

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="2013"/>		300481.34
(b) Cash on Hand at Beginning of Reporting Period.....	982347.20	
(c) Total Receipts (from Line 19)	127023.72	1091453.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1109370.92	1391934.47
7. Total Disbursements (from Line 31).....	34749.87	317313.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1074621.05	1074621.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / 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).....	92927.37	576511.84
(ii) Unitemized	34089.16	512979.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	127016.53	1089491.06
(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)	127016.53	1089491.06
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7.19	1462.07
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))..... ▶	127023.72	1091453.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	127023.72	1091453.13

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	1749.87	12738.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1749.87	12738.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	298200.00
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	2500.00	4966.65
(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)).....	2500.00	4966.65
29. Other Disbursements	0.00	1408.38
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)) ..	34749.87	317313.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34749.87	317313.42

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)	127016.53	1089491.06
34. Total Contribution Refunds (from Line 28(d))	2500.00	4966.65
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124516.53	1084524.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1749.87	12738.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1749.87	12738.39

**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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Richard Michael Schwab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Brookside Ave
 City Wyckoff State NJ Zip Code 07481-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEANECK EMERGENCY PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 02 / 2013**
Transaction ID : 53891878
 Amount of Each Receipt this Period **100.00**

B. Robert Henry Mc Kay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 Laurel Canyon Blvd
 City Studio City State CA Zip Code 91604-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTURY RADIOLOGY MEDICAL GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : 53958617
 Amount of Each Receipt this Period **250.00**

C. Phyllis Ann Vallee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Westchester Rd
 City Grosse Pointe State MI Zip Code 48230-1824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : 53958618
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 124
	<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. Dolph David Haege MD
Full Name (Last, First, Middle Initial)

Mailing Address 4313 Alder Pl

City Belleville State IL Zip Code 62226-7851

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
 11 / 07 / 2013
Transaction ID : 53958619

Amount of Each Receipt this Period
 1000.00

B. Mrs. Natasha Larson
Full Name (Last, First, Middle Initial)

Mailing Address 3318 W Riverside Dr

City Fort Myers State FL Zip Code 33901-6736

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : 53958869

Amount of Each Receipt this Period
 500.00

C. Kathleen Blake MD
Full Name (Last, First, Middle Initial)

Mailing Address 515 N State St Ste 8650

City Chicago State IL Zip Code 60654-4854

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 ▼ 833.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2013
Transaction ID : 53958963

Amount of Each Receipt this Period
 416.69

SUBTOTAL of Receipts This Page (optional).....▶	1916.69
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 124
	<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. Edward Joseph Gallagher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Gill Rd
 City Haddonfield State NJ Zip Code 08033-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 12 / 2013**
Transaction ID : 53971182
 Amount of Each Receipt this Period **250.00**

B. Linda Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1960
 City Soldotna State AK Zip Code 99669-1960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHEACH HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463656
 Amount of Each Receipt this Period **41.66**

C. 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 **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463657
 Amount of Each Receipt this Period **41.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 124
	<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. Craig Alvin Backs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Chatham Rd
 City Springfield State IL Zip Code 62704-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST JOHNS HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463658
 Amount of Each Receipt this Period
 41.66

B. Joshua M Cohen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 W 59th St Ste 4A
 City New York State NY Zip Code 10019-8022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKLYN PSYCHIATRY ASSOC Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463660
 Amount of Each Receipt this Period
 20.83

C. Paul Erik Houmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Kershaw Ct
 City Greenville State SC Zip Code 29607-5986
 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 ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463661
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Michele Anne Nedelka MD		Date of Receipt
Mailing Address 1001 Water St Ste J-100		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Kerrville	State TX	Zip Code 78028-3569
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 55463662
Name of Employer VCU HEALTH SYSTEMS		Amount of Each Receipt this Period
Occupation Resident Physician		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="322.83"/>	

Full Name (Last, First, Middle Initial) B. Kevin Christopher Reilly MD		Date of Receipt
Mailing Address 108 Deer Grove Ct		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Elizabethtown	State KY	Zip Code 42701-6986
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 55463663
Name of Employer US ARMY		Amount of Each Receipt this Period
Occupation Neuroradiologist		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="458.26"/>	

Full Name (Last, First, Middle Initial) C. Roy Gilbert Soto MD		Date of Receipt
Mailing Address 355 Sycamore Ct		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Bloomfield	State MI	Zip Code 48302-1173
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 55463664
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATE		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="458.26"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.15"/>
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: PAGE 11 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Hans Chin Arora
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Slate Ct
 City Cleveland Hts State OH Zip Code 44118-1479
 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 ▼ 229.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463666
 Amount of Each Receipt this Period
 20.83

B. William Wells Simmons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5204 Box Turtle Cir
 City Sarasota State FL Zip Code 34232-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463667
 Amount of Each Receipt this Period
 41.66

C. William T Bradley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 E Broad St Ste 504
 City Mansfield State TX Zip Code 76063-6417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463668
 Amount of Each Receipt this Period
 41.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5451 Coral Reef Ave
 City La Jolla State CA Zip Code 92037-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASMG Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463669
 Amount of Each Receipt this Period
41.66

B. Leon Harvey Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Lake Otis Pkwy Ste 216
 City Anchorage State AK Zip Code 99508-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A A SPECIALTY HEALTH CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463670
 Amount of Each Receipt this Period
41.66

C. Christopher Peter Poje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3580 Sheridan Dr Ste 115
 City Amherst State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEDIATRIC ENT ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463671
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... **124.98**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 124
	<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. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3828
 City Bluffton State SC Zip Code 29910-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET EAST COOPER SPINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463672
 Amount of Each Receipt this Period
 41.66

B. Damon Michael Dietrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 English Turn Dr
 City New Orleans State LA Zip Code 70131-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST JEFFERSON PHYSICIAN SERVICES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463673
 Amount of Each Receipt this Period
 41.66

C. James Albert Corwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Robin Ln
 City Midland State TX Zip Code 79707-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ONCOLOGY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463674
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Juan Francisco Fitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 6021 90th St

City Lubbock State TX Zip Code 79424-0814

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

Name of Employer COVENANT MEDICAL GROUP ADMINISTRAT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463675

Amount of Each Receipt this Period
41.66

B. Masud Iqbal Malik MD
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.34

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463676

Amount of Each Receipt this Period
41.66

C. Ilse R Levin DO
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Galen St SE

City Washington State DC Zip Code 20020-4936

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

Name of Employer BAYSTATE MEDICAL CENTER Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463677

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Dennis Lee Galinsky MD			Date of Receipt
Mailing Address 55 E Erie St Apt 1905			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60611-2248	Transaction ID : 55463678
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.66"/>
Name of Employer NOMC MACNEAL RADIATION THERAPY	Occupation Physician	Aggregate Year-to-Date ▼ <input type="text" value="458.26"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kristin Marie Redenbaugh DO			Date of Receipt
Mailing Address 62 Southpond Rd			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City S Glastonbury	State CT	Zip Code 06073-2324	Transaction ID : 55463679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.83"/>
Name of Employer CMG HARTFORD, CT	Occupation Physician	Aggregate Year-to-Date ▼ <input type="text" value="229.13"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jason Michael Goldman MD			Date of Receipt
Mailing Address 3001 Coral Hills Dr Ste 340			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Coral Springs	State FL	Zip Code 33065-4172	Transaction ID : 55463680
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.66"/>
Name of Employer SELF-EMPLOYED	Occupation Physician	Aggregate Year-to-Date ▼ <input type="text" value="458.26"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.15"/>
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 16 OF 124
	<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

Full Name (Last, First, Middle Initial)
A. Gregory Laurence Heacock MD

Mailing Address 2002 Medical Pkwy
Ste 230

City Annapolis State MD Zip Code 21401-3282

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

Name of Employer ANNAPOLIS ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.26

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463681

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Joydeep Som MD

Mailing Address 2002 Medical Pkwy Ste 230

City Annapolis State MD Zip Code 21401-3282

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.26

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463682

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
C. Richard Allen Dart MD

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 ▼
499.92

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463683

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Harold A Woodcome MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Eddy St
 Retina Consultants
 City Providence State RI Zip Code 02903-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA CONSULTANTS, INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463684
 Amount of Each Receipt this Period
 41.66

B. Theodore A Calianos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Whitmar Rd
 City Cotuit State MA Zip Code 02635-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463685
 Amount of Each Receipt this Period
 41.66

C. Kalyan S Krishnan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Woodbine Ln
 City Danville State PA Zip Code 17821-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GEISINGER MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463686
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Ted Louie MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463687
Mailing Address 44 Buckingham Dr		Amount of Each Receipt this Period 41.66
City Belle Mead	State NJ	Zip Code 08502-4022
FEC ID number of contributing federal political committee. C		
Name of Employer HIGHLAND PARK MEDICAL ASSOCIATES	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

Full Name (Last, First, Middle Initial) B. Erich Bryan Groos MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463688
Mailing Address 2400 Patterson St Ste 201		Amount of Each Receipt this Period 41.66
City Nashville	State TN	Zip Code 37203-1587
FEC ID number of contributing federal political committee. C		
Name of Employer CORNEA CONSULTANTS OF NASHVILLE PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

