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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Ave, NW ADDRESS (number and street) Suite 600 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00000422 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 07 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kevin Walker Type or Print Name of Treasurer Electronically Filed by Kevin Walker 08 17 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/101

Write or Type Committee Name AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE D D " D 07 0 1 2010 07 3 1 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1718643.76 January 1 (b) Cash on Hand at 2146502.03 Begining of Reporting Period ..... 47657.87 691844.28 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2194159.90 2410488.04 6(a) and 6(c) for Column B) ..... 158323.61 374651.75 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2035836.29 2035836.29 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 101

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From: 0.7

D D D 1

2010

Γο:

м м 0 7 <sup>D</sup> 3 1

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47657.81	674011.74
Transfers From Affiliated/Other     Party Committees	0.00	2000.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	15632.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.06	200.54
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47657.87	691844.28
Total Federal Receipts     (subtract Line 18(c) from Line 19)	47657.87	691844.28

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 101

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
(	Activity (from Schedule H4)	0.00	0.00
	(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
	Transfers to Affiliated/Other Party Committees	0.00	2100.00
3. (	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	157000.00	360100.00
(	Independent Expenditure (use Schedule E)	0.00	0.00
5. (	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
L			
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	701.65	4050.24
,	Than Political Committees	791.65	4958.34
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees	0.00	0.00
1	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(	(add Lines 28(a), (b), and (c))	791.65	4958.34
		0.00	0.00
9. (	Other Disbursements	0.00	0.00
0. I	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	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)	150202 61	274651 75
	from Line 31)	158323.61	374651.75

## **DETAILED SUMMARY PAGE**

of Disbursements

5 / 101

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

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21	CHEDULE A (FEC Form 3X)		Lies congrete = -b = -b -l -/-\	FOR LINE NUMBER: PAGE 6 / 101
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S	Statements may	v not be sold or used by any perso	
or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	AMERICAN MEDICAL ASSOCIATION	I POLITICAL	ACTION COMMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) John Michael Vasudevan, MD			Date of Receipt
	Mailing Address 1500 Locust St Apt 2406			07 01 YYYY 2010
	City	State	Zip Code	Transaction ID: 35612651
	Philadelphia	PA	19102-4318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	$\dashv$
	Name of Employer THOMAS JEFFERSON UNIVERSI- TY HOSPITAL	Resident		
	Receipt For:		e Year-to-Date ▼	
	Primary General		270.00	1
	Other (specify)	0 0	270.00	
	Full Name (Last, First, Middle Initial) Rachelle Marie Klammer, MD	1		Date of Receipt
	Mailing Address 1201 Canal St			M M / D D / Y Y Y Y
	Apt 251	Ctoto	7in Codo	07 04 2010
	City New Orleans	State I A	Zip Code 70112-2629	Transaction ID: 35633457
			70112-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LA STATE UNIVERSITY HEALTH	Occupatio		
	SCIENCES CT	Resident		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
				1
	Full Name (Last, First, Middle Initial) Chet Dean Schrader, MD			Date of Receipt
	Mailing Address 3249 Forestbrook Dr			07 07 YYYY 2010
	City	State	Zip Code	Transaction ID: 35657612
	Richardson	TX	75082-2691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupatio Physicia		
	Receipt For:	<del>, '                                   </del>	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	1 1	230.00	11

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION			
A.	Full Name (Last, First, Middle Initial) Nelson B Record, MD			Date of Receipt
	Mailing Address 92 Fenderson Hill Rd			07 07 2010
	City	State	Zip Code	Transaction ID: 35660156
	Wilton	ME	04294-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FRANKLIN MEMORIAL HOSPITAL	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
ь. В.	Full Name (Last, First, Middle Initial) Nelson B Record, MD			Date of Receipt
	Mailing Address 92 Fenderson Hill Rd		0 7 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 35660170
	Wilton	ME	04294-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FRANKLIN MEMORIAL HOSPITAL	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
С. С.	Full Name (Last, First, Middle Initial) Daniel Fredric Rosberger, MD			Date of Receipt
C.	Mailing Address 52 E 72nd St			0 7 0 7 2 0 1 0
	City New York	State NY	Zip Code 10021-4266	Transaction ID: 35667675  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer RICHARD E DANKNER MD PC	Occupation Physician		
	Receipt For: Primary General Other (specify)	<u> </u>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		<b>.</b>	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Houston Williams, MD Mailing Address 303 3rd St			Date of Receipt  0 7 0 7 2 0 1 0
Unit 409 City	State	Zip Code	Transaction ID: 35667680
<u>Cambridge</u>	MA	02142-1164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MASSACHUSETTS GENERAL HOS- PITAL	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thales Nicholas Pavlatos, MD			Date of Receipt
Mailing Address 2790 Kilkenny Dr			07 07 2010
City	State	Zip Code	Transaction ID: 35667915
Springfield	OH	45503-1181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MERCY ANESTHESIOLOGISTS INC	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Marietta Nelson, MD			Date of Receipt
Mailing Address 2800 N Tenaya Way Ste 102			07
City	State	Zip Code	Transaction ID: 35830441
Las Vegas	NV	89128-1100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			600.00

