

**FEC
FORM 3X**

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

Office Use Only

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

ADDRESS (number and street) 25 Massachusetts Ave, NW
Suite 600
 Check if different than previously reported. (ACC)
Washington DC 20001

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 07 01 2010 through 07 31 2010

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

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Electronically Filed by Kevin Walker Date 08 17 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1718643.76
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2146502.03									
(c) Total Receipts (from Line 19)	47657.87	691844.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2194159.90	2410488.04								
7. Total Disbursements (from Line 31)	158323.61	374651.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2035836.29	2035836.29								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17308.85	228197.06
(ii) Unitemized	30348.96	445814.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47657.81	674011.74
(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)	47657.81	674011.74
12. Transfers From Affiliated/Other Party Committees	0.00	2000.00
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	15632.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.06	200.54
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 Transfer (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))	47657.87	691844.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47657.87	691844.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	531.96	7493.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	531.96	7493.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	2100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	157000.00	360100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	791.65	4958.34
(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))	791.65	4958.34
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	158323.61	374651.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158323.61	374651.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	47657.81	674011.74
34. Total Contribution Refunds (from Line 28(d))	791.65	4958.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46866.16	669053.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	531.96	7493.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	15632.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	531.96	-8138.59

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

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

FOR LINE NUMBER: PAGE 6 / 101
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John Michael Vasudevan, MD

Mailing Address 1500 Locust St
Apt 2406

City Philadelphia State PA Zip Code 19102-4318

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

Name of Employer THOMAS JEFFERSON UNIVERSITY HOSPITAL Occupation Resident

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 01 / 2010
Transaction ID: 35612651
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rachelle Marie Klammer, MD

Mailing Address 1201 Canal St
Apt 251

City New Orleans State LA Zip Code 70112-2629

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

Name of Employer LA STATE UNIVERSITY HEALTH SCIENCES CT Occupation Resident

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

Date of Receipt 07 / 04 / 2010
Transaction ID: 35633457
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Chet Dean Schrader, MD

Mailing Address 3249 Forestbrook Dr

City Richardson State TX Zip Code 75082-2691

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 07 / 07 / 2010
Transaction ID: 35657612
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: PAGE 7 / 101
(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.

Full Name (Last, First, Middle Initial)
Nelson B Record, MD

Mailing Address 92 Fenderson Hill Rd

City State Zip Code
Wilton ME 04294-5715

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

Name of Employer Occupation
FRANKLIN MEMORIAL HOSPITAL 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
07 / 07 / 2010

Transaction ID: 35660156

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Nelson B Record, MD

Mailing Address 92 Fenderson Hill Rd

City State Zip Code
Wilton ME 04294-5715

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

Name of Employer Occupation
FRANKLIN MEMORIAL HOSPITAL Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2010

Transaction ID: 35660170

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Daniel Fredric Rosberger, MD

Mailing Address 52 E 72nd St

City State Zip Code
New York NY 10021-4266

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

Name of Employer Occupation
RICHARD E DANKNER MD PC 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
07 / 07 / 2010

Transaction ID: 35667675

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)
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FOR LINE NUMBER: PAGE 8 / 101
(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)
James Houston Williams, MD

Mailing Address 303 3rd St
Unit 409

City State Zip Code
Cambridge MA 02142-1164

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

Name of Employer Occupation
MASSACHUSETTS GENERAL HOSPITAL Physician

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

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: 35667680

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thales Nicholas Pavlatos, MD

Mailing Address 2790 Kilkeny Dr

City State Zip Code
Springfield OH 45503-1181

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

Name of Employer Occupation
MERCY ANESTHESIOLOGISTS INC Physician

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

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: 35667915

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Marietta Nelson, MD

Mailing Address 2800 N Tenaya Way
Ste 102

City State Zip Code
Las Vegas NV 89128-1100

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2010

Transaction ID: 35830441

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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 9 / 101
(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.

Full Name (Last, First, Middle Initial)
Linda Werner, MD

Mailing Address 1014 Edgewood Cir

City State Zip Code
Marinette WI 54143-4224

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

Name of Employer Occupation
NORTHREACH HEALTHCARE Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886484

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Mark Mandabach, MD

Mailing Address 619 19th St S
UAB Dept of Anesthesiology

City State Zip Code
Birmingham AL 35249-1900

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

Name of Employer Occupation
UAHSF PSYCHIATRY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886485

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
James Thos Hay, MD

Mailing Address 477 N El Camino Real
Ste A306

City State Zip Code
Encinitas CA 92024-1350

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

Name of Employer Occupation
NORTH COAST FAMILY MEDICAL GROUP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886486

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 10 / 101
	<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.	Full Name (Last, First, Middle Initial) Craig Alvin Backs, MD		Date of Receipt	
	Mailing Address 800 E Carpenter St Chief Med Office		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 35886487
	Springfield	IL	62769-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
	Name of Employer ST JOHNS HOSPITAL	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		291.62		

B.	Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD		Date of Receipt	
	Mailing Address 612 Cody Dr		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 35886488
	Thomasville	NC	27360-9674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
	Name of Employer ACT MEDICAL GROUP PA	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		291.62		

C.	Full Name (Last, First, Middle Initial) James Allan Goodyear, MD FACS		Date of Receipt	
	Mailing Address 2100 N Broad St Ste 100 North Penn Surgical Assoc		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 35886492
	Lansdale	PA	19446-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
	Name of Employer NORTH PENN SURGICAL ASSOC- IATES	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		291.62		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 101
(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)
 Thomas Lynn Hicks, MD
 Mailing Address 3258 N Monroe St
 City State Zip Code
 Tallahassee FL 32303-2822
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2010
Transaction ID: 35886493
 Amount of Each Receipt this Period
 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PATIENTS FIRST Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

B. Full Name (Last, First, Middle Initial)
 Paul Erik Houmann, MD
 Mailing Address 1809 Cleveland Street Ext
 City State Zip Code
 Greenville SC 29607-3029
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2010
Transaction ID: 35886494
 Amount of Each Receipt this Period
 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

C. Full Name (Last, First, Middle Initial)
 Russell C Raphaely, MD
 Mailing Address 1600 Rockland Rd
 Dupont Hosp For Child
 City State Zip Code
 Wilmington DE 19803-3607
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2010
Transaction ID: 35886495
 Amount of Each Receipt this Period
 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROF SERVICE FUND ANES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 101
(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.

Full Name (Last, First, Middle Initial)
Walter Anthony Reiling, MD FACS

Mailing Address 1431 Ridgefield Way

City State Zip Code
Centerville OH 45459-4939

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886496

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Kevin Christopher Reilly, MD

Mailing Address 108 Deer Grove Ct

City State Zip Code
Elizabethtown KY 42701-6986

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

Name of Employer US ARMY Occupation Neuroradiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886497

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Jose F Arrascue, MD

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 SOUTH PALM BEACH NEPHROLOGY PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.70

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886499

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 13 / 101

(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.