Full Name (Last, First, Middle Initial) C. Ronald Michael Kline MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463689
Mailing Address 2160 California St NW Apt 101		Amount of Each Receipt this Period 41.66
City Washington	State DC	Zip Code 20008-1863
FEC ID number of contributing federal political committee. C		
Name of Employer COMPREHENSIVE CANCER CTRS OF NV	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Neal Patel			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463690
Mailing Address 73 Sassafraas Ct			Amount of Each Receipt this Period 20.83
City N Brunswick	State NJ	Zip Code 08902-5003	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 229.13
Name of Employer N/A	Occupation Medical Student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Kavita Shah Arora MD			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463691
Mailing Address 1380 Slate Ct			Amount of Each Receipt this Period 20.83
City Cleveland Hts	State OH	Zip Code 44118-1479	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 229.13
Name of Employer THOMAS JEFFERSON UNIVERSITY HOSPITAL	Occupation Resident - OB/GYN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. David Glen Morrell MD			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463692
Mailing Address 2121 N 1700 W			Amount of Each Receipt this Period 41.66
City Layton	State UT	Zip Code 84041-8803	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 458.26
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	83.32
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 20 OF 124
	<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. Charles Frederick Willson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Moye Blvd
 Brody 3E139 Dept Peds
 City Greenville State NC Zip Code 27834-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463693
 Amount of Each Receipt this Period
 41.66

B. Nicholas Alexander Zorko
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 W 5th Ave
 City Columbus State OH Zip Code 43201-3111
 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 ▼ 229.13

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463694
 Amount of Each Receipt this Period
 20.83

C. Howard Bradley Chodash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Indian Lands Ln
 City Springfield State IL Zip Code 62711-8214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTHCARE NETWORK ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463695
 Amount of Each Receipt this Period
 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Niranjan Marino Selvarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 Burrstone Rd
 Slocum Dickson Medical Group PLLC
 City New Hartford State NY Zip Code 13413-1001
 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 **458.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463696
 Amount of Each Receipt this Period
41.66

B. Marcy L Zwelling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3771 Katella Ave
 Ste 108
 City Los Alamitos State CA Zip Code 90720-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463697
 Amount of Each Receipt this Period
41.66

C. Scott Robert Hannum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6554 Lake Burden View Dr
 City Windermere State FL Zip Code 34786-5652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VASCULAR CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463698
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Gary Robert Katz MD		Date of Receipt
Mailing Address 7918 Wisteria Ct		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code Dublin OH 43016-8531		Transaction ID : 55463699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.66"/>
Name of Employer PREMIER HEALTHCARE SERVICES, INC.	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="458.34"/>	

Full Name (Last, First, Middle Initial) B. Steven Anthony Severyn MD		Date of Receipt
Mailing Address 1231 Granville Rd		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code Newark OH 43055-2148		Transaction ID : 55463700
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.66"/>
Name of Employer OHIO STATE SPINE CENTER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="458.26"/>	

Full Name (Last, First, Middle Initial) C. Peter Michael Daloni MD		Date of Receipt
Mailing Address 2400 Highland Rd		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code Hermitage PA 16148-2868		Transaction ID : 55463701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.66"/>
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="458.26"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
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 23 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas Edward Daghish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W Noble Ave
 City Visalia State CA Zip Code 93277-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROU Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463702
 Amount of Each Receipt this Period **41.66**

B. William Alan Handelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 Litchfield St Ste 200
 City Torrington State CT Zip Code 06790-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463703
 Amount of Each Receipt this Period **41.66**

C. 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 **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463704
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **124.98**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John Weeks Culclasure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Demonbreun St
 Apt 1208
 City Nashville State TN Zip Code 37203-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWELL ALLEN CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463705
 Amount of Each Receipt this Period
 41.66

B. 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 ▼ 558.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463706
 Amount of Each Receipt this Period
 41.66

C. Gary Lewis Woods MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 Pleasant St
 City Concord State NH Zip Code 03301-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONCORD ORTHOPAEDICS PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463707
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas Neil Rooke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2017 Parkview Dr
 City Springfield State IL Zip Code 62704-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463708
 Amount of Each Receipt this Period
 41.66

B. Hector R Trevino-Guerra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2176 E Garrison St Ste C
 City Eagle Pass State TX Zip Code 78852-5072
 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 ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463709
 Amount of Each Receipt this Period
 41.66

C. John Albert Kazmierowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 NE 134th St Ste 301
 City Vancouver State WA Zip Code 98686-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLERGY ASTHMA & DERMATOLOGY ASSO Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463712
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 124
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Marc Mendelsohn
Full Name (Last, First, Middle Initial)

Mailing Address 100 Nicolls Rd
Level 4-170

City State Zip Code
Stony Brook NY 11794-0001

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 ▼
270.83

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 55463713

Amount of Each Receipt this Period
20.83

B. Maristella Salgado Evangelista
Full Name (Last, First, Middle Initial)

Mailing Address 200 Pacific Coast Hwy
UNIT319

City State Zip Code
Huntingtn Bch CA 92648-5123

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 ▼
229.13

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 55463714

Amount of Each Receipt this Period
20.83

C. Brian Andrew Mc Donald MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Gloria Ln

City State Zip Code
Schenectady NY 12309-1158

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

Name of Employer Occupation
SPCCA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.26

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 55463715

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.32

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 27 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Charles F Pattavina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Broadway
 St Joseph Hospital
 City Bangor State ME Zip Code 04401-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. JOSEPH HEALTH CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463716
 Amount of Each Receipt this Period
41.66

B. Joseph Robt Sellers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 N Grand St
 City Cobleskill State NY Zip Code 12043-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BASSETT HEALTHCARE CLINIC Occupation Physician
 COOPERSTOWN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.34**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463717
 Amount of Each Receipt this Period
41.66

c. Stephen Francis Darrow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 30th Ave S
 City Minneapolis State MN Zip Code 55417-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MINNESOTA Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.34**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463718
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3864 S Parkview Cir
 City State Zip Code
 Salt Lake Cty UT 84124-2319
 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 ▼
 583.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463719
 Amount of Each Receipt this Period
 41.66

B. Jose F Arrascue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 S Congress Ave Ste 103
 City State Zip Code
 Atlantis FL 33462-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOUTH PALM BEACH NEPHROLOGY PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463720
 Amount of Each Receipt this Period
 41.66

C. Juan Michael Pardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City State Zip Code
 Annapolis MD 21401-3282
 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 ▼
 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463721
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 124
	<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. Clarence William Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4605 Golf Rd
 City Skokie State IL Zip Code 60076-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.92**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463722
 Amount of Each Receipt this Period **41.66**

B. Janet Johnson Cash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 833 Saint Vincents Dr Ste 401
 City Birmingham State AL Zip Code 35205-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHWIIEW MEDICAL GROUP PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.26**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463723
 Amount of Each Receipt this Period **41.66**

C. Danny R Lababidi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 N Ashley Dr Unit 2812
 City Tampa State FL Zip Code 33602-4383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHEASTERN OHIO MEDICAL UNIVERSIT Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **229.13**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 55463724
 Amount of Each Receipt this Period **20.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 124
	<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. Arthur Michael Lauretano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Meeting House Rd Ste 24
 City Chelmsford State MA Zip Code 01824-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS EAR NOSE AND THROAT Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.26

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463725
 Amount of Each Receipt this Period
 41.66

B. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clarkson Ave Box 30
 City Brooklyn State NY Zip Code 11203-2056
 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 ▼
 458.26

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463726
 Amount of Each Receipt this Period
 41.66

C. Lambert Anthony Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 SW Mulvane St Cotton Oneil Heart Ctr
 City Topeka State KS Zip Code 66606-1677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STORMONT-VAIL HEALTHCARE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 473.53

Date of Receipt
 11 / 21 / 2013
Transaction ID : 55463727
 Amount of Each Receipt this Period
 26.52

