

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Kevin Walker [Electronically Filed] Date / /

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 (Rev. 02/2003)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | | <input type="text" value="1172484.53"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="1201096.09"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="75116.50"/> | <input type="text" value="493207.22"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="1276212.59"/> | <input type="text" value="1665691.75"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="63242.14"/> | <input type="text" value="452721.30"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1212970.45"/> | <input type="text" value="1212970.45"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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 (Rev. 06/2004)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 45612.09 | 265527.84 |
| (ii) Unitemized | 29498.35 | 227650.76 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 75110.44 | 493178.60 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 75110.44 | 493178.60 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 6.06 | 28.62 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 75116.50 | 493207.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 75116.50 | 493207.22 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1742.14 | 8029.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1742.14 | 8029.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 100.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 61000.00 | 443250.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 500.00 | 1341.69 |
| (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))..... | 500.00 | 1341.69 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 63242.14 | 452721.30 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63242.14 | 452721.30 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 75110.44 | 493178.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 500.00 | 1341.69 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 74610.44 | 491836.91 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1742.14 | 8029.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1742.14 | 8029.61 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. David Stuart Boyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1127 Wilshire Blvd
 Ste 1620
 City Los Angeles State CA Zip Code 90017-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA VITREOUS ASSOCIATES MEDICAL C Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : 70611576
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Daniel David Bennett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 Van Buren St
 City Madison State WI Zip Code 53711-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2016
Transaction ID : 70637443
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Sheila Dattatraya Rege MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 W Deschutes Ave
 Ste 100
 City Kennewick State WA Zip Code 99336-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : 70638242
 Amount of Each Receipt this Period
 208.33
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1208.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Marc Max Dreier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Richards Rd
 City State Zip Code
 Ridgewood NJ 07450-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VALLEY EMERGENCY ROOM ASSOCIATES F Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2016
Transaction ID : 70644275
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. William Chas Sternfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 Bldg 1
 City State Zip Code
 Toledo OH 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TOLEDO CLINIC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : 70650883
 Amount of Each Receipt this Period
 833.30
 Memo Item

C. Robert Cameron More MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 Wescott Dr
 Ste 101
 City State Zip Code
 Flemington NJ 08822-4671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HUNTERDON ORTHOPEDIC INSTITUTE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : 70657203
 Amount of Each Receipt this Period
 83.33
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1416.63 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 84 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Paul Douglas Bozyk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31926 Robinhood Dr
 City State Zip Code
 Beverly Hills MI 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : 70657264
 Amount of Each Receipt this Period
 166.66
 Memo Item

B. John Stockton Early MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3921 Marquette St
 City State Zip Code
 Dallas TX 75225-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TEXAS ORTHOPAEDIC ASSOCIATES LLP Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2016
Transaction ID : 70681358
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Julie Ann Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7340 Salt Rd
 City State Zip Code
 Clarence Ctr NY 14032-9609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681585
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1666.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. David Galbis-Reig MD
Full Name (Last, First, Middle Initial)

Mailing Address 1301 53rd Ave

City Kenosha State WI Zip Code 53144-5201

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2016
Transaction ID : 70681586

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 4100 Duval Rd Ste 4-205

City Austin State TX Zip Code 78759-4278

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2016
Transaction ID : 70681587

Amount of Each Receipt this Period 500.00

Memo Item

C. John Wight Durham MD
Full Name (Last, First, Middle Initial)

Mailing Address 512 W Fir Ave

City Flagstaff State AZ Zip Code 86001-1309

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

Name of Employer NORTHERN ARIZONA ORTHOPAEDICS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 08 / 2016
Transaction ID : 70681588

Amount of Each Receipt this Period 1000.00

Memo Item

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 84 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

