Date of Disbursement 07 / 16 / 2002
Mailing Address 4965 US HIGHWAY 42 City: LOUISVILLE State: KY Zip Code: 40222		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: SB22.9749
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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 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
--------------------------	-----	-------------------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----

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

Full Name (Last, First, Middle Initial) A. MEDICAL SOC OF THE ST OF NY PAC		Date of Disbursement 07 th 16 th 2002 nd	
Mailing Address ONE COMMERCE PLAZA City State Zip Code ALBANY NY 12210		Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District:	Transaction ID: SB22.9750	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	340.00

**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. ALASKANS FOR DON YOUNG			Date of Disbursement 07 / 19 / 2002	
Mailing Address PO Box 100298 City Anchorage State AK Zip Code 99510			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name DON E YOUNG				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9755	
State: AK District: 00				

Full Name (Last, First, Middle Initial) B. ANN WOMER BENJAMIN FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 122 City AURORA State OH Zip Code 44202			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name ANN WOMER BENJAMIN				
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: SB23.9763	
State: OH District: 17				

Full Name (Last, First, Middle Initial) C. BACHUS FOR CONGRESS			Date of Disbursement 07 / 16 / 2002	
Mailing Address PO BOX 58444 City BIRMINGHAM State AL Zip Code 35258			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name SPENCER T III BACHUS				
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: SB23.9744	
State: AL District: 08				

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
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. BARRETT FOR CONGRESS		Date of Disbursement 07 / 16 / 2002
Mailing Address P.O. Box 869 City Westminister State SC Zip Code 29693		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 PRIMARY DEFICIT		Transaction ID: SB23.9745
Candidate Name JAMES GRESHAM BARRETT		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: SC District: 03		

Full Name (Last, First, Middle Initial) B. BARRETT FOR CONGRESS		Date of Disbursement 07 / 19 / 2002
Mailing Address P.O. Box 869 City Westminister State SC Zip Code 29693		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 RUNOFF DEFICIT		Transaction ID: SB23.9753
Candidate Name JAMES GRESHAM BARRETT		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General Other (specify) ▼ Runoff	
State: SC District: 03		

Full Name (Last, First, Middle Initial) C. BARTLETT FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 19 / 2002
Mailing Address PO BOX 3882 City FREDERICK State MD Zip Code 21705		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY		Transaction ID: SB23.9762
Candidate Name ROSCOE G JR BARTLETT		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: 08		

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)
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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. BEN CARDIN FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address 100 EAST PRATT STREET City State Zip Code BALTIMORE MD 21202			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name BENJAMIN L CARDIN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9764	
State: MD District: 03				

Full Name (Last, First, Middle Initial) B. BENTLEY FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address 408 CHAPELWOOD LANE City State Zip Code LUTHERVILLE MD 21088			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name HELEN DELICH BENTLEY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9757	
State: MD District: 02				

Full Name (Last, First, Middle Initial) C. BOB NEY FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 480 City State Zip Code ST. CLAIRSVILLE OH 43050			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9764	
State: OH District: 10				

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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. BOOZMAN FOR CONGRESS		Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 671 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name JOHN NICHOLS BOOZMAN			
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: SB23.9797	
State: AR District: 03			

Full Name (Last, First, Middle Initial) B. CARNE FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 19 / 2002	
Mailing Address 33 WEST FIRST STREET City: DAYTON State: OH Zip Code: 45402		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name RICK CARNE			
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: SB23.9768	
State: OH District: 03			

Full Name (Last, First, Middle Initial) C. CHRIS JOHN FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 25 / 2002	
Mailing Address PO DRAWER 307 City: CROWLEY State: LA Zip Code: 70527		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name CHRIS JOHN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9794	
State: LA District: 07			

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)
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Detailed Summary Page

FOR LINE NUMBER:
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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. CITIZENS FOR GILLMOR		Date of Disbursement 07 th / 19 th / 2002
Mailing Address PO BOX 910 City: PORT CLINTON State: OH Zip Code: 43452		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL	Candidate Name PAUL E GILLMOR	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9771	
State: OH District: 05		