SUBTOTAL of Receipts This Page (optional).....▶	109.84
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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dinesh Kushangi MD		Date of Receipt
Mailing Address 15604 Shawnee Dr		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Overland Park State KS Zip Code 66223-3359		Transaction ID : 55463728
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="41.66"/>	
Name of Employer AAKC - KANSAS Occupation Anesthesiologist	Aggregate Year-to-Date <input type="text" value="458.26"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dragos Macelaru MD		Date of Receipt
Mailing Address 11668 State Route 30		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Malone State NY Zip Code 12953-5736		Transaction ID : 55463729
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="41.66"/>	
Name of Employer SELF-EMPLOYED Occupation Physician	Aggregate Year-to-Date <input type="text" value="458.26"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Corey E Collins DO		Date of Receipt
Mailing Address 60 Fairchild Dr		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Reading State MA Zip Code 01867-1259		Transaction ID : 55463730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="41.66"/>	
Name of Employer MASS EYE AND EAR INFIRMARY Occupation Physician	Aggregate Year-to-Date <input type="text" value="458.26"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.98"/>
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 32 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Abby Claire Daniel		Date of Receipt 11 / 21 / 2013 Transaction ID : 55463731
Mailing Address 500 Gills Creek Pkwy Apt 304		Amount of Each Receipt this Period 20.83
City Columbia	State SC	
Zip Code 29209-1236		Aggregate Year-to-Date ▼ 229.13
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Medical Student	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sharon R Metzger Richens MD		Date of Receipt 11 / 21 / 2013 Transaction ID : 55463732
Mailing Address 161 W 200 N Ste 200		Amount of Each Receipt this Period 41.66
City St George	State UT	
Zip Code 84770-2728		Aggregate Year-to-Date ▼ 458.26
FEC ID number of contributing federal political committee. C		
Name of Employer EYE CARE SPECIALISTS PS	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dionne Hart MD		Date of Receipt 11 / 21 / 2013 Transaction ID : 55463733
Mailing Address 1506 Century Knoll Ln NE		Amount of Each Receipt this Period 41.66
City Rochester	State MN	
Zip Code 55906-7717		Aggregate Year-to-Date ▼ 458.26
FEC ID number of contributing federal political committee. C		
Name of Employer DOJ	Occupation Psychiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 124
	<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. Charles Rothberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 E Main St
 City Patchogue State NY Zip Code 11772-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463734
 Amount of Each Receipt this Period
 41.66

B. Thomas Edward Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brackenbury Ln
 City Beverly State MA Zip Code 01915-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463735
 Amount of Each Receipt this Period
 41.66

C. Mr. Rodrigo A Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3727 N Janssen Ave
 City Chicago State IL Zip Code 60613-3701
 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 ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463736
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 898
 City Callicoon State NY Zip Code 12723-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463737
 Amount of Each Receipt this Period
 41.66

B. Michael Jay Springer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROFESSIONAL READERS GROUP INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463738
 Amount of Each Receipt this Period
 41.66

C. Ross Calvin Bloomberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4470 Dockray Dr
 City Nashport State OH Zip Code 43830-9057
 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 ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463739
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 124
	<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 Thomas Lyon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6525 Mercedes Ave
 City Dallas State TX Zip Code 75214-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DALLAS ANESTHESIOLOGY ASSOCIATES Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463740
 Amount of Each Receipt this Period 41.66

B. Shari Louise Orser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 N 7th St
 City Bismarck State ND Zip Code 58501-4423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANFORD HEALTH Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463741
 Amount of Each Receipt this Period 41.66

c. Cheryl Gibson Fountain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1219 Lakepointe St
 City Grosse Pointe State MI Zip Code 48230-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463742
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional).....▶ 124.98
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gary David Thal MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 E Chestnut St
Apt 49A

City Chicago State IL Zip Code 60611-6027

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 ▼
458.26

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463743

Amount of Each Receipt this Period
41.66

B. Kevin Richard Burke MD
Full Name (Last, First, Middle Initial)

Mailing Address 1930 Bishop Ln Ste 1600

City Louisville State KY Zip Code 40218-1948

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

Name of Employer NORTONS HEALTHCARE Occupation Primary Care Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.26

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463745

Amount of Each Receipt this Period
41.66

C. Michael Benton Gutman MD
Full Name (Last, First, Middle Initial)

Mailing Address 133 Steele Rd

City West Hartford State CT Zip Code 06119-1047

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.96

Date of Receipt
11 / 21 / 2013
Transaction ID : 55463746

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 124
	<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. Rita Fattouch Saikali MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Prince Of Wales Ct
 City Buffalo State NY Zip Code 14221-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAGDY GHALY MD PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463747
 Amount of Each Receipt this Period 41.66

B. David James Savage
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Maroneal St Unit 142
 City Houston State TX Zip Code 77030-3238
 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 ▼ 229.17

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463748
 Amount of Each Receipt this Period 20.83

C. John Gerald Albertini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Professional Park Dr Ste 150
 City Winston Salem State NC Zip Code 27103-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKIN SURGERY CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463749
 Amount of Each Receipt this Period 41.66

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

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

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

FOR LINE NUMBER: PAGE 38 OF 124
(check only one)

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

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

A. James A Taylor Jr. MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 609
City Livingston State LA Zip Code 70754-0609
FEC ID number of contributing federal political committee. **C**
Name of Employer BR GENERAL Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463750
Amount of Each Receipt this Period 41.66

B. Lawrence Mariano Simon MD
Full Name (Last, First, Middle Initial)
Mailing Address 200 Henry Clay Ave # 4119
City New Orleans State LA Zip Code 70118-5720
FEC ID number of contributing federal political committee. **C**
Name of Employer LSU NEW ORLEANS Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463751
Amount of Each Receipt this Period 41.66

C. Michael Ashley Taylor MD
Full Name (Last, First, Middle Initial)
Mailing Address 39 Via Navarro
City Greenbrae State CA Zip Code 94904-1215
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 ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463752
Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Henry Jerrold Kaplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd
 Eye Specialists Of Louisvi
 City Louisville State KY Zip Code 40202-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE SPECIALISTS OF LOUISVILLE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463753
 Amount of Each Receipt this Period
 41.66

B. Nancy O Naghavi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9307 Shady Lane Cir
 City Houston State TX Zip Code 77063-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY CARE PLUS REHAB Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463754
 Amount of Each Receipt this Period
 41.66

C. Lawrence Jay Singerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Enterprise Pkwy
 Ste 300
 City Beachwood State OH Zip Code 44122-7340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA ASSOCIATES OF CLEVELAND INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463755
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 124
	<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

Full Name (Last, First, Middle Initial) A. J Brennan Cassidy MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463756
Mailing Address 177 Riverside Ave Ste E		Amount of Each Receipt this Period 41.66
City Newport Beach	State Zip Code CA 92663-4080	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 458.34
Name of Employer WEST COAST LASER	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brandi Nicole Ring MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463757
Mailing Address 1274 Hill St		Amount of Each Receipt this Period 20.83
City York	State Zip Code PA 17403-3309	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 229.17
Name of Employer N/A	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicolas Kael Jamille Fletcher		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 55463758
Mailing Address 2672 Royal Vista Dr NW Apt 301		Amount of Each Receipt this Period 20.83
City Grand Rapids	State Zip Code MI 49534-2610	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 229.17
Name of Employer N/A	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	83.32
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 41 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wade Anthony Weigel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 9th Ave
 Dept Of Anesthesia B2-AN
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA MASON MEDICAL CENTER Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463759
 Amount of Each Receipt this Period
 41.66

B. Ajoy Kumar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 749 Nina Dr
 City Tierra Verde State FL Zip Code 33715-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYFRONT MEDICAL CENTER Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463760
 Amount of Each Receipt this Period
 41.66

C. Mark Kuhnke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 N 1st St
 4th Fl
 City Springfield State IL Zip Code 62702-3719
 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 **458.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463761
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....	124.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 124
	<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. Mushtaq Ahmad Sheikh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Estates Dr
 City Elmira State NY Zip Code 14903-7978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARNOT MEDICAL SERVICES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463762
 Amount of Each Receipt this Period
 41.66

B. Mrs. Barbara Hurwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Dallas Hwy Ste 101
 City Villa Rica State GA Zip Code 30180-1262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463763
 Amount of Each Receipt this Period
 41.66

C. Zachary Bregman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 247 3rd Ave
 City New York State NY Zip Code 10010-7457
 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 ▼ 458.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 55463764
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. William R. Abrams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2512 University Ave
 City Madison State WI Zip Code 53705-3813
 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 ▼ 458.34

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463765
 Amount of Each Receipt this Period 41.66

B. Spiro G Spanakis DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Lake Ave Apt 1005
 City Worcester State MA Zip Code 01604-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HEALTH CARE Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463766
 Amount of Each Receipt this Period 41.66

C. Kathleen Ann Hoye MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Ashland St
 City Taunton State MA Zip Code 02780-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.34

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463767
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 124
	<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. Frank Alexander Clark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Carlyle Cir
 City Columbia State SC Zip Code 29206-3130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Resident Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463768
 Amount of Each Receipt this Period 20.83

B. Ms. Amy Faith Ho
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Worthington St Apt 222
 City Dallas State TX Zip Code 75204-2727
 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 ▼ 229.17

Date of Receipt 11 / 21 / 2013
Transaction ID : 55463769
 Amount of Each Receipt this Period 20.83

C. Jerry D McLaughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5419 N Lovington Hwy Ste 25
 City Hobbs State NM Zip Code 88240-9135
 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 ▼ 916.67

Date of Receipt 11 / 22 / 2013
Transaction ID : 55466168
 Amount of Each Receipt this Period 249.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.65
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 124
	<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

Full Name (Last, First, Middle Initial) A. John Michael Van Etta MD		Date of Receipt
Mailing Address 1535 Skywood Ln		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Duluth State MN Zip Code 55805-1153		Transaction ID : 55493827
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ST LUKES INTERNAL MEDICINE ASSOCIATE Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.63"/>	

Full Name (Last, First, Middle Initial) B. Linda Lee Van Etta MD		Date of Receipt
Mailing Address 1001 E Superior St Assoc/St Lukes Lakeview 201		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Duluth State MN Zip Code 55802-2207		Transaction ID : 55493828
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ST LUKES INTERNAL MEDICINE ASSOCIATES Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.63"/>	

Full Name (Last, First, Middle Initial) C. Joy Ann Maxey MD		Date of Receipt
Mailing Address 455 E Paces Ferry Rd NE Ste 212		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Atlanta State GA Zip Code 30305-3319		Transaction ID : 55493829
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ATLANTA CHILDRENS CLINICAL CENTER PC Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.63"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 46 OF 124
	<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. Elvin C Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493830
 Amount of Each Receipt this Period **83.33**

B. Keith Francis De Sonier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Dr Michael Debakey Dr Ste 103
 City Lake Charles State LA Zip Code 70601-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493831
 Amount of Each Receipt this Period **83.33**

C. John Steven Polsley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Scioto St Ste 7
 City Urbana State OH Zip Code 43078-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY PHYSICIANS OF URBANA INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493832
 Amount of Each Receipt this Period **83.33**

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 124
	<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. Mr. George E. Cox
Full Name (Last, First, Middle Initial)

Mailing Address 10308 Fleming Ave.