A. Chris John Dangles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 W University Ave
 City Champaign State IL Zip Code 61821-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARLE CLINIC ASSOCIATION Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681589
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681590
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. James Terrell May MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Cyril Ln
 City Henrico State VA Zip Code 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VIRGINIA CANCER INSTITUTE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681607
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 84 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Anjum Shariff MD | | Date of Receipt |
| Mailing Address 12666 Mason Forest Dr | | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2016"/> |
| City State Zip Code Saint Louis MO 63141-7453 | | Transaction ID : 70681612 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Name of Employer MIDWEST RADIOLOGICAL ASSOCIATES PC | Occupation Physician | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Casey Allison Corbit MD | | Date of Receipt |
| Mailing Address 851 Heavenly Way | | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2016"/> |
| City State Zip Code Willisburg KY 40078-8034 | | Transaction ID : 70681664 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer FLAGET MEMORIAL HOSPITAL | Occupation Physician | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Elaine Mowinski Barron MD | | Date of Receipt |
| Mailing Address PO Box 13037 | | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2016"/> |
| City State Zip Code El Paso TX 79913-3037 | | Transaction ID : 70681665 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer SELF-EMPLOYED | Occupation Physician | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1250.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. James Terrell May MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Cyril Ln
 City State Zip Code
 Henrico VA 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VIRGINIA CANCER INSTITUTE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681680
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Dennis Daniel Dey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Seton Dr Ste FG
 City State Zip Code
 Cumberland MD 21502-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681767
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Gaylord Jerome Kavlie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N 9th St
 City State Zip Code
 Bismarck ND 58501-4530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRIMECARE HEALTH GROUP Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : 70681780
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Timothy Gerard Mc Avoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1751 E Main St
 City Waukesha State WI Zip Code 53186-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROHEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 08 / 2016**
Transaction ID : 70681816
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Neil David Herbsman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Hering Ave
 City Bronx State NY Zip Code 10461-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer URBAN HEALTH PLAN INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : 70684498
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Robert Lee Giffin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Mission 66
 Mission Primary Care Clinic
 City Vicksburg State MS Zip Code 39180-3711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVER REGIONAL MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 70843777
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Christopher M Mc Pherson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3345 Kuliga Park Dr
 City Cincinnati State OH Zip Code 45248-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC NEUROSCIENCE INSTITUTE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 70843778
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Susan Daniel Benton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6606 Lbj Fwy Ste 200
 City Dallas State TX Zip Code 75240-6524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 70843802
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Earl Christopher Troup MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Enoree Ct
 City Piedmont State SC Zip Code 29673-6736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHEASTERN NEUROSURGICAL & SPINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 70843809
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Ricardo Abdon Abraham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Ridgeline Dr
 City State Zip Code
 Brownsville TX 78526-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 70843810
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Martin Lee Fishman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 Monterey Ave Ste 3
 City State Zip Code
 Los Gatos CA 95030-5319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECTRUM EYE PHYSICIANS Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 70843839
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Karen L Florio DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 NE Landings Ct
 City State Zip Code
 Lees Summit MO 64064-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SAINT LUKE'S HEALTH SYSTEM Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 70843840
 Amount of Each Receipt this Period
 333.36
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1333.36 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Robert Earl Sharrock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 W South St
 City Bryan State OH Zip Code 43506-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRYAN MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 70843851
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt 04 / 15 / 2016
Transaction ID : 70843852
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Michael Vest DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Wineberry Dr
 City Hockessin State DE Zip Code 19707-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 266.72

Date of Receipt 04 / 21 / 2016
Transaction ID : 70912852
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1041.66
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Thu Nguyen Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.52**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912866
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Benjamin Holland Whitten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 W 78th St Ste 100
 City Edina State MN Zip Code 55439-2529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABBOTT NORTHWESTERN GENERAL MEDICINE A Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912907
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Diana Elaine Ramos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2545 Corona Way
 City Laguna Beach State CA Zip Code 92651-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC SCHOOL OF MEDICINE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912916
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **183.32**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Piyush I Vyas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 McCormick Dr
 City Lake Forest State IL Zip Code 60045-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE CAPTAIN LOVELL FEDERAL HEALTH CA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912920
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Clifford K Moy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5657 Fairfax Dr
 City Frisco State TX Zip Code 75034-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.86**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912935
 Amount of Each Receipt this Period **41.74**
 Memo Item

C. Steven Averill Thau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W Broad St
 Pulmonary Assoc Of Stamford Pc
 City Stamford State CT Zip Code 06902-3633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PULMONARY ASSOCIATES OF STAMFORD F Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **266.72**

Date of Receipt **04 / 21 / 2016**
Transaction ID : 70912942
 Amount of Each Receipt this Period **41.66**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.40 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Joy A Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 E Paces Ferry Rd NE
 Ste 212
 City Atlanta State GA Zip Code 30305-3319
 Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36
 FEC ID number of contributing federal political committee. C

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926174
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Elvin C Irvin Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Bayou Blvd
 City Pensacola State FL Zip Code 32503-4205
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36
 FEC ID number of contributing federal political committee. C

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926175
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Mr. George E. Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 10308 Fleming Ave.
 City Bethesda State MD Zip Code 20814-2136
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36
 FEC ID number of contributing federal political committee. C