Full Name (Last, First, Middle Initial)
Roy Gilbert Soto, MD

Mailing Address 355 Sycamore Ct

City State Zip Code
Bloomfield MI 48302-1173

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

Name of Employer
SOUTH OAKLAND ANESTHESIA ASSOCIATES PC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.97

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886500

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)
Janet Johnson Cash, MD

Mailing Address 833 Saint Vincents Dr
Ste 401

City State Zip Code
Birmingham AL 35205-1613

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

Name of Employer
SOUTHVIEW MEDICAL GROUP PC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886503

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)
Thomas Neil Rooke, MD

Mailing Address 3005 Hedgerow Ln

City State Zip Code
Springfield IL 62704-6325

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 ▼
291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886504

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 14 / 101
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Gerald Lee Murphy, MD	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 2876 Sycamore Dr Ste 200	Transaction ID: 35886505
	City State Zip Code Simi Valley CA 93065-1550	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer SIMI VALLEY OB GYN MEDICAL GROUP Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62	

B.	Full Name (Last, First, Middle Initial) William Wells Simmons, MD	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 5204 Box Turtle Cir	Transaction ID: 35886506
	City State Zip Code Sarasota FL 34232-4311	Amount of Each Receipt this Period 41.66
	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 ▼ 291.62	

C.	Full Name (Last, First, Middle Initial) Ashley Elizabeth Booth, MD	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 3915 Riverside Ave	Transaction ID: 35886508
	City State Zip Code Jacksonville FL 32205-9336	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIV OF FL JACKSONVILLE PHYSICIANS Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62	

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 15 / 101
(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)
William T Bradley, MD

Mailing Address 811 Interstate 20 W
Ste 212

City Arlington State TX Zip Code 76017-5873

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

Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886509

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Terrance Wm Breen, MD

Mailing Address 5503 Rutgers Rd

City La Jolla State CA Zip Code 92037-7822

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 ▼
291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886510

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Juan Manuel Pardo, 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 ▼
291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886511

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 16 / 101

(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.

Full Name (Last, First, Middle Initial)
Juan Michael Pardo, MD

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886512

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)
Leon Harvey Chandler, MD

Mailing Address 4100 Lake Otis Pkwy
Ste 216

City State Zip Code
Anchorage AK 99508-5230

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

Name of Employer Occupation
A A SPECIALTY HEALTH CLIN-IC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886513

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)
Christopher Peter Poje, MD

Mailing Address 3580 Sheridan Dr

City State Zip Code
Buffalo NY 14226-1645

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

Name of Employer Occupation
PEDIATRIC ENT ASSOCIATES Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886514

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 17 / 101
(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. Full Name (Last, First, Middle Initial)
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill Dr

City Bluffton State SC Zip Code 29910-4720

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 ▼ 291.62

Date of Receipt 07 / 21 / 2010

Transaction ID: 35886515

Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Carol Jean Ziel, MD

Mailing Address 2025 Frontis Plaza Blvd Ste 100
Duke Eye Ctr Winston-Salem

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer DUKE EYE CENTER Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2010

Transaction ID: 35886516

Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Damon Michael Dietrich, MD

Mailing Address 1101 Medical Center Blvd

City Marrero State LA Zip Code 70072-3147

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 ▼ 291.62

Date of Receipt 07 / 21 / 2010

Transaction ID: 35886517

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 101
(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)
James Albert Corwin, MD
Mailing Address 4516 Robin Ln

City State Zip Code
Midland TX 79707-2219

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

Name of Employer Occupation
US ONCOLOGY Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886518

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Juan Francisco Fitz, MD
Mailing Address 6021 90th St

City State Zip Code
Lubbock TX 79424-0814

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

Name of Employer Occupation
COVENANT MEDICAL GROUP AD-MINISTRATION Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886519

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Michael Armstrong, Jr. MD
Mailing Address 8700 Stony Point Pkwy
Ste 110

City State Zip Code
Richmond VA 23235-1968

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886520

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 19 / 101

(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.

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

Mailing Address 3865 N Mulford Rd

City State Zip Code
Rockford IL 61114-5603

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886521

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Scott Alan Hopkins, MD

Mailing Address 4252 Highland Dr Ste 200

City State Zip Code
Salt Lake City UT 84124-2690

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

Name of Employer Occupation
WESTERN UROLOGICAL CLINIC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 391.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886522

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Jerry D McLaughlin, MD

Mailing Address 5419 N Lovington Hwy
Ste 25

City State Zip Code
Hobbs NM 88240-9135

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886524

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 20 / 101
(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)
Willard Stanley Stawski, MD

Mailing Address 1900 Wealthy St SE
Ste 180

City State Zip Code
Grand Rapids MI 49506-2972

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

Name of Employer HEALTHQUEST SURGICAL ASSO-CIATES Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886525

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Basem Badie Abdelmalak, MD

Mailing Address 9500 Euclid Ave E-31

City State Zip Code
Cleveland OH 44195-0001

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

Name of Employer CLEVELAND CLINIC Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886526

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Agueda Lucia Mercado Acevedo, MD

Mailing Address 45 Clark St

City State Zip Code
Yonkers NY 10704-2824

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886529

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 21 / 101
	<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.	Full Name (Last, First, Middle Initial) Ms. Sarah Newman	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 1200 N. Nash St. #204	Transaction ID: 35886530
	City State Zip Code Arlington VA 22209-3613	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN MEDICAL ASSOCIATION AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

B.	Full Name (Last, First, Middle Initial) Marilyn Joan Heine, MD	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 900 Twining Rd	Transaction ID: 35886531
	City State Zip Code Dresher PA 19025-1726	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SEVERN EMERGENCY PHYSICIANS Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

C.	Full Name (Last, First, Middle Initial) Jason Michael Goldman, MD	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 3001 Coral Hills Dr Ste 340	Transaction ID: 35886532
	City State Zip Code Coral Springs FL 33065-4172	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

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 22 / 101

(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.

Full Name (Last, First, Middle Initial)
Elmer G Smith, MD

Mailing Address 4351 Booth Calloway Rd
Ste 311

City State Zip Code
N Richlnd Hls TX 76180-7380

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

Name of Employer Occupation
MEDICAL EDGE HEALTH CARE Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886533

Amount of Each Receipt this Period

41.66

B.

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

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
ANNAPOLIS ENT Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
291.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886534

Amount of Each Receipt this Period

41.66

C.

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

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 ▼
291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	0

Transaction ID: 35886535

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)

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

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

FOR LINE NUMBER: PAGE 23 / 101
(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)
Charles Franklin Tate, MD
Mailing Address 1090 SW 15th St
City Boca Raton State FL Zip Code 33486-6858
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010
Transaction ID: 35886536
Amount of Each Receipt this Period
41.66

Name of Employer
RADIOLOGIST OF N FT LAUDE-
RDALE PA
Occupation
Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
291.62

B. Full Name (Last, First, Middle Initial)
Richard Allen Dart, MD
Mailing Address 1000 N Oak Ave
Marshfield Clinic
City Marshfield State WI Zip Code 54449-5702
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010
Transaction ID: 35886537
Amount of Each Receipt this Period
41.66

Name of Employer
MARSHFIELD CLINIC
Occupation
Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
291.62

C. Full Name (Last, First, Middle Initial)
Harold A Woodcome, MD
Mailing Address 690 Eddy St
Retina Consultants
City Providence State RI Zip Code 02903-4928
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010
Transaction ID: 35886539
Amount of Each Receipt this Period
41.66

Name of Employer
RETINA CONSULTANTS, INC
Occupation
Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
291.70

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 24 / 101

(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.

Full Name (Last, First, Middle Initial)

Martin G Guerrero, MD

Mailing Address PO Box 780219

City State Zip Code
San Antonio TX 78278-0219

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886540

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)

Theodore A Calianos, MD

Mailing Address 151 Whitmar Rd

City State Zip Code
Cotuit MA 02635-2931

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886541

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)

Kalyan S Krishnan, MD

Mailing Address 100 N Academy Ave

City State Zip Code
Danville PA 17822-9800

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

Name of Employer Occupation
GEISINGER MEDICAL CENTER Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886542

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 / 101
(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.

Full Name (Last, First, Middle Initial)
Ted Louie, MD

Mailing Address 44 Buckingham Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886543

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Erich Bryan Groos, MD

Mailing Address 2400 Patterson St Ste 201

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886544

Amount of Each Receipt this Period
41.66

C.