City Bethesda State MD Zip Code 20814-2136

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 55493833

Amount of Each Receipt this Period **83.33**

B. 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 ▼ **916.63**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 55493834

Amount of Each Receipt this Period **83.33**

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 ▼ **916.63**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 55493835

Amount of Each Receipt this Period **83.33**

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 124
	<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. 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
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493836
 Amount of Each Receipt this Period 83.33

B. James Allan Goodyear MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr
 Ste 310
 City Lansdale State PA Zip Code 19446-7205
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493837
 Amount of Each Receipt this Period 83.33

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
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.67

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493838
 Amount of Each Receipt this Period 83.33

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 124
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	<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

Full Name (Last, First, Middle Initial) A. Mary Susan Carpenter MD		Date of Receipt
Mailing Address PO Box 769		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Winner	SD	57580-0769
FEC ID number of contributing federal political committee.		Transaction ID : 55493839
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
FAMILY PRACTICE ASSOC OF WINNER PLLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gary Lee Dillehay MD		Date of Receipt
Mailing Address 5555 N Sheridan Rd Apt 1402		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60640-1636
FEC ID number of contributing federal political committee.		Transaction ID : 55493840
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
LOYOLA UNIVERSITY PHYSICIAN FOUNDATION	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stuart Gitlow MD		Date of Receipt
Mailing Address 153 Gaskill St		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Woonsocket	RI	02895-1011
FEC ID number of contributing federal political committee.		Transaction ID : 55493841
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="249.99"/>
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 50 OF 124
	<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 ▼ 916.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493843
 Amount of Each Receipt this Period
 83.33

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 ▼ 916.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493844
 Amount of Each Receipt this Period
 83.33

C. John Jos Kennedy Jr. 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 ▼ 916.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493845
 Amount of Each Receipt this Period
 83.33

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: PAGE 51 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼
 916.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493846
 Amount of Each Receipt this Period
 83.33

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 ▼
 916.63

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493847
 Amount of Each Receipt this Period
 83.33

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 ▼
 916.63

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493848
 Amount of Each Receipt this Period
 83.33

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: PAGE 52 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Patrick Wm Mc Cormick MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Cherry St # 2-M200
 City Toledo State OH Zip Code 43608-2673
 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493849
 Amount of Each Receipt this Period 83.33

B. Steven Kay Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 S 900 E
 City Salt Lake City State UT Zip Code 84102-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN EAR NOSE & THROAT SPEC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493850
 Amount of Each Receipt this Period 83.33

C. 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493851
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493852
 Amount of Each Receipt this Period 83.33

B. Robert Cameron More MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Sand Hill Rd Ste 102
 City Flemington State NJ Zip Code 08822-4946
 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493853
 Amount of Each Receipt this Period 83.33

C. 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493854
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 124
	<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

Full Name (Last, First, Middle Initial) A. John S Mc Intyre MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493855
Mailing Address 2000 Winton Rd S Bldg 4		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

Full Name (Last, First, Middle Initial) B. Devdutta G Sangvai MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493856
Mailing Address 708 Oxboro Cir		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

Full Name (Last, First, Middle Initial) C. David George Gerkin MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493857
Mailing Address 2300 Lakemoor Dr		Amount of Each Receipt this Period 83.33
City Knoxville	State TN	Zip Code 37920-2815
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 124
	<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. Judson J Somerville MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9114 McPherson Rd
 Ste 2508
 City Laredo State TX Zip Code 78045-6511
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493858
 Amount of Each Receipt this Period 83.33

B. Donald Franklin Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493859
 Amount of Each Receipt this Period 83.33

C. Patrice A Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 Jesse Hill Jr Dr SE
 Ste 400
 City Atlanta State GA Zip Code 30303-3030
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493860
 Amount of Each Receipt this Period 83.33

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: PAGE 56 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kathleen Blake MD

Mailing Address 515 N State St
 Ste 8650

City Chicago State IL Zip Code 60654-4854

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 ▼ **916.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493861

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Spurgeon Wm Clark III MD

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

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

Name of Employer EMORY HEALTHCARE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493862

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. You Sung Sang MD

Mailing Address 79 Wawecus St
 Ste 102

City Norwich State CT Zip Code 06360-2173

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

Name of Employer NORWICH GI ASSOCIATES PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493863

Amount of Each Receipt this Period
83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 124
	<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 ▼ 1016.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493864

Amount of Each Receipt this Period
 83.33

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 ▼ 916.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493865

Amount of Each Receipt this Period
 83.33

C. Joseph Payne Annis MD
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sundown Pkwy

City Austin State TX Zip Code 78746-5201

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

Name of Employer UT PHYSICIANS-ADMINISTRATION Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1371.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493866

Amount of Each Receipt this Period
 128.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.44

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 124
	<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 Walton Eppes Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Corporate Park Dr
 City Forest State VA Zip Code 24551-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1016.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493867
 Amount of Each Receipt this Period **83.33**

B. 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 **1916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493868
 Amount of Each Receipt this Period **83.33**

C. 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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493869
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Erick Allen Eiting MD		Date of Receipt 11 / 23 / 2013 Transaction ID : 55493870
Mailing Address 1111 S Grand Ave Apt 805		Amount of Each Receipt this Period 41.66
City Los Angeles	State CA	
Zip Code 90015-2768		Aggregate Year-to-Date ▼ 458.26
FEC ID number of contributing federal political committee. C		
Name of Employer JACOBI MEDICAL CENTER	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Chas Sternfeld MD FACS		Date of Receipt 11 / 23 / 2013 Transaction ID : 55493871
Mailing Address 4235 Secor Rd Bldg 1		Amount of Each Receipt this Period 83.33
City Toledo	State OH	
Zip Code 43623-4231		Aggregate Year-to-Date ▼ 916.63
FEC ID number of contributing federal political committee. C		
Name of Employer TOLEDO CLINIC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carl Alexander Sirio MD		Date of Receipt 11 / 23 / 2013 Transaction ID : 55493872
Mailing Address 3000 Arlington Ave Mail Stop 1018		Amount of Each Receipt this Period 83.33
City Toledo	State OH	
Zip Code 43614-2595		Aggregate Year-to-Date ▼ 916.63
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 124
	<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. 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 ▼ **916.63**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493873

Amount of Each Receipt this Period
83.33

B. Marilyn Joan Heine MD
Full Name (Last, First, Middle Initial)

Mailing Address 900 Twining Rd

City Dresher State PA Zip Code 19025-1726

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

Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493874

Amount of Each Receipt this Period
83.33

C. Peter Scott Lund MD FACS
Full Name (Last, First, Middle Initial)

Mailing Address 311 W 24th St Ste 101

City Erie State PA Zip Code 16502-2668

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

Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493875

Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 124
	<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. Ruth Jean Schulze MD
Full Name (Last, First, Middle Initial)

Mailing Address 577 Chestnut Ridge Rd

City Woodcliff Lk State NJ Zip Code 07677-8409

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

Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF L Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493876

Amount of Each Receipt this Period 83.33

B. John Robt Mc Gill MD
Full Name (Last, First, Middle Initial)

Mailing Address 436A State St

City Bangor State ME Zip Code 04401-6606

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493877

Amount of Each Receipt this Period 83.33

C. Perry Lynn Haney MD
Full Name (Last, First, Middle Initial)

Mailing Address 5455 Landmark Pl #408

City Denver State CO Zip Code 80206-0680

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

Name of Employer SPINEONE, INC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493878

Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 124
	<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. Roni Ephrat MD
Full Name (Last, First, Middle Initial)
Mailing Address 116 Broadway
City Norwood State NJ Zip Code 07648-1401
FEC ID number of contributing federal political committee. **C**
Name of Employer BERGEN ANESTHESIA Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493879
Amount of Each Receipt this Period **83.33**

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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493880
Amount of Each Receipt this Period **83.33**