Full Name (Last, First, Middle Initial) B. COLYER FOR CONGRESS		Date of Disbursement 07 th / 26 th / 2002
Mailing Address P.O. Box 25345 City: OVERLAND PARK State: KS Zip Code: 66225		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 PRIMARY	Candidate Name JEFFREY COLYER	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9723	
State: KS District: 03		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO REELECT CONGRESSMAN DANA ROHRBACHER		Date of Disbursement 07 th / 31 st / 2002
Mailing Address PO BOX 823 City: HUNTINGTON BEACH State: CA Zip Code: 92648		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY-VOIDED CHK CLEARED	Candidate Name DANA ROHRBACHER	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9733	
State: CA District: 48		

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)
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Detailed Summary Page

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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. CONGRESSMAN BART GORDON COMMITTEE			Date of Disbursement 07 / 19 / 2002	
Mailing Address P O BOX 2008 City State Zip Code MURFREESBORO TN 37133			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name BARTON JENNINGS GORDON				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9788	
State: TN District: 06				

Full Name (Last, First, Middle Initial) B. CRAIG FOR US SENATE			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 2754 City State Zip Code BOISE ID 83701			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name LARRY E CRAIG				
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9716	
State: ID District: 00				

Full Name (Last, First, Middle Initial) C. DUNCAN FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 2646 City State Zip Code KNOXVILLE TN 37901			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name JOHN JAMES JR DUNCAN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9787	
State: TN District: 02				

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

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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. FRIENDS OF BUD CRAMER		Date of Disbursement 07 / 16 / 2002	
Mailing Address PO BOX 2621 City: HUNTSVILLE State: AL Zip Code: 35801		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name ROBERT E 'BUD' JR CRAMER			
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: SB23.9743	
State: AL District: 05			

Full Name (Last, First, Middle Initial) B. FRIENDS OF CONNIE MORELLA FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 19 / 2002	
Mailing Address 7101 WISCONSIN AVE SUITE 102 City: BETHESDA State: MD Zip Code: 20814		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name CONSTANCE MORELLA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9763	
State: MD District: 08			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JERRY KLECZKA		Date of Disbursement 07 / 19 / 2002	
Mailing Address 3150A S 12TH STREET City: MILWAUKEE State: WI Zip Code: 53215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name GERALD D KLECZKA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9780	
State: WI District: 04			

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

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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. FRIENDS OF JIM INHOFE COMMITTEE			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 13300 City: OKLAHOMA CITY State: OK Zip Code: 73113			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name JAMES M INHOFE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9731	
State: OK District: 00				

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN BOEHNER			Date of Disbursement 07 / 19 / 2002	
Mailing Address 7808 I CINCINNATI DAYTON ROAD City: WEST CHESTER State: OH Zip Code: 45069			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name JOHN A BOEHNER				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9774	
State: OH District: 08				

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BOEHNER			Date of Disbursement 07 / 24 / 2002	
Mailing Address 7808 I CINCINNATI DAYTON ROAD City: WEST CHESTER State: OH Zip Code: 45069			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name JOHN A BOEHNER				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9781	
State: OH District: 08				

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)
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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. FRIENDS OF JOHN TANNER		Date of Disbursement 07 / 19 / 2002
Mailing Address PO BOX 1994 City: UNION CITY State: TN Zip Code: 38281		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY		Category/ Type
Candidate Name JOHN S TANNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.978B
State: TN District: 06		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARK FOLEY FOR CONGRESS		Date of Disbursement 07 / 29 / 2002
Mailing Address PO BOX 30505 City: PALM BEACH GARDENS State: FL Zip Code: 33420		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2002 PRIMARY		Category/ Type
Candidate Name MARK A FOLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.978B
State: FL District: 16		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MELISSA BROWN		Date of Disbursement 07 / 12 / 2002
Mailing Address PO BOX 489 City: FLOURTOWN State: PA Zip Code: 19031		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name MELISSA BROWN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9737
State: PA District: 13		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

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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
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<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. FRIENDS OF SCOTT MCINNIS			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 3157 City GRAND JUNCTION State CO Zip Code 81502			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name SCOTT MCINNIS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9712	
State: CO District: 03				

Full Name (Last, First, Middle Initial) B. FRIENDS OF SESSIONS SENATE COMMITTEE			Date of Disbursement 07 / 16 / 2002	
Mailing Address PO BOX 4278 City MONTCOMERY State AL Zip Code 36108			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name PETE SESSIONS				
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9738	
State: AL District: 00				