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926176
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Dean Armandroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 Gunston Rd.
 City Alexandria State VA Zip Code 22302-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926177
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. James Thos Hay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14202 Recuerdo Dr
 City Del Mar State CA Zip Code 92014-2956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH COAST FAMILY MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926178
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Keith Irvin Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Munro Rd
 City Mill Hall State PA Zip Code 17751-8463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926179
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Gregory Jude Gallina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 W Spring Valley Ave
 Ste 103
 City Maywood State NJ Zip Code 07607-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926180
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. James Allan Goodyear MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr
 Ste 310
 City Lansdale State PA Zip Code 19446-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926181
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Floyd Anthony Buras Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Live Oak St
 City Metairie State LA Zip Code 70005-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926182
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mary Susan Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 769
 City Winner State SD Zip Code 57580-0769
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926183
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Gary Lee Dillehay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 N Sheridan Rd Apt 1402
 City Chicago State IL Zip Code 60640-1636
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926184
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stuart Gitlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926185
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Randolph J Gould MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Windy Ridge Pt
 City Virginia Bch State VA Zip Code 23454-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORFOLK SURGICAL GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926186
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Robert Ernest Hertzka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1018
 City Rcho Santa Fe State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926188
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Jos Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926189
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mark Chas Komorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Trumbull St
 City State Zip Code
 Bay City MI 48708-7656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926190
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Daniel Joel Koretz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Lake Rd
 City State Zip Code
 Ontario NY 14519-9792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926191
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Glenn Allen Loomis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Thomas More Pkwy
 Ste 160
 City State Zip Code
 Crestview Hills KY 41017-3496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPARROW HEALTH SYSTEM Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926192
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Patrick Wm Mc Cormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 Woodley Rd
 Ste 600
 City Toledo State OH Zip Code 43606-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROSURGICAL NETWORK INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926193
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Judith Richmond Pryblick DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5422 Holiday Dr
 City Allentown State PA Zip Code 18104-9439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST LUKES PHYSICIAN GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926194
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Michael Bradley Simon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Gellatly Dr
 City Wappingers Fl State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926195
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

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|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Robert Cameron More MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 Wescott Dr
 Ste 101
 City Flemington State NJ Zip Code 08822-4671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUNTERDON ORTHOPEDIC INSTITUTE Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926196
 Amount of Each Receipt this Period 83.33
 Memo Item

B. John S Mc Intyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Winton Rd S
 Bldg 4
 City Rochester State NY Zip Code 14618-3970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITY MENTAL HEALTH Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926197
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Devdutta G Sangvai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Oxboro Cir
 City Durham State NC Zip Code 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926198
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Donald Franklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926199
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Patrice A Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1397 Wood Pond Cv
 City Stone Mtn State GA Zip Code 30083-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926200
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kathleen Blake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste 39300
 American Medical Association
 City Chicago State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926201
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dieter Pohl MD
Full Name (Last, First, Middle Initial)

Mailing Address 34 Eames St

City Providence State RI Zip Code 02906-3304

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

Name of Employer RHODE ISLAND SURGEONS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926203

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 7035 Convoy Ct
Southern Ca Permanente Med Group

City San Diego State CA Zip Code 92111-1016

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

Name of Employer KAISER FDN HEALTH PLAN NATION HQ Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926204

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 1251 Talbryn Dr

City Belmont State CA Zip Code 94002-3755

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

Name of Employer PARTNERS HEALTH CARE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926205

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Thomas W. Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 389
 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **433.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926206
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Alan Barth Pillersdorf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 S Congress Ave
 Ste 100
 City Palm Springs State FL Zip Code 33461-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLASTIC SURGERY OF PALM BEACH PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926207
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Carl Alexander Sirio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Quail Hill Rd
 City Pittsburgh State PA Zip Code 15238-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926208
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Evangelos Megariotis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Ravona St
 City Clifton State NJ Zip Code 07012-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.48**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926209
 Amount of Each Receipt this Period
 83.37
 Memo Item

B. Marilyn Joan Heine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Twining Rd
 City Dresher State PA Zip Code 19025-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926210
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Peter Scott Lund MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7538 Wilson Dr
 City Fairview State PA Zip Code 16415-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926211
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Richard Allen Dart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9050 Ader Rd
 Wisconsin Medical Soc
 City Marshfield State WI Zip Code 54449-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHFIELD CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926212
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. John Robt Mc Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 436A State St
 City Bangor State ME Zip Code 04401-6606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926213
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Elizabeth Fay Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Samaritan Dr
 Ste 20
 City San Jose State CA Zip Code 95124-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926215
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Thomas P. Healy Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 547 S Clark St Apt 1401