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

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 ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886545

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 / 101
(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)
Ronald Michael Kline, MD
Mailing Address 446 Beardsley Cir
City Henderson State NV Zip Code 89052-2669
FEC ID number of contributing federal political committee. **C**
Name of Employer COMPREHENSIVE CANCER CTRS OF NV Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.70
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886546
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Raj Behari Lal, MD
Mailing Address 2809 Meyers Rd
City Oak Brook State IL Zip Code 60523-1623
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886547
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Patricia J Lindholm, MD
Mailing Address 615 S Mill St
City Fergus Falls State MN Zip Code 56537-2756
FEC ID number of contributing federal political committee. **C**
Name of Employer FERGUS FALLS MEDICAL GROUP PA Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886549
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 27 / 101

(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.

Full Name (Last, First, Middle Initial)

Jagajan Karmacharya, MD

Mailing Address 405 N Hibiscus Dr
Apt 210

City State Zip Code
Miami Beach FL 33139-5170

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

Name of Employer Occupation
UNIVERSITY OF MIAMI PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886550

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)

Jacqueline Unger

Mailing Address 116 Silver Palm Ave.

City State Zip Code
Melbourne FL 32901-3172

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 ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886551

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)

Hector R Trevino-Guerra, MD

Mailing Address 2176 E Garrison St
Ste C

City State Zip Code
Eagle Pass TX 78852-5072

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 ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886552

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 / 101
(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)
Isabel Vega, MD
Mailing Address 136 Clubhouse PI
City Elk City State OK Zip Code 73644-7302
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886555
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
David Glen Morrell, MD
Mailing Address 2121 N 1700 W
City Layton State UT Zip Code 84041-8803
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886556
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Tanner Fred Lang, MD
Mailing Address N3292 Feather Ridge Dr
City Appleton State WI Zip Code 54913-9698
FEC ID number of contributing federal political committee. **C**
Name of Employer UNITED ANESTHESIA Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
Date of Receipt 07 / 21 / 2010
Transaction ID: 35886557
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 29 / 101
(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.

Full Name (Last, First, Middle Initial)
Charles Frederick Willson, MD

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 UNIVERSITY PHYSICIANS FA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886558

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Frank Harry Ryan, Jr. MD

Mailing Address 9675 Brighton Way
Ste 340

City Beverly Hills State CA Zip Code 90210-5155

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 ▼ 349.96

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886559

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Gary Lewis Woods, MD

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 ▼ 291.70

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886560

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 30 / 101
(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. Full Name (Last, First, Middle Initial)
Richard S Frankenstein, MD

Mailing Address 1202 Castlegate Ln

City State Zip Code
Santa Ana CA 92705-2941

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

Name of Employer RIVERSIDE MED CLINIC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt: 07 / 21 / 2010
Transaction ID: 35886561
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
Howard Bradley Chodash, MD

Mailing Address 3804 Indian Lands Ln

City State Zip Code
Springfield IL 62711-8214

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

Name of Employer HEALTHCARE NETWORK ASSOCI-ATES Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt: 07 / 21 / 2010
Transaction ID: 35886563
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
J Duchicela Santacruz, MD

Mailing Address 402 Youens Dr

City State Zip Code
Weimar TX 78962-3680

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

Name of Employer YOUENS AND DUCHICELA CLIN-IC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt: 07 / 21 / 2010
Transaction ID: 35886564
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 31 / 101

(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.

Full Name (Last, First, Middle Initial)
Marcy L Zwelling, MD

Mailing Address 3771 Katella Ave
Ste 108

City State Zip Code
Los Alamitos CA 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 ▼ 291.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886566

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Scott Robert Hannum, DO

Mailing Address 6554 Lake Burden View Dr

City State Zip Code
Windermere FL 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 ▼ 250.04

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886567

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Joseph Mc Elroy Mann, MD

Mailing Address 163 N Date St

City State Zip Code
Escondido CA 92025-3405

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 35886569

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 32 / 101
(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.

Full Name (Last, First, Middle Initial)
Gary Robert Katz, MD

Mailing Address 7918 Wisteria Ct

City State Zip Code
Dublin OH 43016-8531

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

Name of Employer
PREMIER HEALTHCARE SERVICES, INC.

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.70

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 35886570

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
John Norris Harrington, MD

Mailing Address 9301 N Central Expy Ste 595

City State Zip Code
Dallas TX 75231-0812

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

Name of Employer
SELF-EMPLOYED

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35897119

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Thomas James Madejski, MD

Mailing Address 100 Ohio St Ste C

City State Zip Code
Medina NY 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 ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35897121

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 33 / 101

(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.

Full Name (Last, First, Middle Initial)

Joseph Samuel Valenti, MD

Mailing Address 2805 S Mayhill Rd

City State Zip Code
Denton TX 76208-5910

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

Name of Employer Occupation
CARING FOR WOMEN, PA Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 35897122

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Peter Augusto Bernardo, MD

Mailing Address 700 Bellevue St SE
Ste 230

City State Zip Code
Salem OR 97301-3855

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

Name of Employer Occupation
SELF-EMPLOYED Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 35897123

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Niranjan Marino Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City State Zip Code
Oneida NY 13421-1851

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 ▼ 291.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 35897124

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 34 / 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Robert Best		Date of Receipt
	Mailing Address 119 Belmont St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2010
	City	State	Zip Code
	Worcester	MA	01605-2903
	FEC ID number of contributing federal political committee. C		Transaction ID: 35897125
Name of Employer N/A		Occupation Physician Spouse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.66
		<input type="text"/> 208.38	

B.	Full Name (Last, First, Middle Initial) David Lawrence Harker, MD		Date of Receipt
	Mailing Address 1350 N 500 E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2010
	City	State	Zip Code
	Logan	UT	84341-2400
	FEC ID number of contributing federal political committee. C		Transaction ID: 35899435
Name of Employer INTERMOUNTAIN HEALTH CARE CENTRAL OFF		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) John Michael Van Etta, MD		Date of Receipt
	Mailing Address 1535 Skywood Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
	City	State	Zip Code
	Duluth	MN	55805-1153
	FEC ID number of contributing federal political committee. C		Transaction ID: 35899937
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.33
		<input type="text"/> 583.31	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 224.99
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: PAGE 35 / 101
(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)
Mr. Mike R. Cys

Mailing Address 7307 Laketree Dr.

City State Zip Code
Fairfax Station VA 22039-2926

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 ▼
583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899938

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Nestor A Ramirez-Lopez, MD

Mailing Address 1319 Grandview Dr

City State Zip Code
Champaign IL 61820-6824

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

Name of Employer NORTHSIDE NEONATAL & INFANT CARE
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899939

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Joy Ann Maxey, MD

Mailing Address 3091 Maple Dr NE Ste 315

City State Zip Code
Atlanta GA 30305-2613

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

Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899940

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 36 / 101

(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.

Full Name (Last, First, Middle Initial)
Roy Wesley Vandiver, MD

Mailing Address 3525 Piedmont Rd NE
Ste 600

City Atlanta State GA Zip Code 30305-1578

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

Name of Employer
MAG MUTUAL INSURANCE CO

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899941

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Keith Francis De Sonier, MD

Mailing Address 555 Dr Michael Debakey Dr

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 ▼
583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899942

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
John Steven Polsley, MD

Mailing Address 900 Scioto St
Family Physician of Urbana

City Urbana State OH Zip Code 43078-2251

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

Name of Employer
FAMILY PHYSICIANS OF URBA-
NA INC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899943

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 37 / 101
(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. Full Name (Last, First, Middle Initial)
William Lee Hamilton, MD

Mailing Address 5171 Cottonwood St
Ste 750

City State Zip Code
Salt Lake City UT 84107-5705

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

Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 645.85

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899944

Amount of Each Receipt this Period
83.33

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

Mailing Address 10308 Fleming Ave.