Full Name (Last, First, Middle Initial) C. FRIENDS OF SHERROD BROWN			Date of Disbursement 07 / 19 / 2002	
Mailing Address 607 14TH STREET NW City WASHINGTON State DC Zip Code 20005			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name SHERROD BROWN				
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: SB23.9780	
State: OH District: 13				

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	

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

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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. HEATHER WILSON FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 14070 City ALBUQUERQUE State NM Zip Code 87191		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name HEATHER A WILSON			
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: SB23.9785	
State: NM District: 01			

Full Name (Last, First, Middle Initial) B. HEFLEY FOR CONGRESS		Date of Disbursement 07 / 26 / 2002	
Mailing Address 912 N CIRCLE DRIVE City COLORADO SPRINGS State CO Zip Code 80909		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name JOEL HEFLEY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9714	
State: CO District: 05			

Full Name (Last, First, Middle Initial) C. HOBSON FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 19 / 2002	
Mailing Address 82 W COLUMBIA City SPRINGFIELD State OH Zip Code 45503		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name DAVID LEE HOBSON			
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: SB23.9773	
State: OH District: 07			

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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. HOYER FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address 7605 MALCOLM ROAD SUITE 102 City State Zip Code CLINTON MD 20735			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name STENY H HOYER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9760	
State: MD District: 05				

Full Name (Last, First, Middle Initial) B. HULSHOF FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 1821 City State Zip Code COLUMBIA MO 65206			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name KENNY CHARLES HULSHOF				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9730	
State: MO District: 05				

Full Name (Last, First, Middle Initial) C. JIM RYUN FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO Box 826 City State Zip Code Topeka KS 66601			Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name JIM R RYUN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9722	
State: KS District: 02				

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)

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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
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<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. JOHN NORRIS FOR US CONGRESS		Date of Disbursement 07 / 12 / 2002	
Mailing Address 120 KELLOGG AVENUE City State Zip Code AMES IA 50010		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name JOHN ROBERT NORRIS			
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) ▼		
State: IA District: 04	Transaction ID: SB23.9736		

Full Name (Last, First, Middle Initial) B. KAPTUR FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 898 City State Zip Code TOLEDO OH 43681		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name MARCY KAPTUR			
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) ▼		
State: OH District: 09	Transaction ID: SB23.9775		

Full Name (Last, First, Middle Initial) C. LATOURETTE FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 19 / 2002	
Mailing Address 1004 MILLRIDGE ROAD City State Zip Code HIGHLAND HEIGHTS OH 44143		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name STEVEN C LATOURETTE			
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) ▼		
State: OH District: 10	Transaction ID: SB23.9781		

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

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

Full Name (Last, First, Middle Initial) A. MARION BERRY FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 8084 City: JONESBORO State: AR Zip Code: 72403			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name MARION BERRY				
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: SB23.9795	
State: AR District: 01				

Full Name (Last, First, Middle Initial) B. MARK KENNEDY 02			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 300 City: BUFFALO State: MN Zip Code: 55313			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name MARK RAYMOND KENNEDY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9727	
State: MN District: 05				

Full Name (Last, First, Middle Initial) C. MARK UDALL FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address 8890N WOLFF COURT City: WESTMINSTER State: CO Zip Code: 80031			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name MARK UDALL				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9710	
State: CO District: 02				

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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
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<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. MARY BONO COMMITTEE		Date of Disbursement 07 / 19 / 2002
Mailing Address PO BOX 3370 City: PALM SPRINGS State: CA Zip Code: 92263		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name MARY BONO		
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: SB23.9734
State: CA District: 45		

Full Name (Last, First, Middle Initial) B. MIKE ROSS FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 26 / 2002
Mailing Address PO BOX 380 City: PRESCOTT State: AR Zip Code: 71857		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name ROSS, MICHAEL AVERY		
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: SB23.9798
State: AR District: 04		

Full Name (Last, First, Middle Initial) C. MORAN FOR CONGRESS		Date of Disbursement 07 / 26 / 2002
Mailing Address PO BOX 1151 City: HAYS State: KS Zip Code: 67601		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement 2002 PRIMARY		Category/ Type
Candidate Name JERRY MORAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9721
State: KS District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. NORTHUP FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 7313 City LOUISVILLE State KY Zip Code 40207			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name ANNE MEAGHER NORTHUP				
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: SB23.9725	
State: KY District: 03				