City Chicago State IL Zip Code 60605-1548

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926216

Amount of Each Receipt this Period 83.33

Memo Item

B. Mokarram Husain Jafri MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Oakhurst Ct

City Clifton Park State NY Zip Code 12065-8719

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

Name of Employer ANESTHESIA GROUP OF ALBANY Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926217

Amount of Each Receipt this Period 83.33

Memo Item

C. Gerald Edward Harmon MD
Full Name (Last, First, Middle Initial)

Mailing Address 9699 Ocean Hwy PO Box 289

City Pawleys Isl State SC Zip Code 29585-7425

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926218

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Michael Jos Sexton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926219
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Jack M Chapman Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926221
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Julia Virginia Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St
 Umass Memorial Medical Center
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926222
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Susan Rudd Bailey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5929 Lovell Ave
 F W A A
 City Fort Worth State TX Zip Code 76107-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIAT
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926223
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John E Christie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2661 Riva Rd
 Bldg 600
 City Annapolis State MD Zip Code 21401-7353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926224
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Mrs. Margaret Garikes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Sharp Place
 City Alexandria State VA Zip Code 22304-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION
 Occupation AMA Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926225
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. John M De Figueiredo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 573
 City Cheshire State CT Zip Code 06410-0573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926226
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Peter Amberg Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Fort Ave
 City Cranston State RI Zip Code 02905-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS BLUE SHIELD OF RI Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926227
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Leonard Allison Brabson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Emerald Ave Ste 806 Clark Tower
 City Knoxville State TN Zip Code 37917-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926228
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Frederick Ray Ridge Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 N 1000 W
 City Linton State IN Zip Code 47441-5281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926229
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 378524
 City Chicago State IL Zip Code 60637-8524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926230
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Albert J Osbahr III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fairgrove Church Rd Cvmc Ohz
 City Hickory State NC Zip Code 28602-9617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926231
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926232
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mr. John Robert Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Williamsburg Blvd
 City Arlington State VA Zip Code 22207-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926233
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Michael Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 Country Side Dr
 City Orange Park State FL Zip Code 32003-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF FLORIDA JACKSONVILLE PH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926234
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Carol Sadie Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City Fairfax Station State VA Zip Code 22039-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **433.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926235
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Susan Eva Skochelak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wabash Ave Unit 48J
 City Chicago State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926236
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Mrs. Joanne Bergquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 W Tacoma Ave
 City Latrobe State PA Zip Code 15650-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.64**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926237
 Amount of Each Receipt this Period **166.66**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St
 Ste 950
 City Houston State TX Zip Code 77004-6943
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926238
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Pinehurst Ln
 City Moodus State CT Zip Code 06469-1176
 Name of Employer CT VALLEY HOSP Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926239
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Corliss Adam Varnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926240
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Sharon R Metzger Richens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 W 200 N
 Ste 200
 City St George State UT Zip Code 84770-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE CARE SPECIALISTS PS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926241
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John Phillip Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5004 W Grove Ln
 City Gibsonia State PA Zip Code 15044-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926243
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Mr. Christopher Todd Askew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2943 McKinley St, NW
 City Washington State DC Zip Code 20015-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926244
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ardis Dee Hoven MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 Sweet William Ct
 City Lexington State KY Zip Code 40502-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUEGRASS CARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926245
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Kenneth Elmassian DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr
 City East Lansing State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANSING ANESTHESIOLOGISTS PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926246
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. E Scott Ferguson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Rhodes St Ste B
 City West Memphis State AR Zip Code 72301-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926247
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Bruce Alan MacLeod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASPN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926248
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mr. William R. Abrams JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7702 Radcliffe Drive Apt. C
 City Madison State WI Zip Code 53719-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WISCONSIN MEDICAL SOCIETY Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926249
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. James David Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1574 Sodon Lake Dr
 City Bloomfield State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926250
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Alan Lane Plummer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1365 Clifton Rd NE
The Emory Clinic

City Atlanta State GA Zip Code 30322-1013

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926251

Amount of Each Receipt this Period 250.00

Memo Item

B. Steven Berkowitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 22 Malke Dr

City Ocean State NJ Zip Code 07712-3371

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

Name of Employer SEAVIEW ORTHOPAEDIC & MEDICAL ASSOCIAT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926252

Amount of Each Receipt this Period 83.33

Memo Item

C. Nicholas V Polifroni MD
Full Name (Last, First, Middle Initial)

Mailing Address 761 Main Ave
Ste 115

City Norwalk State CT Zip Code 06851-1080

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

Name of Employer COASTAL ORTHOPAEDICS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926253