City State Zip Code
Bethesda MD 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 ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899945

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Nancy Louise Mueller, MD

Mailing Address 610 E Palisade Ave

City State Zip Code
Englewood NJ 07632-1801

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899946

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 38 / 101
(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.

Full Name (Last, First, Middle Initial)
Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City State Zip Code
Florence SC 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 ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899947

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Linda Lee Van Etta, MD

Mailing Address 1001 E Superior St
Assoc/St Lukes Lakeview 201

City State Zip Code
Duluth MN 55802-2207

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

Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899948

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Mary Susan Carpenter, MD

Mailing Address PO Box 769

City State Zip Code
Winner SD 57580-0769

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

Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899949

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 39 / 101
(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)
Mrs. Nancy Kyler
Mailing Address 675 Sherwood Ln.
City Staunton State VA Zip Code 24401-4425
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 ▼ 583.31
Date of Receipt 07 / 23 / 2010
Transaction ID: 35899950
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Gregory Jude Gallina, MD
Mailing Address 20 Prospect Ave Ste 811
City Hackensack State NJ Zip Code 07601-1989
FEC ID number of contributing federal political committee. **C**
Name of Employer COLON RECTAL SURGERY PA Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31
Date of Receipt 07 / 23 / 2010
Transaction ID: 35899951
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Lisa Bohman Egbert, MD
Mailing Address 7720 Paragon Rd
Paragon Women's Care
City Dayton State OH Zip Code 45459-4053
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 ▼ 583.31
Date of Receipt 07 / 23 / 2010
Transaction ID: 35899952
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 40 / 101

(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.

Full Name (Last, First, Middle Initial)

Keith Irvin Adams, MD

Mailing Address 416 Munro Rd

City State Zip Code
Mill Hall PA 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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899953

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth D. Lancin

Mailing Address 610 East Plaisade Avenue

City State Zip Code
Englewood Cliffs NJ 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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899954

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Stuart Gitlow, MD

Mailing Address 153 Gaskill St

City State Zip Code
Woonsocket RI 02895-1011

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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899956

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 101
(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)
Mark Chas Komorowski, MD

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 SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899958
 Amount of Each Receipt this Period
 83.33

B. Full Name (Last, First, Middle Initial)
Domenic Russel Federico, MD

Mailing Address 3800 Lake Michigan Dr NW

City State Zip Code
Grand Rapids MI 49534-4583

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

Name of Employer MICHIGAN MEDICAL PC ADMIN-ISTRATION Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899959
 Amount of Each Receipt this Period
 83.33

C. Full Name (Last, First, Middle Initial)
Lance Allen Talmage, MD

Mailing Address 45 Exmoor

City State Zip Code
Ottawa Hills OH 43615-2174

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

Name of Employer PROMEDICA PHYSICIAN GROUP Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35899960
 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 42 / 101
(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)
Randolph J Gould, MD FACS

Mailing Address 1801 Windy Ridge Pt

City State Zip Code
Virginia Bch VA 23454-1534

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

Name of Employer Occupation
NORFOLK SURGICAL GROUP LTD Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899961

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
John Jos Kennedy, Jr. MD

Mailing Address 1675 Providence Ave

City State Zip Code
Schenectady NY 12309-3919

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 ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899963

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
David Thos Hannan, MD

Mailing Address 3669 Countryside Ln
Box 110

City State Zip Code
Marion NY 14505-9781

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

Name of Employer Occupation
ARCADIA FAMILY PRACTICE PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899964

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 43 / 101

(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.

Full Name (Last, First, Middle Initial)
Daniel Joel Koretz, MD

Mailing Address 6200 Slocum Rd

City State Zip Code
Ontario NY 14519-9142

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899965

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Gary Lee Dillehay, MD

Mailing Address 251 E Huron St

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
LOYOLA UNIVERSITY PHYSICI- AN FOUNDATION Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899966

Amount of Each Receipt this Period

83.33

C.

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

Mailing Address 10635 Canterbury Rd.

City State Zip Code
Fairfax Station VA 22039-1927

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIAT- ION AMA Executive

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899967

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 44 / 101
(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.

Full Name (Last, First, Middle Initial)
Hugo Armando Alvarez, MD

Mailing Address 169 Santa Fe Ln

City Willow Spgs State IL Zip Code 60480-1624

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

Name of Employer ACCESS COMMUNITY HEALTH NETWORK ADMIN Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899968

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
Robert Ernest Hertzka, MD

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 ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899969

Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
William Austin Dolan, MD

Mailing Address 880 Westfall Rd Ste A

City Rochester State NY Zip Code 14618-2611

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

Name of Employer GENESEE VALLEY ORTHOPAEDIC CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899970

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 45 / 101
(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.

Full Name (Last, First, Middle Initial)
Glenn Allen Loomis, MD

Mailing Address 1600 Albany St
St Francis Medical Group

City Beech Grove State IN Zip Code 46107-1541

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

Name of Employer SPARROW HEALTH SYSTEM Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899971

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
John S Mc Intyre, MD

Mailing Address 2000 Winton Rd S
Ste 303

City Rochester State NY Zip Code 14618-3970

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

Name of Employer UNITY MENTAL HEALTH Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899972

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 800 E Cheves St
Ste 420

City Florence State SC Zip Code 29506-2649

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

Name of Employer ALLERGY ASTHMA & SINUS CE-
NTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899973

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 46 / 101
(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.

Full Name (Last, First, Middle Initial)
Patrick Wm Mc Cormick, MD FACS

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 ▼ 583.35

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899974

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
Robert Cameron More, MD

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 INST-ITUTE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899975

Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
Josefina Cabuena Bello, MD

Mailing Address G3317 Beecher Rd

City Flint State MI Zip Code 48532-3615

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

Name of Employer JOSEPHINE C. BELLO, MD PLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899976

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 47 / 101
(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)
Michael Bradley Simon, MD

Mailing Address 35 Gellatly Dr

City State Zip Code
Wappingers Fl NY 12590-6452

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

Name of Employer Occupation
NAPA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899977

Amount of Each Receipt this Period
83.33

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

Mailing Address 22 S 900 E

City State Zip Code
Salt Lake City UT 84102-1307

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

Name of Employer Occupation
INTERMOUNTAIN EAR NOSE & THROAT SPEC. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899979

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
David George Gerkin, MD

Mailing Address 2300 Lakemoor Dr

City State Zip Code
Knoxville TN 37920-2815

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 ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899980

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 48 / 101
(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. Full Name (Last, First, Middle Initial)
Diana Reiko Shiba, MD

Mailing Address 8950 Costa Verde Blvd
No 4137

City San Diego State CA Zip Code 92122-1176

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

Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899981

Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Angelo S Carrabba, MD

Mailing Address 811 Blue Hills Ave

City Bloomfield State CT Zip Code 06002-3709

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 ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899982

Amount of Each Receipt this Period 83.33

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

Mailing Address 15 Charles Plz
Apt 1402

City Baltimore State MD Zip Code 21201-3941

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

Name of Employer NEW MEXICO HEART INSTITUT- E-ALBUQUERQUE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35899984

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: PAGE 49 / 101
(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.

Full Name (Last, First, Middle Initial)
Michael James Richardson, MD

Mailing Address 254 Easton Ave
St Peters Med Ctr

City State Zip Code
New Brunswick NJ 08901-1780

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

Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899985

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 6127 Seacrest View Rd

City State Zip Code
San Diego CA 92121-4123

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

Name of Employer KAISER FDN HEALTH PLAN NA-TION HQ
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899988

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Devdutta G Sangvai, MD

Mailing Address 708 Oxboro Cir

City State Zip Code
Durham NC 27713-8298

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

Name of Employer DUKE UNIVERSITY
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899989

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 50 / 101
(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.