C. Michael Allan Sandler MD
Full Name (Last, First, Middle Initial)
Mailing Address 4270 Barcroft Way
City Orchard Lake State MI Zip Code 48323-1804
FEC ID number of contributing federal political committee. **C**
Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493881
Amount of Each Receipt this Period **83.33**

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 63 OF 124
	<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. Samantha Leona Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39A Danforth St
 City State Zip Code
 Jamaica Plain MA 02130-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BOSTON MEDICAL CENTER Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493882
 Amount of Each Receipt this Period
 41.66

B. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City State Zip Code
 Bloomfield MI 48304-2952
 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 ▼
 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493883
 Amount of Each Receipt this Period
 83.33

C. Mr. Thomas P. Healy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 S Clark St Apt 1401
 City State Zip Code
 Chicago IL 60605-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN MEDICAL ASSOCIATION AMA Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493884
 Amount of Each Receipt this Period
 83.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Mokarram Husain Jafri Jr. MD		Date of Receipt
Mailing Address 6 Oakhurst Ct		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065-8719
FEC ID number of contributing federal political committee.		Transaction ID : 55493885
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
ANESTHESIA GROUP OF ALBANY	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerald Edward Harmon MD		Date of Receipt
Mailing Address 9699 Ocean Hwy PO Box 289		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pawleys Isl	SC	29585-7425
FEC ID number of contributing federal political committee.		Transaction ID : 55493886
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Jos Sexton MD		Date of Receipt
Mailing Address 12 Erica Ct		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Novato	CA	94947-1900
FEC ID number of contributing federal political committee.		Transaction ID : 55493887
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 65 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Joel Thos Bundy MD FACP FA		Date of Receipt
Mailing Address 3000 Coliseum Dr Attn: Administration		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Hampton	State VA	Transaction ID : 55493888
Zip Code 23666-5963		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer TIDEWATER KIDNEY SPECIALISTS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1616.63"/>	

Full Name (Last, First, Middle Initial) B. James J Dehen MD		Date of Receipt
Mailing Address 2024 S 6th St		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Brainerd	State MN	Transaction ID : 55493889
Zip Code 56401-4529		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer BRAINERD MEDICAL CENTER INC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.63"/>	

Full Name (Last, First, Middle Initial) C. Thomas Danl Griffin MD		Date of Receipt
Mailing Address 741 Hunt Ln		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Flourtown	State PA	Transaction ID : 55493890
Zip Code 19031-1001		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer ARTHUR K BALIN MD PHD PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.63"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 66 OF 124
	<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. Aaron Edward George
Full Name (Last, First, Middle Initial)

Mailing Address Box 3886
Dept of Community/Family Medicine

City Durham State NC Zip Code 27710-0001

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 ▼
458.26

Date of Receipt
11 / 23 / 2013
Transaction ID : 55493891

Amount of Each Receipt this Period
41.66

B. Jack M Chapman 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 ▼
916.63

Date of Receipt
11 / 23 / 2013
Transaction ID : 55493892

Amount of Each Receipt this Period
83.33

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 ▼
916.67

Date of Receipt
11 / 23 / 2013
Transaction ID : 55493893

Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 124
	<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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493894
 Amount of Each Receipt this Period **83.33**

B. 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 ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493895
 Amount of Each Receipt this Period **83.33**

C. 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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493896
 Amount of Each Receipt this Period **83.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 124
	<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. 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493897
Amount of Each Receipt this Period 83.33

B. John M De Figueiredo MD
Full Name (Last, First, Middle Initial)
Mailing Address 11 Whitehall Rd Frisbie Memorial Hospital
City Rochester State NH Zip Code 03867-3226
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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493898
Amount of Each Receipt this Period 83.33

C. Peter Amberg Hollmann MD
Full Name (Last, First, Middle Initial)
Mailing Address 74 Fort Ave
City Cranston State RI Zip Code 02905-3610
FEC ID number of contributing federal political committee. **C**
Name of Employer BLUE CROSS BLUE SHIELD OF RI Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493899
Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Badri N Nath MD		Date of Receipt
Mailing Address 41990 Cook St Ste B201		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palm Desert	CA	92211-6101
FEC ID number of contributing federal political committee.		Transaction ID : 55493900
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leonard Allison Brabson Sr. MD		Date of Receipt
Mailing Address 939 Emerald Ave Ste 806 Clark Tower		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Knoxville	TN	37917-4502
FEC ID number of contributing federal political committee.		Transaction ID : 55493901
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frederick Ray Ridge MD		Date of Receipt
Mailing Address 1043 N 1000 W		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Linton	IN	47441-5281
FEC ID number of contributing federal political committee.		Transaction ID : 55493902
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1016.63"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 70 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Jesse Menachem Ehrenfeld MD		Date of Receipt
Mailing Address 900 20th Ave S Apt 1611		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55493903
Nashville	TN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
37212-2250		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MASS GENERAL HOSPITAL	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gary Joe Price MD		Date of Receipt
Mailing Address 5 Durham Rd PO Box 368		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55493904
Guilford	CT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
06437-2076		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
GARY PRICE, MD, PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Alfred Mc Dade MD		Date of Receipt
Mailing Address 5401 S Ingleside Ave		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55493905
Chicago	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.33"/>
60615-5013		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 71 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Benjamin Zev Galper MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493906
Mailing Address 49 Marion St Apt 6C		Amount of Each Receipt this Period 41.66
City Brookline	State MA	
Zip Code 02446-4499		Aggregate Year-to-Date ▼ 458.26
FEC ID number of contributing federal political committee. C		
Name of Employer BRIGHAM AND WOMEN'S HOSPITAL	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raghav Govindarajan MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493907
Mailing Address 5350 Pershing Ave Apt 7B		Amount of Each Receipt this Period 41.66
City Saint Louis	State MO	
Zip Code 63112-1779		Aggregate Year-to-Date ▼ 458.26
FEC ID number of contributing federal political committee. C		
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Albert J Osbahr MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493908
Mailing Address 1106 Daisy Ln		Amount of Each Receipt this Period 83.33
City Hickory	State NC	
Zip Code 28602-9539		Aggregate Year-to-Date ▼ 916.63
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 72 OF 124
	<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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493909
 Amount of Each Receipt this Period 83.33

B. Mr. John R 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 ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493910
 Amount of Each Receipt this Period 83.33

C. Leanne Japree Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 3990 John R St Mailbox #165
 City Detroit State MI Zip Code 48201-2018
 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 ▼ 458.26

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493911
 Amount of Each Receipt this Period 41.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 124
	<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. Carol Sadie Shapiro MD MBA
 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 **916.67**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493912
 Amount of Each Receipt this Period **83.33**

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 **916.63**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493913
 Amount of Each Receipt this Period **83.33**

C. Sadeq Ali Quraishi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 College Rd
 City Concord State MA Zip Code 01742-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS GENERAL HOSPITAL Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **895.83**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493914
 Amount of Each Receipt this Period **104.17**

SUBTOTAL of Receipts This Page (optional).....	270.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Louis James Kraus MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493915
Mailing Address 910 Skokie Blvd STE230		Amount of Each Receipt this Period 83.33
City Northbrook	State IL Zip Code 60062-4040	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.67
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mutaz Billah Habal MD FRCSC		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493916
Mailing Address 6358 W Maclaurin Dr		Amount of Each Receipt this Period 83.33
City Tampa	State FL Zip Code 33647-1164	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.63
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerald Robert Stephenson Jr. MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493917
Mailing Address 1000 9th Ave		Amount of Each Receipt this Period 83.33
City Fort Worth	State TX Zip Code 76104-3906	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.67
Name of Employer TEXAS HEALTH CARE PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 75 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 1833.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493918
 Amount of Each Receipt this Period
 166.66

B. Joan E Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Houston St Apt 701
 City Fort Worth State TX Zip Code 76102-6224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOHN PETER SMITH HLTH NETWORK Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493919
 Amount of Each Receipt this Period
 83.33

C. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St Ste 950
 City Houston State TX Zip Code 77004-6943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493920
 Amount of Each Receipt this Period
 83.33

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 76 OF 124
	<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. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Main St
 City Glastonbury State CT Zip Code 06033-2943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT VALLEY HOSP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493921
 Amount of Each Receipt this Period 83.33

B. Corliss Adam Varnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493922
 Amount of Each Receipt this Period 83.33

C. David Andrew Rosman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 School St
 City Andover State MA Zip Code 01810-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MGH Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 23 / 2013
Transaction ID : 55493923
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 124
	<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. Sunita S Mann MD
Full Name (Last, First, Middle Initial)

Mailing Address 23 Embry Farm Rd

City Marlboro State NJ Zip Code 07746-1081

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 ▼ **916.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493924

Amount of Each Receipt this Period
83.33

B. John William Hartman MD
Full Name (Last, First, Middle Initial)

Mailing Address 1521 Belle Plane Cir

City Green Bay State WI Zip Code 54313-3211

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493925

Amount of Each Receipt this Period
83.33

c. Mark Stephen Seigel MD
Full Name (Last, First, Middle Initial)

Mailing Address 8406 Lynbrook Dr

City Bethesda State MD Zip Code 20814-4727

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 ▼ **916.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493926