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.66

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ms. Taylor Tonia Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 S Castle St
 City Baltimore State MD Zip Code 21231-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926254
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Christopher Lance Sudduth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 S 14th St
 City Broken Arrow State OK Zip Code 74012-7264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.72

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926255
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Alyn L Adrain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 W River St
 City Providence State RI Zip Code 02904-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926256
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 166.65 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Rattapol Srisinroongruang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2728 McKinnon St
 Apt 1821
 City Dallas State TX Zip Code 75201-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AEMA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926257
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Mrs. Kimberly Moser
 Full Name (Last, First, Middle Initial)
 Mailing Address 3216 High Ridge Drive
 City Taylor Mill State KY Zip Code 41015-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KPPAC Occupation State Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926258
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926259
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Deepak Azad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City State Zip Code
 Floyds Knobs IN 47119-9761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926260
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Richard John Depersio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7557 Dannaer Dr
 Ste 220
 City State Zip Code
 Powell TN 37849-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREATER KNOXVILLE EAR NOSE & THROAT AS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926262
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. David Thos Harvey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Kellsworth Way
 City State Zip Code
 Tyrone GA 30290-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SURGICAL & COSMETIC DERMATOLOGY Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2016
Transaction ID : 70926264
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Ms. Michaela Sternstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste. 39300
 City Chicago State IL Zip Code 60611-3586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926267
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Marshall Lucas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8701 New Trails Dr Ste 150
 City Spring State TX Zip Code 77381-4546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JASON D BARON MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926270
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Karolyn Moody DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Boozy Creek Rd
 City Blountville State TN Zip Code 37617-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHILDREN'S HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926271
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. James Lee Sublett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 W Jefferson St
 Ste 160
 City Louisville State KY Zip Code 40202-2866
 Name of Employer FAMILY ALLERGY & ASTHMA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926272
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Niranjan Venkat Rao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Easton Ave
 FI 3
 City New Brunswick State NJ Zip Code 08901-1885
 Name of Employer CENTRAL JERSEY SURGICAL SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926273
 Amount of Each Receipt this Period 83.33
 Memo Item

C. William Edward Guptill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Creeping Jenny Ln
 City Taunton State MA Zip Code 02780-7206
 Name of Employer CARITAS MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926274
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Robert Harold Couch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 Hobbs Station Rd
 City Louisville State KY Zip Code 40223-2671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926275
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Paul Douglas Bozyk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31926 Robinhood Dr
 City Beverly Hills State MI Zip Code 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926276
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Lee Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 E Chestnut St Ste 518
 City Louisville State KY Zip Code 40202-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEONATAL ASSOCIATES PSC ADMINISTRAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926277
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. John Jackson Ingram III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Joule St
 East TN Med Grp
 City Alcoa State TN Zip Code 37701-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TENNESSEE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926278
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kenneth Scott Wayne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 SW State St
 Ste 100
 City Ankeny State IA Zip Code 50023-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IOWA HEALTH PHYSICIANS INTERNAL MEDICAL Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926279
 Amount of Each Receipt this Period 83.33
 Memo Item

C. David Ethan Swee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Hoes Ln W
 Rutgers RWJ Medical School
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 23 / 2016
Transaction ID : 70926280
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Randy Jerold Rice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 93669 Viking Way
 City Sturgeon Lake State MN Zip Code 55783-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GATEWAY FAMILY HEALTH CLINIC LTD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926282
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Patrick S Pevoto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2373 G Rd Ste 700
 City Grand Jct State CO Zip Code 81505-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRAVIS OB GYN ASSOCIATES OF N W AUSTIN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**
Transaction ID : 70926283
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Nestor A Ramirez-Lopez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Grandview Dr
 City Champaign State IL Zip Code 61820-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE NEONATAL & INFANT CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926322
 Amount of Each Receipt this Period **208.33**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 374.99 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. William Lee Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 S Cottonwood St
 Ste 750
 City Salt Lake Cty State UT Zip Code 84107-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926323
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Nancy Louise Mueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926324
 Amount of Each Receipt this Period **208.33**
 Memo Item

c. Mr. Kenneth D. Lancin
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 East Palisade Avenue
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Management Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926325
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Lisa Bohman Egbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Far Hills Ave
 Ste 112
 City Dayton State OH Zip Code 45429-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARAGON WOMEN'S CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926326
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Michael E Migliori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St
 Ste 301
 City Providence State RI Zip Code 02905-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926327
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Mr. Kevin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 10635 Canterbury Rd.
 City Fairfax Station State VA Zip Code 22039-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926328
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Stephen Alan Imbeau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 E Cheves St Ste 420
 Allergy Asthma and Sinus Ctr
 City Florence State SC Zip Code 29506-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLERGY ASTHMA & SINUS CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926329
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Janice Tildon-Burton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Glasgow Ave Ste 207
 City Newark State DE Zip Code 19702-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1141.69**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926330
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Srinivas B Mukkamala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 Charter Dr Ste F
 City Flint State MI Zip Code 48532-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926331
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. William Eric Kobler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6729 Millbrook Dr
 City Rockford State IL Zip Code 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSF MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926332
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Thomas James Madejski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ohio St Ste C
 City Medina State NY Zip Code 14103-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.69