Full Name (Last, First, Middle Initial) B. NUSSLE FOR CONGRESS			Date of Disbursement 07 / 12 / 2002	
Mailing Address PO BOX 324 City MANCHESTER State IA Zip Code 52057			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name JAMES ALLEN NUSSLE				
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: SB23.9735	
State: IA District: 01				

Full Name (Last, First, Middle Initial) C. OTTER FOR IDAHO			Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 1456 City BOISE State ID Zip Code 83071			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement 2002 GENERAL			Category/ Type	
Candidate Name C L BUTCH OTTER				
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: SB23.9717	
State: ID District: 01				

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. OXLEY FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 1998 City: FINDLAY State: OH Zip Code: 45839		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name MICHAEL G OXLEY			
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: SB23.9770	
State: OH District: 04			

Full Name (Last, First, Middle Initial) B. PAT ROBERTS FOR SENATE		Date of Disbursement 07 / 26 / 2002	
Mailing Address PO BOX 433 City: CREAT BEND State: KS Zip Code: 67530		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name PAT ROBERTS			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9719	
State: KS District: 00			

Full Name (Last, First, Middle Initial) C. PETERSON FOR CONGRESS		Date of Disbursement 07 / 26 / 2002	
Mailing Address 26192 Floyd Lake Point Road City: Detroit Lakes State: MN Zip Code: 56501		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name COLLIN CLARK PETERSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9728	
State: MN District: 07			

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)
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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. SIMPSON FOR CONGRESS		Date of Disbursement 07 / 26 / 2002
Mailing Address 786 HOFF DRIVE City: BLACKFOOT State: ID Zip Code: 83211		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name MICHAEL K SIMPSON		
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: SB23.9718
State: ID District: 02		

Full Name (Last, First, Middle Initial) B. SNYDER FOR CONGRESS CAMPAIGN COMMITTEE		Date of Disbursement 07 / 26 / 2002
Mailing Address PO BOX 250988 City: LITTLE ROCK State: AR Zip Code: 72225		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name VICTOR FREDERICK SNYDER		
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: SB23.9786
State: AR District: 02		

Full Name (Last, First, Middle Initial) C. STEPHANIE TUBBS JONES FOR US CONGRESS		Date of Disbursement 07 / 19 / 2002
Mailing Address 3729 SILSBY ROAD City: UNIVERSITY HEIGHTS State: OH Zip Code: 44118		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2002 GENERAL		Category/ Type
Candidate Name STEPHANIE TUBBS JONES		
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: SB23.9778
State: OH District: 11		

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. STEVE CHABOT FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address 3014 HARRISON AVENUE City State Zip Code CINCINNATI OH 45211		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name STEVEN JOSEPH CHABOT			
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: SB23.9767	
State: OH District: 01			

Full Name (Last, First, Middle Initial) B. STEVENS FOR SENATE COMMITTEE		Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 100879 City State Zip Code ANCHORAGE AK 99510		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name THEODORE F (TED) STEVENS			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9754	
State: AK District: 00			

Full Name (Last, First, Middle Initial) C. TANCREDO FOR CONGRESS COMMITTEE		Date of Disbursement 07 / 26 / 2002	
Mailing Address P O BOX 3758 City State Zip Code LITTLETON CO 80161		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name THOMAS GERARD TANCREDO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9715	
State: CO District: 08			

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(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. TED STRICKLAND FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address PO BOX 580 City State Zip Code LUCASVILLE OH 45648		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name TED STRICKLAND			
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: SB23.9772	
State: OH District: 06			

Full Name (Last, First, Middle Initial) B. TERRY EVERETT FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address P.O. Box 1828 City State Zip Code Dothan AL 36302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name TERRY EVERETT			
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: SB23.9741	
State: AL District: 02			

Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS		Date of Disbursement 07 / 19 / 2002	
Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000 City State Zip Code COLUMBUS OH 43229		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL		Category/ Type	
Candidate Name PATRICK JOSEPH TIBERI			
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: SB23.9779	
State: OH District: 12			

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)
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(check only one)