Amount of Each Receipt this Period
83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kenneth Michael Certa MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493927
Mailing Address 833 Chestnut St Ste 210		Amount of Each Receipt this Period 83.33
City Philadelphia	State PA Zip Code 19107-4405	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.67
Name of Employer THOMAS JEFFERSON UNIVERSITY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Phillip Williams MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493928
Mailing Address 5004 W Grove Ln		Amount of Each Receipt this Period 83.33
City Gibsonia	State PA Zip Code 15044-6053	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.63
Name of Employer UPMC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Christopher Todd Askew		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493929
Mailing Address 2943 McKinley St, NW		Amount of Each Receipt this Period 83.33
City Washington	State DC Zip Code 20015-1217	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.63
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 79 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Ardis Dee Hoven MD		Date of Receipt
Mailing Address 2912 Sweet William Ct		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lexington	KY	40502-2975
FEC ID number of contributing federal political committee.		Transaction ID : 55493930
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
BLUEGRASS CARE CLINIC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kenneth Elmassian DO		Date of Receipt
Mailing Address 2399 Pine Hollow Dr		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
East Lansing	MI	48823-9775
FEC ID number of contributing federal political committee.		Transaction ID : 55493931
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
LANSING ANESTHESIOLOGISTS PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.67"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. E Scott Ferguson MD		Date of Receipt
Mailing Address 200 S Rhodes St Ste B		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
West Memphis	AR	72301-4213
FEC ID number of contributing federal political committee.		Transaction ID : 55493932
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.67"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
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 80 OF 124
	<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. Neil Emerson Winston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1476 S Prairie Ave Unit C
 City Chicago State IL Zip Code 60605-3343
 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 **916.67**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493933
 Amount of Each Receipt this Period **83.33**

B. Bruce Alan Mac Leod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASPN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.67**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493934
 Amount of Each Receipt this Period **83.33**

C. Peter Augusto Bernardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Bellevue St SE Ste 230
 City Salem State OR Zip Code 97301-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.67**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 55493935
 Amount of Each Receipt this Period **83.33**

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 81 OF 124
	<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

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

Mailing Address PO Box 489

City Humacao State PR Zip Code 00792-0489

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493936

Amount of Each Receipt this Period
83.33

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

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 ▼ **916.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493937

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. John Robert Corker

Mailing Address 2906 Forest Lawn Dr Apt 4

City Beavercreek State OH Zip Code 45431-8854

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 ▼ **458.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 55493938

Amount of Each Receipt this Period
41.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Andrew Christopher Rudawsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Leith Dr
 City Toledo State OH Zip Code 43614-2611
 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 ▼ 458.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493939
 Amount of Each Receipt this Period
 41.66

B. Samuel John Mackenzie
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Fellows Ave
 City Syracuse State NY Zip Code 13210-3124
 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 ▼ 458.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493940
 Amount of Each Receipt this Period
 41.66

C. 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 ASSOC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 55493941
 Amount of Each Receipt this Period
 83.33

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 83 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Mrs. Destiny K Lucas		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 55493942
Mailing Address 8701 New Trails Dr. Ste 150		Amount of Each Receipt this Period 83.33
City Spring	State TX	Zip Code 77381-4546
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Physician Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.67	

Full Name (Last, First, Middle Initial) B. Nestor A Ramirez-Lopez MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494027
Mailing Address 1319 Grandview Dr		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.63	

Full Name (Last, First, Middle Initial) C. William Lee Hamilton MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494028
Mailing Address 5171 S Cottonwood St Ste 750		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.63	

SUBTOTAL of Receipts This Page (optional).....▶	499.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 124
	<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. 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 Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494029
 Amount of Each Receipt this Period
 208.33

B. 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 ▼ 2291.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494030
 Amount of Each Receipt this Period
 208.33

C. 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 ▼ 2291.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494031
 Amount of Each Receipt this Period
 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 124
	<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. 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
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 11 / 25 / 2013
Transaction ID : 55494032
 Amount of Each Receipt this Period 208.33

B. Mr. Kevin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 10635 Canterbury Rd.
 City Fairfax Station State VA Zip Code 22039-1927
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 11 / 25 / 2013
Transaction ID : 55494033
 Amount of Each Receipt this Period 208.33

C. Janice Tildon-Burton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Glasgow Ave
 Ste 207
 City Newark State DE Zip Code 19702-5704
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 11 / 25 / 2013
Transaction ID : 55494034
 Amount of Each Receipt this Period 208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 124
	<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

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

Mailing Address 117 Dartmouth Rd

City San Mateo State CA Zip Code 94402-1620

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

Name of Employer PARTNERS HEALTH CARE Occupation Resident Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494035

Amount of Each Receipt this Period
104.16

Full Name (Last, First, Middle Initial)
B. William Eric Kobler MD

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 ▼
2291.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494036

Amount of Each Receipt this Period
208.33

Full Name (Last, First, Middle Initial)
C. Robert Puchalski MD

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 ▼
4583.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494037

Amount of Each Receipt this Period
416.66

SUBTOTAL of Receipts This Page (optional).....▶	729.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Seth Yawki Flagg MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494038
Mailing Address 9129 Bradford Rd		Amount of Each Receipt this Period 104.16
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.42	

Full Name (Last, First, Middle Initial) B. Russell Clark Libby MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494039
Mailing Address 3020 Hamaker Ct Ste 200		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.67	

Full Name (Last, First, Middle Initial) c. Maryanne C Bombaugh MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494040
Mailing Address 81 Clowes Dr		Amount of Each Receipt this Period 208.33
City Falmouth	State MA	Zip Code 02540-2333
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

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: PAGE 88 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Luis S Alonzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Dakota Dr
 City Hutchinson State KS Zip Code 67502-4470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HORIZONS MENTAL HEALTH CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494041
 Amount of Each Receipt this Period
 208.33

B. 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 ▼ 2272.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494042
 Amount of Each Receipt this Period
 227.28

C. Daniel Eugene Maddox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 1st St SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 55494043
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 643.94
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Dana M Block-Abraham DO		Date of Receipt
Mailing Address 9704 Brevard St		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Laurel MD 20723-1920		Transaction ID : 55494044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="104.16"/>
Name of Employer UNIV OF MARYLAND MEDICAL CTR	Occupation OB/GYN Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1145.76"/>	

Full Name (Last, First, Middle Initial) B. Dev Appannagari Gnanadev MD		Date of Receipt
Mailing Address PO Box 670		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Redlands CA 92373-0221		Transaction ID : 55494045
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer ARROWHEAD COMMUNITY SURGICAL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2291.63"/>	

Full Name (Last, First, Middle Initial) C. Joseph T Inglefield MD		Date of Receipt
Mailing Address 220 18th Street Cir SE		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Hickory NC 28602-1361		Transaction ID : 55494046
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2291.67"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="520.82"/>
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 90 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Pasteur Hamide MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 55494047
Mailing Address 4720 Carthage St		Amount of Each Receipt this Period 208.33
City Metairie	State LA	Zip Code 70002-1402
FEC ID number of contributing federal political committee. C		
Name of Employer LSUHSC	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.67	

Full Name (Last, First, Middle Initial) B. Mrs. Amy Eisler		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 55494097
Mailing Address 460 Hartford Turnpike Ste B		Amount of Each Receipt this Period 1000.00
City Vernon	State CT	Zip Code 06066-4847
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Physician Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. William C Pritchard MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 55494113
Mailing Address 10901 176th Cir NE Ste 130		Amount of Each Receipt this Period 100.00
City Redmond	State WA	Zip Code 98052-7218
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1308.33
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 91 OF 124
	<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. David A Wyszomierski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Weldon St
 City Latrobe State PA Zip Code 15650-1848
 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 **11 / 22 / 2013**
Transaction ID : 55494124
 Amount of Each Receipt this Period **500.00**

B. James Michael Grimes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Orthopaedic Pl
 City St Augustine State FL Zip Code 32086-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORTHOPAEDIC ASSOCIATES OF ST AUGUSTINE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55494463
 Amount of Each Receipt this Period **500.00**

c. Harry Lee Kanter MD FACC
 Full Name (Last, First, Middle Initial)
 Mailing Address 8608 Ocean Front Ave
 City Virginia Beach State VA Zip Code 23451-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EVMS HEALTH SERVICES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55494466
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 124
	<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

Full Name (Last, First, Middle Initial) A. David Steiner Nieves MD		Date of Receipt
Mailing Address 59 One Mile Rd Ext Ste G		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55494506
East Windsor	NJ	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
08520-2505		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph Barry Selby MD		Date of Receipt
Mailing Address 301 S High St		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55494542
Morgantown	WV	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
26501-6456		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Luke Vail Selby MD		Date of Receipt
Mailing Address 475 Main St Apt 5R		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Transaction ID : 55494583
New York	NY	Amount of Each Receipt this Period
Zip Code		<input type="text" value="20.00"/>
10044-0088		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
North Shore-LIJ Health System	Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="620.00"/>
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 93 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Donna Elaine Sweet MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Crestview Lakes Est
 City State Zip Code
 Wichita KS 67220-2914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UKSM-W Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 55494670
 Amount of Each Receipt this Period
 2500.00