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926333
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Robert Puchalski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 520
 City Lugoff State SC Zip Code 29078-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH CAROLINA ENT Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926334
 Amount of Each Receipt this Period 416.66
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Seth Yawki Flagg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9129 Bradford Rd
 City Silver Spring State MD Zip Code 20901-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926335
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City Bloomfield State MI Zip Code 48304-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926336
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Russell Clark Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Hamaker Ct Ste 200
 City Fairfax State VA Zip Code 22031-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA PEDIATRIC GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926337
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Georgia Anne Tuttle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Mechanic St
 The Skin Care Ctr
 City Lebanon State NH Zip Code 03766-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926338
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City Nashville State TN Zip Code 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926339
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 Beacon St
 Apt 815
 City Brookline State MA Zip Code 02446-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.72**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926340
 Amount of Each Receipt this Period **104.16**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 520.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dana M Block-Abraham DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Liquid Laughter Ln
 City Columbia State MD Zip Code 21044-6044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF MARYLAND MEDICAL CTR Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.72**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926341
 Amount of Each Receipt this Period **104.16**
 Memo Item

B. Dev Appannagari Gnanadev MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 670
 City Redlands State CA Zip Code 92373-0221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARROWHEAD COMMUNITY SURGICAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926342
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. John Pasteur Hamide MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Carthage St
 City Metairie State LA Zip Code 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926343
 Amount of Each Receipt this Period **208.33**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 520.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Marvin H Rorick III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 Montgomery Rd
 City Cincinnati State OH Zip Code 45212-2198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVER HILLS HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926344
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Alethia Ellen Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17540 Risk Management
 City Denver State CO Zip Code 80217-0540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926345
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Michael Arthur Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926346
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mohammed Ali Arsiwala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17197 N Laurel Park Dr
 Ste 107
 City Livonia State MI Zip Code 48152-7901
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.36

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926347
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Krystal Lynne Tomei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5245 River Creek Rd
 City Lyndhurst State OH Zip Code 44124-3762
 Name of Employer BARROW NEUROLOGICAL INSTITUTE Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.36

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926348
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Lee Thos Snook Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2288 Auburn Blvd
 Ste 106
 City Sacramento State CA Zip Code 95821-1619
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.36

Date of Receipt 04 / 25 / 2016
Transaction ID : 70926349
 Amount of Each Receipt this Period 208.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Benjamin Schlechter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Keiser Blvd Ste 207
 City State Zip Code
 Wyomissing PA 19610-3341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926350
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Scott Mitchel Tenner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Trenton Ave
 City State Zip Code
 East Atlantic Beach NY 11561-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY PHYSICIANS OF BROOKLYN INC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926351
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Steven Jay Fleischman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Rimmon Rd
 City State Zip Code
 Woodbridge CT 06525-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OB/GYN & MENOPAUSE PHYSICIANS PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926352
 Amount of Each Receipt this Period
 208.33
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Suzanne Marie Kavac MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1S260 Summit Ave
 City State Zip Code
 Oakbrook Terrace IL 60181-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926353
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Brooke Mattern Buckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Medical Pkwy Ste 600
 City State Zip Code
 Annapolis MD 21401-3280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926354
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Mr. Justin Miles Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 13th St Unit A
 City State Zip Code
 Lubbock TX 79401-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Medical Student
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926355
 Amount of Each Receipt this Period
 104.16
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 520.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Sheila Dattatraya Rege MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 W Deschutes Ave
 Ste 100
 City Kennewick State WA Zip Code 99336-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **04 / 25 / 2016**
Transaction ID : 70926356
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. John Maurice O'Bannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8111 Rose Hill Rd
 City Richmond State VA Zip Code 23229-8031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROLOGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : 70926432
 Amount of Each Receipt this Period **500.00**
 Memo Item

c. Margaret B Ruttenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 5th Ave
 Apt 10
 City New York State NY Zip Code 10128-0123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MT. SINAI HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : 70926448
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1708.33**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Gregory John Steinmetz MD
Full Name (Last, First, Middle Initial)