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

Mailing Address 79 Wawecus St
Ste 101

City State Zip Code
Norwich CT 06360-2173

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

Name of Employer Occupation
NORWICH GI ASSOCIATES PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899990

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 31501-3638

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

Name of Employer Occupation
EMORY HEALTHCARE Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899991

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 3 Sundown Pkwy

City State Zip Code
Austin TX 78746-5201

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

Name of Employer Occupation
UT PHYSICIANS-ADMINISTRAT-ION Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35899992

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 / 101
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address PO Box 389

City State Zip Code
Forest VA 24551-0389

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

Name of Employer
CENTRAL VIRGINIA FAMILY PHYSICIANS

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
683.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899993

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Alan Barth Pillersdorf, MD

Mailing Address 1620 S Congress Ave Ste 100

City State Zip Code
Palm Springs FL 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 ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899994

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
David Vito Nenna, MD

Mailing Address 1465 Route 31 S

City State Zip Code
Annandale NJ 08801-3129

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 ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35899995

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 / 101
(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)
Donald Franklin, Jr. MD

Mailing Address 5335 Summerfield Ln

City State Zip Code
Signal Mtn TN 37377-2861

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

Name of Employer: NEPHROLOGY ASSOCIATES Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt: 07 / 23 / 2010
Transaction ID: 35899997
 Amount of Each Receipt this Period: 83.33

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

Mailing Address 4 Longfellow Pl Apt 2910

City State Zip Code
Boston MA 02114-2826

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

Name of Employer: PARTNERS HEALTH CARE Occupation: Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt: 07 / 23 / 2010
Transaction ID: 35899998
 Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial)
Hans Chin Arora

Mailing Address 540 W Belmont Ave
Unit 2B

City State Zip Code
Chicago IL 60657-4678

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

Name of Employer: NORTHWESTERN UNIVERSITY Occupation: Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt: 07 / 23 / 2010
Transaction ID: 35899999
 Amount of Each Receipt this Period: 41.66

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: PAGE 53 / 101
(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.

Full Name (Last, First, Middle Initial)
Patrice A Harris, MD

Mailing Address 2801 Buford Hwy NE
Ste 501

City Atlanta State GA Zip Code 30329-2137

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 ▼ 583.35

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900000

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
William Chas Sternfeld, MD FACS

Mailing Address 4235 Secor Rd

City Toledo State OH Zip Code 43623-4231

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

Name of Employer TOLEDO CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900001

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Ronald Lee Morton, MD

Mailing Address 1001 Tower Way Ste 150

City Bakersfield State CA Zip Code 93309-1586

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 ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900002

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 54 / 101
(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)
Srinivas B Mukkamala, MD

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 ▼ 583.31

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900003
 Amount of Each Receipt this Period 83.33

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

Mailing Address 6729 Mill Brook 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 ▼ 583.31

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900004
 Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Erick Allen Eiting, MD

Mailing Address 15 W 107th St
Apt 24

City New York State NY Zip Code 10025-3308

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

Name of Employer JACOBI MEDICAL CENTER Occupation Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900005
 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 55 / 101
(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. Full Name (Last, First, Middle Initial)
Heather Elaine Kaiser

Mailing Address 2716 Elliott Ave
Apt 905

City State Zip Code
Seattle WA 98121-3512

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900006

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Evangelos Megariotis, MD

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 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 ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900007

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Georgia Anne Tuttle, MD

Mailing Address 129 Mechanic St
The Skin Care Ctr

City State Zip Code
Lebanon NH 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 ▼
583.35

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900008

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: PAGE 56 / 101
(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.

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

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 ▼ 683.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35900009

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
Raj Ambay, MD

Mailing Address 5639 Longford Ter Apt 203

City Fitchburg State WI Zip Code 53711-6973

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

Name of Employer UW-MADISON Occupation Plastic Surgery Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 23 / 2010

Transaction ID: 35900010

Amount of Each Receipt this Period 41.66

C.

Full Name (Last, First, Middle Initial)
Ruth Jean Schulze, MD

Mailing Address 577 Chestnut Ridge Rd Ste 2

City Woodcliff Lk State NJ Zip Code 07677-8400

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010

Transaction ID: 35900011

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: PAGE 57 / 101
(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)
Carl Alexander Sirio, MD
Mailing Address 50 Quail Hill Rd

City Blawnox State PA Zip Code 15238-1834

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

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900012
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Joseph Snyder, MD
Mailing Address 8630 Fenton St Ste 608

City Silver Spring State MD Zip Code 20910-3830

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 ▼ 583.31

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900013
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
David John Schifeling, MD
Mailing Address 900 W Clairemont Ave

City Eau Claire State WI Zip Code 54701-6122

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 ▼ 583.31

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900014
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 101
(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 Robt Mc Gill, MD
Mailing Address 436A State St

City State Zip Code
Bangor ME 04401-6606

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35900015
 Amount of Each Receipt this Period
 83.33

B. Full Name (Last, First, Middle Initial)
Gerald Robert Stephenson, Jr. MD
Mailing Address 1000 9th Ave

City State Zip Code
Fort Worth TX 76104-3906

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

Name of Employer TEXAS HEALTH CARE PLLC Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35900016
 Amount of Each Receipt this Period
 83.33

C. Full Name (Last, First, Middle Initial)
Elizabeth Fay Wu, MD
Mailing Address 2504 Samaritan Dr Ste 20

City State Zip Code
San Jose CA 95124-4005

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35900017
 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 59 / 101
(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.

Full Name (Last, First, Middle Initial)
Richard Jeffrey Scott, MD

Mailing Address 1 Riverview Plz
Riverview Med Ctr

City State Zip Code
Red Bank NJ 07701-1872

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

Name of Employer Occupation
MERIDIAN HEALTH Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900018

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address PO Box 6680

City State Zip Code
Denver CO 80206-0680

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

Name of Employer Occupation
SPINEONE, INC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900019

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 1165 Highway 1 S
Sutie 300

City State Zip Code
Lugoff SC 29078-8966

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

Name of Employer Occupation
SOUTH CAROLINA ENT Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900020

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 60 / 101

(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.

Full Name (Last, First, Middle Initial)
Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City State Zip Code
Silver Spring MD 20901-4917

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

Name of Employer Occupation
USN Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900021

Amount of Each Receipt this Period

41.66

B.

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

Mailing Address 311 W 24th St

City State Zip Code
Erie PA 16502-2665

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

Name of Employer Occupation
ALLIED UROLOGY ASSOCIATES Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900022

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Stephen Julius Migliori, MD

Mailing Address 2 Dudley St
Ste 470

City State Zip Code
Providence RI 02905-3248

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

Name of Employer Occupation
UNIVERSITY SURGICAL ASSOC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900024

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: PAGE 61 / 101
(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)
Samantha Leona Rosman, MD
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 ▼ 291.62
Date of Receipt 07 / 23 / 2010
Transaction ID: 35900025
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Michael Allan Sandler, MD
Mailing Address 4270 Barcroft Way
City State Zip Code
Orchard Lake MI 48323-1804
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HENRY FORD MEDICAL CENTER Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31
Date of Receipt 07 / 23 / 2010
Transaction ID: 35900026
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Suma Anna Thomas, MD
Mailing Address 388 Norfolk St # 1
City State Zip Code
Cambridge MA 02139-1417
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
LAHEY CLINIC Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31
Date of Receipt 07 / 23 / 2010
Transaction ID: 35900027
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 62 / 101
	<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.	Full Name (Last, First, Middle Initial) Rebecca J Patchin, MD		Date of Receipt
	Mailing Address 18195 Kross Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
	City	State	Zip Code
	Riverside	CA	92508-8897
	FEC ID number of contributing federal political committee. C		Transaction ID: 35900028
Name of Employer LOMA LINDA UNIVERSITY		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.31	<input type="text"/> 83.33

B.	Full Name (Last, First, Middle Initial) Mr. William R. Abrams		Date of Receipt
	Mailing Address 155 Ash St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
	City	State	Zip Code
	Saratoga Springs	NY	12866-3826
	FEC ID number of contributing federal political committee. C		Transaction ID: 35900029
Name of Employer MEDICAL SOCIETY OF THE STATE OF NY		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Roni Ephrat, MD		Date of Receipt
	Mailing Address 116 Broadway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
	City	State	Zip Code
	Norwood	NJ	07648-1401
	FEC ID number of contributing federal political committee. C		Transaction ID: 35900030
Name of Employer BERGEN ANESTHESIA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.31	<input type="text"/> 83.33

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 266.66
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 63 / 101

(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.