B. Mrs. Carolyn S Brada
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Cody Court
 City State Zip Code
 Lawrence KS 66049-5110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Physician Spouse
 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
 11 / 22 / 2013
Transaction ID : 55494671
 Amount of Each Receipt this Period
 2500.00

C. David Orrin Barbe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 W 16th St
 City State Zip Code
 Mountain Grv MO 65711-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST JOHNS HEALTH SYSTEM 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
 11 / 22 / 2013
Transaction ID : 55494672
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 124
	<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. Darlyne Menscer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6909 Brandenburg Ct
 City Charlotte State NC Zip Code 28210-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAROLINAS HEALTHCARE SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55494673
 Amount of Each Receipt this Period **1000.00**

B. Virginia E Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 University Dr
 H103 Dept Ob/Gyn
 City Hershey State PA Zip Code 17033-2360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMENS HEALTH CTR HERSHEY MED CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55494674
 Amount of Each Receipt this Period **1000.00**

c. Peter Wagner Carmel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Bergen St
 Ste 8100
 City Newark State NJ Zip Code 07103-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3500.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55494675
 Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
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 95 OF 124
	<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

Full Name (Last, First, Middle Initial)
A. Anthony Jos Armstrong MD

Mailing Address 4853 Monroe St

City Toledo State OH Zip Code 43623-4384

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 ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 55494676

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. William Nathaniel Metcalf-Doetsch

Mailing Address 2202 Macarthur St

City Houston State TX Zip Code 77030-2012

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 ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 55494677

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Amy Lauren Puchalski MD

Mailing Address 8714 Chewton Glen Dr

City Waxhaw State NC Zip Code 28173-6871

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 ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 55494679

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 96 OF 124
	<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. Justin Miles Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 602 13th St
Unit A

City Lubbock State TX Zip Code 79401-4202

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 ▼
1000.00

Date of Receipt
11 / 22 / 2013
Transaction ID : 55494681

Amount of Each Receipt this Period
500.00

B. Mrs. Jamie S Mellinger
Full Name (Last, First, Middle Initial)

Mailing Address 4880 South 150 East

City Lagrange State IN Zip Code 46761-8830

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 ▼
600.00

Date of Receipt
11 / 22 / 2013
Transaction ID : 55494691

Amount of Each Receipt this Period
500.00

C. Mrs. Tracilia Beacham
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2809

City Madison State MS Zip Code 39130-2809

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 22 / 2013
Transaction ID : 55494692

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 124
	<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. Edward A Norman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Kaiser Lane
 City Loveland State CO Zip Code 80538-2311
 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 **212.50**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55495447
 Amount of Each Receipt this Period **62.50**

B. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5455 Landmark Pl #408
 City Denver State CO Zip Code 80206-0680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPINEONE, INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **933.30**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 55495456
 Amount of Each Receipt this Period **100.00**

C. Stephen Noah Horwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2999 NE 191st St Ph 1
 City Aventura State FL Zip Code 33180-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HORWITZ WEISSMAN & MEHREL MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.34**

Date of Receipt **11 / 25 / 2013**
Transaction ID : 55499846
 Amount of Each Receipt this Period **124.98**

SUBTOTAL of Receipts This Page (optional).....	287.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Emile A Bacha MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2013 Transaction ID : 55638965
Mailing Address 3959 Broadway Ste BHN2276		Amount of Each Receipt this Period 100.00
City New York	State NY	
Zip Code 10032-1559		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Stephen D Richards DO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2013 Transaction ID : 55919891
Mailing Address 404 E Kennedy St Iowa Med Soc		Amount of Each Receipt this Period 1000.00
City Algona	State IA	
Zip Code 50511-3448		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer TRINITY HEALTH HEADQUARTERS	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Walter Alan Harmon MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2013 Transaction ID : 55919892
Mailing Address 3 Shircliff Way Ste 400		Amount of Each Receipt this Period 333.32
City Jacksonville	State FL	
Zip Code 32204-4780		Aggregate Year-to-Date ▼ 916.67
FEC ID number of contributing federal political committee. C		
Name of Employer BORLAND GROOVER CLINIC ADMIN OFFICE	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1433.32
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:	PAGE 99 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia J Yag-Howard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Goodlette Rd N Ste 100
 City Naples State FL Zip Code 34102-5474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919893
 Amount of Each Receipt this Period **300.00**

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 **901.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919894
 Amount of Each Receipt this Period **250.00**

C. Richard Earl Thorp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2395 Tokay Ct
 City Paradise State CA Zip Code 95969-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARADISE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.61**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919895
 Amount of Each Receipt this Period **166.64**

SUBTOTAL of Receipts This Page (optional)..... **716.64**
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 100 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ryan Joseph Ribeira
Full Name (Last, First, Middle Initial)

Mailing Address 115 Fairgrounds Dr

City Sacramento State CA Zip Code 95817-2407

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919909

Amount of Each Receipt this Period
 250.00

B. Laura Faye Gephart
Full Name (Last, First, Middle Initial)

Mailing Address 2 Tampa General Cir
Dept OB/GYN - STC 6th Fl

City Tampa State FL Zip Code 33606-3603

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

Name of Employer N/A Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919910

Amount of Each Receipt this Period
 250.00

C. Alik Sunil Widge MD
Full Name (Last, First, Middle Initial)

Mailing Address 62 Liberty Ave
Unit 2

City Somerville State MA Zip Code 02144-2022

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

Name of Employer UNIVERSITY OF WASHINGTON Occupation Resident Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919911

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 101 OF 124
	<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

Full Name (Last, First, Middle Initial) A. Joseph Alan Schwartz MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2013 Transaction ID : 55919912
Mailing Address 1428 Phillips Ln Ste 102		Amount of Each Receipt this Period 500.00
City Sn Luis Obispo	State CA Zip Code 93401-2564	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Scott Whiteman MD FACS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2013 Transaction ID : 55919913
Mailing Address 2525 W University Ave Ste 501		Amount of Each Receipt this Period 500.00
City Muncie	State IN Zip Code 47303-3434	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer MUNCIE OTOLARYNGOLOGY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Diana Lynn Fite MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2013 Transaction ID : 55919914
Mailing Address 15806 Maple Falls Ct		Amount of Each Receipt this Period 500.00
City Tomball	State TX Zip Code 77377-8762	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer UT PHYSICIANS-ADMINISTRATION	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 102 OF 124
	<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. Arlo Frederick Weltge MD MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5213 Valerie St
 City Belleaire State TX Zip Code 77401-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT MEDICAL SCHOOL HOUSTON Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919915
 Amount of Each Receipt this Period **500.00**

B. Ronald Hayden Kirkland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 W Forest Ave
 City Jackson State TN Zip Code 38301-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919916
 Amount of Each Receipt this Period **500.00**

C. Wayne Clay Hardwick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Davis Ln
 City Reno State NV Zip Code 89511-7598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHERN NEVADA EMERGENCY PHYSICI Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919917
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cindy Firkins Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Willmar Ave SW
 City Willmar State MN Zip Code 56201-3556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MINNESOTA PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919918
 Amount of Each Receipt this Period **500.00**

B. John Bruce Need Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3025 River North Pkwy
 City Atlanta State GA Zip Code 30328-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE ANESTHESIA CONSULTANTS LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919919
 Amount of Each Receipt this Period **1000.00**

C. Jane C K Fitch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Bayliner Launch
 City Edmond State OK Zip Code 73013-8727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OU PHYSICIANS PATIENT SERVICES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2100.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919920
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 124
	<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. George Melvin Lange MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 W Green Tree Rd
 City Milwaukee State WI Zip Code 53217-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CSMCP-WESTGATE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2013
Transaction ID : 55919921
 Amount of Each Receipt this Period 1000.00

B. Carolyn Bauer Robinowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5225 Connecticut Ave NW Ste 514
 City Washington State DC Zip Code 20015-1813
 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 11 / 16 / 2013
Transaction ID : 55919922
 Amount of Each Receipt this Period 1000.00

C. Mr. Rob Otten
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 N. State Street
 City Chicago State IL Zip Code 60610-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Association Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2013
Transaction ID : 55919923
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 124
	<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. Jerome Craig Cohen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 Riverside Dr Ste 210
 City Binghamton State NY Zip Code 13905-4178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GASTROENTEROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919924
 Amount of Each Receipt this Period **1000.00**

B. William W Lander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S Bryn Mawr Ave
 City Bryn Mawr State PA Zip Code 19010-3121
 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 **2000.00**

Date of Receipt **11 / 16 / 2013**
Transaction ID : 55919925
 Amount of Each Receipt this Period **1000.00**

C. David Harlan Aizuss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16311 Ventura Blvd Ste 750
 City Encino State CA Zip Code 91436-4325
 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 **11 / 16 / 2013**
Transaction ID : 55919926
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 124
	<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. Donald R Mccaffree MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2532 Pembroke Ter
 University of Oklahoma
 City Oklahoma City State OK Zip Code 73116-4326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OU PHYSICIANS HEART LUNG AND VASCUL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919927
 Amount of Each Receipt this Period
1000.00