Mailing Address 150 Bluff Ave

City Cranston State RI Zip Code 02905-3727

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

Name of Employer: STAT CARE LLC Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 22 / 2016
Transaction ID : 70926470

Amount of Each Receipt this Period: 75.00

Memo Item

B. Christine D Ambro MD
Full Name (Last, First, Middle Initial)

Mailing Address 454 Sackett Ct

City Severna Park State MD Zip Code 21146-3500

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

Name of Employer: WASH ADVENTIST HOSP Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 22 / 2016
Transaction ID : 70926488

Amount of Each Receipt this Period: 500.00

Memo Item

C. Rebecca Lynn Johnson MD
Full Name (Last, First, Middle Initial)

Mailing Address 107 Bermuda Ave

City Tampa State FL Zip Code 33606-3323

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

Name of Employer: WESTERN MASSACHUSETTS PATHOLOGY S Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 22 / 2016
Transaction ID : 70926494

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Michael Sujan Sinha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Heath St
 Apt 510
 City Boston State MA Zip Code 02130-1170
 Name of Employer BOSTON MEDICAL CENTER Occupation Resident
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : 70926497
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. James Lowry Milam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 Ashbury Ln
 City Libertyville State IL Zip Code 60048-2976
 Name of Employer MIDWEST CTR FOR WOMENS HEALTHCARE LTD Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : 70926498
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 Name of Employer SPINEONE, INC Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 70926552
 Amount of Each Receipt this Period
 83.33
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2833.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Steven James Hattamer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 26 / 2016**
Transaction ID : 70929702
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Louis James Kraus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Skokie Blvd
 STE230
 City Northbrook State IL Zip Code 60062-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.03**

Date of Receipt **04 / 27 / 2016**
Transaction ID : 70947911
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Louis James Kraus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Skokie Blvd
 STE230
 City Northbrook State IL Zip Code 60062-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 27 / 2016**
Transaction ID : 70970648
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. G Sealy Massingill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3887 S Hills Cir
 City Fort Worth State TX Zip Code 76109-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF NORTH TX HEALTH SCIENCE CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71076338
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mrs. Nicole Lonetto
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Lake Meadow Drive
 City Burke State VA Zip Code 22015-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71082501
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Paul H Wick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Canberra Ct
 City Tyler State TX Zip Code 75703-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TEXAS MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131040
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 84 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Joyce A Vista-Wayne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Laurel St Ste 3310
 Mercy Pediatric Neuro & Ps
 City Des Moines State IA Zip Code 50314-3027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OTTUMWA REGIONAL HEALTH CENTER INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131052
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Anthony Jos Armstrong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4126 N Holland Sylvania Rd
 Ste 220
 City Toledo State OH Zip Code 43623-3537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTFIELD OB GYN ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131091
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Richard Robt Ellison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 White Tail Ridge Dr
 City Fairlawn State OH Zip Code 44333-3290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUMMIT OPHTHALMOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131093
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 69 OF 84 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131094
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Stephen Kyle Magie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Main St
 Magie Mabrey Eye Clinic
 City Conway State AR Zip Code 72032-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAGIE MABREY EYE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131096
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Bruce Allen Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 Chapman Rd
 City Greenville State SC Zip Code 29605-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENVILLE HOSPITAL SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131097
 Amount of Each Receipt this Period **1000.00**
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 84 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Gamini S Sooriyaara MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13304 Cuming St
 City Omaha State NE Zip Code 68154-5276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEBRASKA CANCER SPECIALISTS THE PHY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : 71131099
 Amount of Each Receipt this Period **400.00**
 Memo Item

B. Daniel David Bennett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 Van Buren St
 City Madison State WI Zip Code 53711-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 04 / 2016**
Transaction ID : 71151105
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | 45612.09 |

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

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

FOR LINE NUMBER: PAGE 71 OF 84
(check only one)

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

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

A. PNC ADVISORS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 96211
City Washington State DC Zip Code 20090
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 28.62

Date of Receipt 04 / 30 / 2016
Transaction ID : 71143925
Amount of Each Receipt this Period 6.06
 Memo Item
Interest

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6.06 |
| TOTAL This Period (last page this line number only).....▶ | 6.06 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address 4 Northeastern Boulevard

City Salem State NH Zip Code 03079

Purpose of Disbursement
Credit Card Bank Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71144079