Full Name (Last, First, Middle Initial)
Betty Shuwein Chu, MD

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900031

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Dale Clifford Moquist, MD

Mailing Address 14023 Southwest Fwy
Physicians at Sugarcreek

City State Zip Code
Sugar Land TX 77478-3550

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

Name of Employer Occupation
MEMORIAL HERMANN Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 666.68

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900032

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 9699 Ocean Hwy
PO Box 289

City State Zip Code
Pawleys Isl SC 29585-7425

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900033

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 64 / 101
	<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.	Full Name (Last, First, Middle Initial) Mr. Thomas P. Healy, Jr.	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 547 S Clark St Apt 1401	Transaction ID: 35900034
	City State Zip Code Chicago IL 60605-1548	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

B.	Full Name (Last, First, Middle Initial) David Andrew Rosman, MD	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 39A Danforth St	Transaction ID: 35900035
	City State Zip Code Jamaica Plain MA 02130-1847	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer MGH	Occupation Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

C.	Full Name (Last, First, Middle Initial) Janne Lynch	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 24184 N 74th St.	Transaction ID: 35900036
	City State Zip Code Scottsdale AZ 85255-3488	Amount of Each Receipt this Period 83.33
	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 ▼ 583.31	

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 65 / 101
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. William Butler		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 5206 Bayshore Blvd.		Transaction ID: 35900037		
	City Tampa	State FL	Zip Code 33611-4110	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation Physician Spouse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.35			

B.	Full Name (Last, First, Middle Initial) Louis James Kraus, MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 456 Woodland Rd		Transaction ID: 35900038		
	City Highland Park	State IL	Zip Code 60035-5057	Amount of Each Receipt this Period 83.33	
	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 ▼ 583.35			

C.	Full Name (Last, First, Middle Initial) Maureen Rose Lannan, MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 622 Cypress St		Transaction ID: 35900039		
	City Sulphur	State LA	Zip Code 70663-5052	Amount of Each Receipt this Period 83.33	
	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 ▼ 583.35			

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 66 / 101
(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)
Mokarram Husain Jafri, Jr. MD
 Mailing Address 6 Oakhurst Ct
 City Clifton Park State NY Zip Code 12065-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA GROUP OF ALBANY Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31
 Date of Receipt 07 / 23 / 2010
Transaction ID: 35900040
 Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Michael Jos Sexton, MD
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.35
 Date of Receipt 07 / 23 / 2010
Transaction ID: 35900041
 Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Mutaz Billah Habal, MD FRCS
 Mailing Address 205 W Martin Luther King Blvd
 City Tampa State FL Zip Code 33603-3600
 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 ▼ 583.35
 Date of Receipt 07 / 23 / 2010
Transaction ID: 35900042
 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 67 / 101

(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.

Full Name (Last, First, Middle Initial)
Corliss Adam Varnum, MD

Mailing Address 79 Regan Dr

City State Zip Code
Oswego NY 13126-5602

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900043

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Patrick Danl Aiello, MD

Mailing Address 275 E 28th St

City State Zip Code
Yuma AZ 85364-8206

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

Name of Employer Occupation
AIELLO EYE INSTITUTE Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900044

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Henry Donn Venable, MD

Mailing Address 10410 Cliffwood Dr

City State Zip Code
Houston TX 77035-3702

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

Name of Employer Occupation
PRK PLZA ANESTHESIOLOGY Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900046

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 68 / 101
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 2360 SW Archer Rd Apt 311	Transaction ID: 35900047
	City State Zip Code Gainesville FL 32608-1010	Amount of Each Receipt this Period 41.66
	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) ▼ Aggregate Year-to-Date ▼ 291.62	

B.	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 2360 SW Archer Rd Apt 311	Transaction ID: 35900048
	City State Zip Code Gainesville FL 32608-1010	Amount of Each Receipt this Period 41.66
	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) ▼ Aggregate Year-to-Date ▼ 333.28	

C.	Full Name (Last, First, Middle Initial) Henry Donn Venable, MD	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 10410 Cliffwood Dr	Transaction ID: 35900049
	City State Zip Code Houston TX 77035-3702	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer PRK PLZA ANESTHESIOLOGY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

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: PAGE 69 / 101
(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)
Valerie Pronio-Stelluto, MD

Mailing Address 330 Mt Auburn St
Mount Auburn Hosp

City Cambridge State MA Zip Code 02138-5597

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

Name of Employer MOUNT AUBURN HOSPITAL Occupation Physician - Director, Med. Student Edu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.02

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900051
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Joel Thos Bundy, MD

Mailing Address 745 Battlefield Blvd N

City Chesapeake State VA Zip Code 23320-0305

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

Name of Employer TIDEWATER KIDNEY SPECIALI-STS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.35

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900052
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Valerie Pronio-Stelluto, MD

Mailing Address 330 Mt Auburn St
Mount Auburn Hosp

City Cambridge State MA Zip Code 02138-5597

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

Name of Employer MOUNT AUBURN HOSPITAL Occupation Physician - Director, Med. Student Edu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2010
Transaction ID: 35900054
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 70 / 101
(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.

Full Name (Last, First, Middle Initial)
Patrick Danl Aiello, MD

Mailing Address 275 E 28th St

City Yuma State AZ Zip Code 85364-8206

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

Name of Employer
AIELLO EYE INSTITUTE Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.68

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900055

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Michael E Migliori, MD

Mailing Address 120 Dudley St
Ste 301

City Providence State RI Zip Code 02905-2429

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

Name of Employer
SELF-EMPLOYED Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900462

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Judson J Somerville, MD

Mailing Address 6801 McPherson Rd
Ste 334

City Laredo State TX Zip Code 78041-6417

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 ▼
583.31

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 35900463

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 71 / 101
(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)
Janice Tildon-Burton, MD

Mailing Address 2600 Glasgow Ave
Ste 207

City State Zip Code
Newark DE 19702-5704

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900464

Amount of Each Receipt this Period
83.33

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

Mailing Address 118 12th Ave E

City State Zip Code
Seattle WA 98102-5804

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

Name of Employer UNIVERSITY OF WASHINGTON Occupation Resident Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 35900476

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Rudd Bailey, MD

Mailing Address 5929 Lovell Ave
Fwaa

City State Zip Code
Fort Worth TX 76107-5029

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

Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.35

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 35901292

Amount of Each Receipt this Period
166.66

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: PAGE 72 / 101

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD		Date of Receipt
	Mailing Address 600 N Fairbanks Ct Apt 2501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2010
	City	State	Zip Code
	Chicago	IL	60611-5856
	FEC ID number of contributing federal political committee. C		Transaction ID: 35901300
Name of Employer NOMC MACNEAL RADIATION TH- ERAPY		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.70	<input type="text"/> 41.74

B.	Full Name (Last, First, Middle Initial) Mr. Dean Armandroff		Date of Receipt
	Mailing Address 902 Oronoco St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 27 / 2010
	City	State	Zip Code
	Alexandria	VA	22314-2235
	FEC ID number of contributing federal political committee. C		Transaction ID: 35910197
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION		Occupation AMA Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.31	<input type="text"/> 83.33

C.	Full Name (Last, First, Middle Initial) William Clayton Stafford, MD		Date of Receipt
	Mailing Address 101 Hospital Dr Stafford Family Medicine		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 29 / 2010
	City	State	Zip Code
	Princeton	KY	42445-2301
	FEC ID number of contributing federal political committee. C		Transaction ID: 36046843
Name of Employer SELF-EMPLOYED		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.16	<input type="text"/> 26.36

SUBTOTAL of Receipts This Page (optional) ▶

151.43

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 73 / 101

(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.