B. Stanley R Easterling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 231
 The Street Clinic
 City Vicksburg State MS Zip Code 39181-0231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVER REGION HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919928
 Amount of Each Receipt this Period
2500.00

C. Lee Thos Snook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2288 Auburn Blvd
 Ste 106
 City Sacramento State CA Zip Code 95821-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919929
 Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 107 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert E Wailes MD

Mailing Address PO Box 9920

City State Zip Code
 Rcho Santa Fe CA 92067-4920

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

Name of Employer Occupation
 PACIFIC PAIN MANAGEMENT CONSULTANT; Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919930

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. James Lowry Milam MD

Mailing Address 6 E Phillip Rd Ste 1114

City State Zip Code
 Vernon Hills IL 60061-1700

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

Name of Employer Occupation
 MIDWEST CTR FOR WOMENS HEALTHCARE LTD 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
 11 / 16 / 2013
Transaction ID : 55919931

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
c. Lyle Sheldon Thorstenson MD

Mailing Address PO Box 632020

City State Zip Code
 Nacogdoches TX 75963-2020

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

Name of Employer Occupation
 SELF-EMPLOYED Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919932

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph Pierre Costabile MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Georgia Okeefe Way
 City Marlton State NJ Zip Code 08053-7211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRTUA SURGICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919933
 Amount of Each Receipt this Period
 2500.00

B. Robert Dale Blasier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Hickory Creek Ln
 City Little Rock State AR Zip Code 72212-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF ARKANSAS 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
 11 / 16 / 2013
Transaction ID : 55919943
 Amount of Each Receipt this Period
 1000.00

C. Carol Leslie Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 York Ave
 Memorial Sloan-Kettering
 City New York State NY Zip Code 10065-6094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEMORIAL SLOAN-KETTERING Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919944
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Timothy Lisle Bartholow MD

Mailing Address 714 Dunning St

City State Zip Code
 Madison WI 53704-5614

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

Name of Employer Occupation
 PRAIRIE CLINIC SC 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
 11 / 16 / 2013
Transaction ID : 55919945

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Howard Hugh Vincent MD

Mailing Address 10 Midhill Dr

City State Zip Code
 Mill Valley CA 94941-1420

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

Name of Employer Occupation
 ANESTHESIOLOGISTS MEDICAL GROUP OF SAN
 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
 11 / 16 / 2013
Transaction ID : 55919946

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Rebecca J Patchin MD

Mailing Address 18195 Kross Rd

City State Zip Code
 Riverside CA 92508-8897

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

Name of Employer Occupation
 SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2013
Transaction ID : 55919947

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gary Warren Floyd MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 S Main St
 Jps Health Network
 City Fort Worth State TX Zip Code 76104-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COOK CHILDRENS HEALTHCARE 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
 11 / 17 / 2013
Transaction ID : 55919950
 Amount of Each Receipt this Period
 500.00

B. John Lumir Bender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4674 Snow Mesa Dr
 Ste 140
 City Fort Collins State CO Zip Code 80528-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIRAMONT FAMILY MEDICINE Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1016.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : 55919952
 Amount of Each Receipt this Period
 500.00

C. Sidney Gold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16973 Stardust Pl
 City Granada Hills State CA Zip Code 91344-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER FOUNDATION HEALTH PLAN NATIOI 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
 11 / 18 / 2013
Transaction ID : 55919953
 Amount of Each Receipt this Period
 83.32

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.32
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: PAGE 111 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gerald R Callas MD

Mailing Address 4240 Brownstone Dr

City State Zip Code
Beaumont TX 77706-7451

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
11 / 18 / 2013
Transaction ID : 55919954

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Paul Anthony Wertsch MD

Mailing Address 4221 Venetian Ln

City State Zip Code
Madison WI 53718-6655

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

Name of Employer Occupation
WILDWOOD FAMILY CLINIC 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
11 / 18 / 2013
Transaction ID : 55919955

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. David A Downs MD

Mailing Address 10400 E Alameda Ave

City State Zip Code
Denver CO 80247-5104

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 ▼
312.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2013
Transaction ID : 55919977

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 124
	<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 Tarasidis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Spring St
 Greenwood Ear Nose & Throat
 City Greenwood State SC Zip Code 29646-3831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENWOOD EAR NOSE AND THROAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2013
Transaction ID : 55919981
 Amount of Each Receipt this Period
500.00

B. Jack Juan Beller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4423 Ridgeline Dr
 City Norman State OK Zip Code 73072-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIVE OAKS MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2013
Transaction ID : 55919982
 Amount of Each Receipt this Period
1000.00

C. Barbara Lynn Mc Aneny MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4901 Lang Ave NE
 City Albuquerque State NM Zip Code 87109-4495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NM ONCOLOGY HEMATOLOGY CONSULTAN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2013
Transaction ID : 55919983
 Amount of Each Receipt this Period
2500.00

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 114 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pratistha Koirala
Full Name (Last, First, Middle Initial)

Mailing Address 1935 Eastchester Rd Apt 21B

City State Zip Code
Bronx NY 10461-2157

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 ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : 55919985

Amount of Each Receipt this Period
250.00

B. William Bernard Monnig MD
Full Name (Last, First, Middle Initial)

Mailing Address 350 Thomas More Pkwy Ste 200

City State Zip Code
Crestview Hills KY 41017-5460

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

Name of Employer Occupation
THE UROLOGY GROUP 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
11 / 18 / 2013
Transaction ID : 55919986

Amount of Each Receipt this Period
1000.00

C. Cathy O Blight MD
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Circle Dr

City State Zip Code
Flint MI 48507-1807

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

Name of Employer Occupation
PATHOLOGY ASSOCIATES PC INC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : 55919987

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 115 OF 124
	<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 Anne W Mccaffree MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2532 Pembroke Ter
 City Oklahoma City State OK Zip Code 73116-4326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OU PHYSICIANS PATIENT SERVICES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 18 / 2013
Transaction ID : 55919988
 Amount of Each Receipt this Period 2500.00

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 ▼ 651.00

Date of Receipt 11 / 13 / 2013
Transaction ID : 55920694
 Amount of Each Receipt this Period 1.00

C. John Wm Poole MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Sunset Ave
 City Ridgewood State NJ Zip Code 07450-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH JERSEY SURGICAL SPEC. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 11 / 16 / 2013
Transaction ID : 55920699
 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7501.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Wm Poole MD

Mailing Address 240 Sunset Ave

City State Zip Code
 Ridgewood NJ 07450-2421

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

Name of Employer Occupation
 NORTH JERSEY SURGICAL SPEC. Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : 56711643

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$2500.00 This changes the YTD Total to \$5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	92927.37

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

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

FOR LINE NUMBER: PAGE 117 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼
 53.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 55921589
 Amount of Each Receipt this Period
 7.19
 Interest

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7.19
TOTAL This Period (last page this line number only).....▶	7.19

**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. PNC BANK

Mailing Address PO BOX 1912

City WASHINGTON State DC Zip Code 20074

Purpose of Disbursement
Credit Card Bank Charges

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : 55921590

Amount of Each Disbursement this Period

1749.87

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1749.87

1749.87

**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. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Judy Chu

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 53958909

Amount of Each Disbursement this Period

2000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Janice Hahn For Congress

Mailing Address 1379 Park Western Drive
#142

City San Pedro State CA Zip Code 90732

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Janice Hahn

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 53958923

Amount of Each Disbursement this Period

2000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 53958924

Amount of Each Disbursement this Period

2000.00

2014 Primary

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

6000.00

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. Matheson For Congress

Mailing Address P O Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Jim D. Matheson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

Transaction ID : 53958925

Amount of Each Disbursement this Period

2500.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2013

Transaction ID : 54099507

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Issa For Congress

Mailing Address PO Box 760

City State Zip Code
Vista CA 92085

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. Darrell E. Issa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 55464001

Amount of Each Disbursement this Period

2500.00

2014 Primary

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

6000.00

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. Westmoreland For Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rep. Lynn A. Westmoreland

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2013

Transaction ID : 55466282

Amount of Each Disbursement this Period

2500.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rep. Thomas Edmunds Price M.D.

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2013

Transaction ID : 55466288

Amount of Each Disbursement this Period

1500.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City State Zip Code
Tifton GA 31793

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rep. Austin Scott

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2013

Transaction ID : 55466290

Amount of Each Disbursement this Period

1000.00

2014 Primary

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
2014 Primary

011

Candidate Name

Douglas Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

Transaction ID : 55466291

Amount of Each Disbursement this Period

1000.00

2014 Primary

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
2014 Primary

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

Transaction ID : 55466292

Amount of Each Disbursement this Period

2500.00

2014 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement
2014 Primary

011

Candidate Name

Robert Johnson MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

Transaction ID : 55466301

Amount of Each Disbursement this Period

5000.00

2014 Primary

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

8500.00

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 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. John Wm Poole MD

Mailing Address 240 Sunset Ave

City State Zip Code
Ridgewood NJ 07450-2421

Purpose of Disbursement
Refund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 55920698

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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