Amount of Each Disbursement this Period

Memo Item
Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Steve Scalise

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640807

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Richmond For Congress

Mailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Cedric Richmond

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640808

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Ralph Abraham For Congress

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Ralph Abraham MD

Office Sought: House
 Senate
 President
State: LA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640810

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Garret Graves For Congress

Mailing Address PO Box 64845

City State Zip Code
Baton Rouge LA 70896

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Garret Graves

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640812

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Committee to Elect Michelle Lujan Grisham

Mailing Address 500 Marquette NW
Suite 800

City State Zip Code
Albuquerque NM 87107

Purpose of Disbursement
2016 Primary

Candidate Name

Michelle Grisham

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640813

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. People For Pearce

Mailing Address PO Box 2696

City State Zip Code
Hobbs NM 88241

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Steve Pearce

Office Sought: House
 Senate
 President
State: NM District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640814

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. Ben Ray Lujan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640815

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Texans For Jodey Arrington

Mailing Address 3008 50th St Ste H

City Lubbock State TX Zip Code 79413

Purpose of Disbursement
2016 Primary Run-Off

011

Category/
Type

Candidate Name

Jodey Arrington

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Runoff2016

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : 70640818

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary Run-Off

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Kelly Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : 70681528

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

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

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Rep. Thomas Edmunds Price M.D.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 06

Date of Disbursement

/ /

Transaction ID : 70844408

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Ms. Susan Brooks

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement

/ /

Transaction ID : 70844420

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Joseline Pena-Melnyk For Congress

Mailing Address P.O. Box 5785

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Joseline Pena-Melnyk

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 04

Date of Disbursement

/ /

Transaction ID : 70844498

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Void - 3/10/2016 Chk.

011

Candidate Name

Rep. Patrick L. Meehan

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 26 | / | 2016 |

Transaction ID : 70929701

Amount of Each Disbursement this Period

| |
|----------|
| -4000.00 |
|----------|

Memo Item
Void - 3/10/2016 Chk.

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. Patrick L. Meehan

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 26 | / | 2016 |

Transaction ID : 70929754

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 1295

City State Zip Code
Gainesville GA 30503

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mr. Douglas Collins

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 27 | / | 2016 |

Transaction ID : 70937178

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item
2016 Primary

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

| |
|---------|
| 5000.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mr. Larry Bucshon

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Transaction ID : 70937179

Amount of Each Disbursement this Period

3000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Transaction ID : 70937180

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. S. Brett Guthrie

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Transaction ID : 70937181

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
Void - 3/10/2016 Chk.

011

Candidate Name

Rep. Glenn W. Thompson

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

Transaction ID : 71144363

Amount of Each Disbursement this Period

| |
|----------|
| -2000.00 |
|----------|

Memo Item
Void - 3/10/2016 Chk.

Full Name (Last, First, Middle Initial)

B. Rothfus For Congress

Mailing Address PO Box 435

City State Zip Code
Sewickley PA 15143

Purpose of Disbursement
Void - 3/10/2016 Chk.

011

Candidate Name

Mr. Keith Rothfus

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

Transaction ID : 71144365

Amount of Each Disbursement this Period

| |
|----------|
| -2000.00 |
|----------|

Memo Item
Void - 3/10/2016 Chk.

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City State Zip Code
Laredo TX 78040

Purpose of Disbursement
Void - 2/5/2016

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

Transaction ID : 71144367

Amount of Each Disbursement this Period

| |
|----------|
| -4000.00 |
|----------|

Memo Item
Void - 2/5/2016

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

| |
|----------|
| -8000.00 |
|----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Void - 2/5/2016

011

Category/
Type

Candidate Name

Rep. Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

Transaction ID : 71144368

Amount of Each Disbursement this Period

| |
|----------|
| -3000.00 |
|----------|

Memo Item
Void - 2/5/2016

Full Name (Last, First, Middle Initial)

B. Poe For Congress

Mailing Address P.O. Box 14222

City State Zip Code
Humble TX 77347

Purpose of Disbursement
Void - 2/5/2016

011

Category/
Type

Candidate Name

Rep. Ted Poe

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

Transaction ID : 71144370

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Memo Item
Void - 2/5/2016

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Memo Item

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

| |
|----------|
| -8000.00 |
|----------|

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

| |
|----------|
| 61000.00 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Daniel David Bennett MD

Mailing Address 1119 Van Buren St

City Madison State WI Zip Code 53711-2223

Purpose of Disbursement
Refund Request 4-4-16. Accidentally gave twice

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 70637897

Amount of Each Disbursement this Period

Memo Item
Refund Request 4-4-16. Accidentally gave twice

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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