Full Name (Last, First, Middle Initial)

Marc Max Dreier, MD

Mailing Address 295 Richards Rd

City State Zip Code
Ridgewood NJ 07450-1009

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

Name of Employer
VALLEY EMERGENCY ROOM ASSOCIATES P A

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
07 / 29 / 2010

Transaction ID: 36046850

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Ferris Mckay, MD

Mailing Address 8 Medical Dr

City State Zip Code
Amarillo TX 79106-4168

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

Name of Employer
SELF-EMPLOYED

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2010

Transaction ID: 36046858

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Diane M. Jeffrey

Mailing Address 175 Bone Lane

City State Zip Code
Batesville AR 72501-9432

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 / D D / Y Y Y Y
07 / 29 / 2010

Transaction ID: 36046867

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 74 / 101
(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)
Steven A. Ellwing
Mailing Address 1650 Castillian Way
City State Zip Code
Mundelein IL 60060-4832
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 ▼ 500.00
Date of Receipt: 07 / 29 / 2010
Transaction ID: 36046869
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Nelson B Record, MD
Mailing Address 92 Fenderson Hill Rd
City State Zip Code
Wilton ME 04294-5715
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
FRANKLIN MEMORIAL HOSPITAL Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 / 12 / 2010
Transaction ID: 36346930
Amount of Each Receipt this Period: 0.00
[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$50-0.00

C. Full Name (Last, First, Middle Initial)
Henry Donn Venable, MD
Mailing Address 10410 Cliffwood Dr
City State Zip Code
Houston TX 77035-3702
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
PRK PLZA ANESTHESIOLOGY Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.35
Date of Receipt: 07 / 27 / 2010
Transaction ID: 36346940
Amount of Each Receipt this Period: 0.00
[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$83.33 This changes the YTD Total to \$583-35

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
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 75 / 101
(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)
Patrick Danl Aiello, MD
Mailing Address 275 E 28th St
City Yuma State AZ Zip Code 85364-8206
FEC ID number of contributing federal political committee. **C**
Name of Employer AIELLO EYE INSTITUTE Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35
[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$83.33 This changes the YTD Total to \$583-35

B. Full Name (Last, First, Middle Initial)
Valerie Pronio-Stelluto, MD
Mailing Address 330 Mt Auburn St
Mount Auburn Hosp
City Cambridge State MA Zip Code 02138-5597
FEC ID number of contributing federal political committee. **C**
Name of Employer MOUNT AUBURN HOSPITAL Occupation Physician - Director, Med. Student Edu
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.02
[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$83.33 This changes the YTD Total to \$500-02

C. Full Name (Last, First, Middle Initial)
Christopher Eric Bucciarelli
Mailing Address 2360 SW Archer Rd
Apt 311
City Gainesville State FL Zip Code 32608-1010
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Medical Student
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62
[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$41.66 This changes the YTD Total to \$291-62

SUBTOTAL of Receipts This Page (optional) ► 0.00
TOTAL This Period (last page this line number only) ► 17308.85

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

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

FOR LINE NUMBER: PAGE 76 / 101
(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)
PNC ADVISORS

Mailing Address PO BOX 96211

City State Zip Code
Washington DC 20090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
33.84

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2010

Transaction ID: 36075042

Amount of Each Receipt this Period
0.06

INTEREST

SUBTOTAL of Receipts This Page (optional)	▶	0.06
TOTAL This Period (last page this line number only)	▶	0.06

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A. Full Name (Last, First, Middle Initial) Tim Ryan For Congress <hr/> Mailing Address 1600 Roosevelt Avenue Suite 804 <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Timothy J. Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35632796 Date of Disbursement 07 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 GENERAL
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Coburn For Senate 2010 <hr/> Mailing Address Post Office Box 977 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Sen. Thomas Allen Coburn, M.D. <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35632798 Date of Disbursement 07 / 02 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 PRIMARY
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35632801 Date of Disbursement 07 / 02 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 PRIMARY
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Boren For Congress</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35632805 Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Lucas For Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35632806 Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Cole For Congress</p> <p>Mailing Address P.O. Box 722256</p> <p>City Norman State OK Zip Code 73070</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Thomas Cole</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35632807 Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 03</p>	<p>Transaction ID: 35660177</p> <p>Date of Disbursement 07 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p>	<p>Transaction ID: 35660181</p> <p>Date of Disbursement 07 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address 236 Massachusetts Ave Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Sen. Kirsten E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District:</p>	<p>Transaction ID: 35660182</p> <p>Date of Disbursement 07 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Cohen For Congress</p> <p>Mailing Address 349 Kenilworth</p> <p>City Memphis State TN Zip Code 38112</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Stephen Ira Cohen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35660184 Date of Disbursement 07 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Sen. Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35684054 Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35684237 Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Westmoreland For Congress <hr/> Mailing Address P.O. Box 458 <hr/> City State Zip Code Sharpsburg GA 30277 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Lynn A. Westmoreland <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35684241 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 PRIMARY
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Price For Congress <hr/> Mailing Address P.O. Box 425 <hr/> City State Zip Code Roswell GA 30077 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Thomas Price, M.D. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35684242 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 PRIMARY
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City State Zip Code Savannah GA 31412 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35684249 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2010
	Amount of Each Disbursement this Period 2000.00
	2010 PRIMARY
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc</p> <p>Mailing Address PO Box 27750</p> <p>City Macon State GA Zip Code 31221</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. James Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35684275</p> <p>Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35734556</p> <p>Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 S CAPITAL STREET</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 ANNUAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35831690</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2010 ANNUAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ►

17500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE</p> <p>Mailing Address 310 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 ANNUAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35847797 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2010 ANNUAL CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Marco Rubio For US Senate</p> <p>Mailing Address 2030 South Douglas Road Suite 105</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848019 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Jeff Miller For Congress</p> <p>Mailing Address P. O. Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Jeff B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848020 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Corrine Brown</p> <p>Mailing Address 3563 Carriage Walk Lane</p> <p>City Laurel State MD Zip Code 20724</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Corrine Brown</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848021 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Crenshaw For Congress Campaign</p> <p>Mailing Address 4963 Beach Boulevard Suite 1</p> <p>City Jacksonville State FL Zip Code 32207</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Ander Crenshaw</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848074 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Clifford B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848075 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mica For Congress</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848081</p> <p>Date of Disbursement MM / DD / YYYY 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Kurt Kelly For Congress</p> <p>Mailing Address PO Box 533021</p> <p>City Orlando State FL Zip Code 32853</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. Kurt Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848083</p> <p>Date of Disbursement MM / DD / YYYY 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address PO Box 606</p> <p>City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Gus M. Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848084</p> <p>Date of Disbursement MM / DD / YYYY 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848085</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. Dennis Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848087</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Vern Buchanan For Congress</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Vern Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848088</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Connie Mack</p> <p>Mailing Address P.O. Box 519 Pmb 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Connie Mack, IV</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848089</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Bill Posey</p> <p>Mailing Address P. O. Box 360877</p> <p>City Melbourne State FL Zip Code 32936</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848090</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Tom Rooney For Congress</p> <p>Mailing Address 2336 S. East Ocean Blvd. #313</p> <p>City Stuart State FL Zip Code 34996</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Tom Rooney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848142</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Rudy Noise For Congress</p> <p>Mailing Address PO Box 680417</p> <p>City North Miami State FL Zip Code 33168</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. Rudolph Noise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848143 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress</p> <p>Mailing Address PO Box 522784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848144 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Ted Deutch For Congress Committee</p> <p>Mailing Address 20423 Sr 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. Theodore Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848146 Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