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<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. TODD AKIN FOR CONGRESS			Date of Disbursement 07 / 31 / 2002	
Mailing Address PO BOX 31222 City ST LOUIS State MO Zip Code 63131			Amount of Each Disbursement this Period -5000.00	
Purpose of Disbursement 2002 PRIMARY-VOID 4/1/02 CHK.			Category/ Type	
Candidate Name WILLIAM TODD AKIN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9732	
State: MO District: 02				

Full Name (Last, First, Middle Initial) B. TODD TIAHRT FOR CONGRESS			Date of Disbursement 07 / 26 / 2002	
Mailing Address 2250 N Rock Rd #11B A City WICHITA State KS Zip Code 67228			Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name W TODD TIAHRT				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9724	
State: KS District: 04				

Full Name (Last, First, Middle Initial) C. WILLIAM L BILL JENKINS FOR CONGRESS			Date of Disbursement 07 / 19 / 2002	
Mailing Address 767 MCKINNEY CHAPEL ROAD City ROGERSVILLE State TN Zip Code 37857			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 PRIMARY			Category/ Type	
Candidate Name WILLIAM L 'BILL' JENKINS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9786	
State: TN District: 01				

SUBTOTAL of Disbursements This Page (optional) ▶	-1500.00
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

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. WYNN FOR CONGRESS		Date of Disbursement 07 ^N / 19 ^M / 2002 ^Y
Mailing Address PO BOX 73388 City: WASHINGTON State: DC Zip Code: 20056		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2002 PRIMARY	Candidate Name ALBERT R WYNN	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.975B
State: MD District: 04		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	205000.00

**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 POLITICAL EDUCATION FUND		Date of Disbursement 07 th 16 th 2002	
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 DEPOSITED INCORRECTLY		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	Transaction ID: SB29.9751	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	150.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C00000422
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Full Name (Last, First, Middle, Initial) of Payee BATES NEIMAND Mailing Address 1025 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005 Date Amount 07 10 2002 5000.00 Transaction ID: SE24.9415	Purpose of Expenditure MAILING Name of Federal Candidate supported or opposed by expenditure: JOHN D DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>MI</u> District: <u>15</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee BATES NEIMAND Mailing Address 1025 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005 Date Amount 07 17 2002 31606.66 Transaction ID: SE24.9587	Purpose of Expenditure MAILING Name of Federal Candidate supported or opposed by expenditure: JOHN D DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>MI</u> District: <u>15</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee BATES NEIMAND Mailing Address 1025 VERMONT AVENUE NW City State Zip Code WASHINGTON DC 20005 Date Amount 07 19 2002 33811.28 Transaction ID: SE24.9594	Purpose of Expenditure MAILING Name of Federal Candidate supported or opposed by expenditure: JOHN D DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>MI</u> District: <u>15</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	70417.94
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury, I declare that the independent expenditures reported hereon were not made in connection with a campaign for election to or retention in or re-election to or reelection to or nomination for any federal, state, local, tribal, or territorial office, or any ballot measure, initiative, referendum, or constitutional amendment, and were not made at the request or suggestion of any candidate, party, political committee, or official of such candidate or authorized committee.

Signature

Date

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C00000422
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Full Name (Last, First, Middle, Initial) of Payee BATES NEIMAND <hr/> Mailing Address 1025 VERMONT AVENUE NW <hr/> City State Zip Code WASHINGTON DC 20005 <hr/> Date Amount 07 22 2002 24206.66 Transaction ID: SE24.9596	Purpose of Expenditure MAILING <hr/> Name of Federal Candidate supported or opposed by expenditure: JOHN D DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>MI</u> District: <u>15</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category/ Type
Full Name (Last, First, Middle, Initial) of Payee THE MELLMAN GROUP <hr/> Mailing Address 1000 THOMAS JEFFERSON STREET NW <hr/> City State Zip Code WASHINGTON DC 20007 <hr/> Date Amount 07 10 2002 15300.00 Transaction ID: SE24.9418	Purpose of Expenditure POLL <hr/> Name of Federal Candidate supported or opposed by expenditure: JOHN D DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>MI</u> District: <u>15</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category/ Type

(a) SUBTOTAL of Itemized Independent Expenditures	▶	39506.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	0.00
(c) TOTAL Independent Expenditures	▶	109924.60

Under penalty of perjury, I declare that the independent expenditures reported hereon were made from a personal fund or a non-union fund or a non-union contribution, and were not made for the purpose or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee.

Signature

Date