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9000.00

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

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<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Mario Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848148</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sandy Adams For Congress</p> <p>Mailing Address PO Box 1566</p> <p>City Orlando State FL Zip Code 32802</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Ms. Sandy Adams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848179</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David Rivera For Congress</p> <p>Mailing Address P.O. Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. David Rivera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35848180</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>

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12000.00

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

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(check only one)

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<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

A. Full Name (Last, First, Middle Initial) Heller For Congress Mailing Address PO Box 531086 City Henderson State NV Zip Code 89053 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35862025 Date of Disbursement 07 / 19 / 2010
	Amount of Each Disbursement this Period 500.00
	2010 GENERAL
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) The Madison PAC Mailing Address 50 E Street SE Suite 1 City Washington State DC Zip Code 20003 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35862029 Date of Disbursement 07 / 19 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 CONTRIBUTION
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Friends Of John Thune Mailing Address 200 North Phillips Avenue Ste L101 City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement 2010 GENERAL Candidate Name Sen. John R. Thune Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35883109 Date of Disbursement 07 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	2010 GENERAL
	Category/ Type 011

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

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson</p> <p>Mailing Address PO Box 1112</p> <p>City State College State PA Zip Code 16804</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Glenn W. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 05</p>	<p>Transaction ID: 35883112</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District: 01</p>	<p>Transaction ID: 35893259</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Lewis For Congress Committee</p> <p>Mailing Address PO Box 247</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jerry Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 41</p>	<p>Transaction ID: 35897755</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

A. Full Name (Last, First, Middle Initial) Bright For Congress Mailing Address P.O.Box 2106 City Montgomery State AL Zip Code 36102 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Bobby Neal Bright, Sr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 02	Transaction ID: 35897809 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 500.00
	2010 GENERAL
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address PO Box 37 City Roseville State MI Zip Code 48066 Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Transaction ID: 35897812 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 PRIMARY
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) John D. Dingell For Congress Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	Transaction ID: 35897816 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 5000.00
	2010 PRIMARY
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35897817</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35897818</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P O Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905406</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

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6500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Travis Wayne Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905407</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905529</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Chad Causey For Congress</p> <p>Mailing Address PO Box 16966</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Chad Causey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905535</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>

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7500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Tim Griffin For Congress Campaign Committee</p> <p>Mailing Address P.O. Box 7526</p> <p>City Little Rock State AR Zip Code 72217</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. John Griffin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905590 Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Womack For Congress Finance Committee</p> <p>Mailing Address 314 W Walnut PO Box 508</p> <p>City Rogers State AR Zip Code 72757</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Steve Womack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905592 Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Michael Avery Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35905594 Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>

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5000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: 35905596 Date of Disbursement 07 / 26 / 2010
	Mailing Address 5915 Eastman Avenue Suite 100	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 PRIMARY

B.	Full Name (Last, First, Middle Initial) Toomey For Senate Committee	Transaction ID: 35905601 Date of Disbursement 07 / 26 / 2010
	Mailing Address 2720 Jordan Road	Amount of Each Disbursement this Period 5000.00
	City Orefield State PA Zip Code 18069	
	Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 GENERAL

C.	Full Name (Last, First, Middle Initial) Cicilline Committee	Transaction ID: 35905607 Date of Disbursement 07 / 26 / 2010
	Mailing Address 102 Waterman St, Suite 2	Amount of Each Disbursement this Period 5000.00
	City Providence State RI Zip Code 02906	
	Purpose of Disbursement 2010 PRIMARY Candidate Name Mr. David Cicilline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 PRIMARY

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lisa Murkowski For US Senate Mailing Address PO Box 100847 City Anchorage State AK Zip Code 99510 Purpose of Disbursement 2010 PRIMARY Candidate Name Sen. Lisa Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35908381 Date of Disbursement 07 / 27 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type 2010 PRIMARY
B.	Full Name (Last, First, Middle Initial) Pascrell For Congress Mailing Address P.O. Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35908427 Date of Disbursement 07 / 27 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type 2010 GENERAL
C.	Full Name (Last, First, Middle Initial) ERIC PAC Mailing Address 209 PENNSYLVANIA AVENUE, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36046480 Date of Disbursement 07 / 30 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type 2010 CONTRIBUTION

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Lucas For Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement Void - Lucas For Congress-7/2/2010 CHK.</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36066480 Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Lucas For Congress- 7/2/2010 CHK.</p>
<p>B. Full Name (Last, First, Middle Initial) Coburn For Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Void - Coburn For Senate 2010-7/2/2010 CHK</p> <p>Candidate Name Sen. Thomas Allen Coburn, M.D.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36074602 Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Coburn For Senate 2010-7/2/2010 CHK</p>
<p>C. Full Name (Last, First, Middle Initial) Boren For Congress</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Void - Boren For Congress-7/2/2010 CHK</p> <p>Candidate Name Rep. Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36074603 Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Boren For Congress- 7/2/2010 CHK</p>

SUBTOTAL of Disbursements This Page (optional)	-4000.00
TOTAL This Period (last page this line number only)	157000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nelson B Record, MD Mailing Address 92 Fenderson Hill Rd City Wilton State ME Zip Code 04294-5715 Purpose of Disbursement Refund of Double Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35683084 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00 Refund of Double Charge
B.	Full Name (Last, First, Middle Initial) Patrick Danl Aiello, MD Mailing Address 275 E 28th St City Yuma State AZ Zip Code 85364-8206 Purpose of Disbursement Refund of Double Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35908785 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 83.33 Refund of Double Charge
C.	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli Mailing Address 2360 SW Archer Rd Apt 311 City Gainesville State FL Zip Code 32608-1010 Purpose of Disbursement Refund of Double Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35908808 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 41.66 Refund of Double Charge

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

A.

Full Name (Last, First, Middle Initial)
Valerie Pronio-Stelluto, MD

Transaction ID: 35908828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	0

Mailing Address 330 Mt Auburn St
Mount Auburn Hosp

Amount of Each Disbursement this Period

83.33

City Cambridge State MA Zip Code 02138-5597

Purpose of Disbursement
Refund of Double Charge

010
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Refund of Double Charge

State: District:

B.

Full Name (Last, First, Middle Initial)
Henry Donn Venable, MD

Transaction ID: 35908851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	0

Mailing Address 10410 Cliffwood Dr

Amount of Each Disbursement this Period

83.33

City Houston State TX Zip Code 77035-3702

Purpose of Disbursement
Refund of Double Charge

010
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Refund of Double Charge

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

166.66

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

791.65

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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

A.

Full Name (Last, First, Middle Initial)

FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET STOP 3254

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD BANK CHARGES

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 36075043

Date of Disbursement

07 / 31 / 2010

Amount of Each Disbursement this Period

531.96

CREDIT CARD BANK CHARGES

SUBTOTAL of Disbursements This Page (optional)

531.96

TOTAL This Period (last page this line number only)

531.96