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to DN POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Werner, MD  Mailing Address 1014 Edgewood Cir  City  Marinette  FEC ID number of contributing federal political committee.  Name of Employer NORTHREACH HEALTHCARE  Receipt For: Primary General Other (specify)	State Zip Code WI 54143-4224  C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  2 1 2 2 0 1 0  Transaction ID: 35886484  Amount of Each Receipt this Period  41.66
Full Name (Last, First, Middle Initial)  Mark Mandabach, MD  Mailing Address 619 19th St S  UAB Dept of Anesthe  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer UAHSF PSYCHIATRY	esiology State Zip Code AL 35249-1900  C	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)	Physician Aggregate Year-to-Date ▼  291.62	Date of Receipt
Mailing Address 477 N El Camino Re Ste A306  City Encinitas  FEC ID number of contributing federal political committee.  Name of Employer NORTH COAST FAMILY MEDICAL GROUP Receipt For:	State Zip Code CA 92024-1350  C  Occupation Physician Aggregate Year-to-Date	Transaction ID: 35886486  Amount of Each Receipt this Period  41.66
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	291.62	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	Statements may not be sold or used by any persone name and address of any political committee to N POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Craig Alvin Backs, MD  Mailing Address 800 E Carpenter St Chief Med Office  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer ST JOHNS HOSPITAL  Receipt For: Primary General Other (specify)	State Zip Code IL 62769-0001  C  Occupation Physician Aggregate Year-to-Date  291.62	Date of Receipt  O 7
Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD  Mailing Address 612 Cody Dr  City Thomasville  FEC ID number of contributing federal political committee.  Name of Employer ACT MEDICAL GROUP PA  Receipt For: Primary General Other (specify)	State Zip Code NC 27360-9674  C  Occupation Physician Aggregate Year-to-Date  291.62	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Allan Goodyear, MD FACS  Mailing Address 2100 N Broad St Ste North Penn Surgical A  City Lansdale  FEC ID number of contributing federal political committee.  Name of Employer NORTH PENN SURGICAL ASSOC- IATES Receipt For: Primary General Other (specify)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· • • • • • • • • • • • • • • • • • • •	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee t	ion for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD Mailing Address 3258 N Monroe St  City Tallahassee  FEC ID number of contributing federal political committee.  Name of Employer PATIENTS FIRST  Receipt For:	State Zip Code FL 32303-2822  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  0 7 2 1 2 0 1 0  Transaction ID: 35886493  Amount of Each Receipt this Period  41.66
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Paul Erik Houmann, MD  Mailing Address 1809 Cleveland Stree  City	et Ext State Zip Code	Date of Receipt  0 7 2 1 2 0 1 0  Transaction ID: 35886494
Greenville  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	SC 29607-3029  C  Occupation Physician  Aggregate Year-to-Date ▼  291.62	Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Russell C Raphaely, MD  Mailing Address 1600 Rockland Rd Dupont Hosp For Chil City Wilmington  FEC ID number of contributing	State Zip Code DE 19803-3607	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer PROF SERVICE FUND ANES  Receipt For: Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date   291.62	41.66
SUBTOTAL of Receipts This Page (optional)	I	124.98

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Applies formation applied from such Penerto and St.	otomonto	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 101 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the DNAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Walter Anthony Reiling, MD FACS Mailing Address 1431 Ridgefield Way			Date of Receipt  0 7
	City	State	Zip Code	Transaction ID: 35886496
	Centerville	OH	45459-4939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer SELF-EMPLOYED	Occupatio Physicial		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
- В.	Full Name (Last, First, Middle Initial) Kevin Christopher Reilly, MD			Date of Receipt
	Mailing Address 108 Deer Grove Ct			07 21 2010
	City	State	Zip Code	Transaction ID: 35886497
	Elizabethtown	KY	42701-6986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer US ARMY	Occupatio Neurorac		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
с.	Full Name (Last, First, Middle Initial) Jose F Arrascue, MD			Date of Receipt
	Mailing Address 5503 S Congress Ave Ste 103			07 21 2010
	City <u>A</u> tlantis	State FL	Zip Code 33462-6614	Transaction ID: 35886499  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer SOUTH PALM BEACH NEPHROLO- GY PA	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.70	
	SUBTOTAL of Receipts This Page (optional)			124.98

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)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy Gilbert Soto, MD  Mailing Address 355 Sycamore Ct  City Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES PC Receipt For: Primary General Other (specify)	State Zip Code MI 48302-1173  C  Occupation Physician Aggregate Year-to-Date  499.97	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 35886500  Amount of Each Receipt this Period  41.66
Full Name (Last, First, Middle Initial) Janet Johnson Cash, MD  Mailing Address 833 Saint Vincents Dr Ste 401  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer SOUTHVIEW MEDICAL GROUP PC Receipt For: Primary General Other (specify)	State Zip Code AL 35205-1613  C  Occupation Physician  Aggregate Year-to-Date ▼  291.62	Date of Receipt  O 7
Full Name (Last, First, Middle Initial) Thomas Neil Rooke, MD  Mailing Address 3005 Hedgerow Ln  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Receipt For:  Primary General Other (specify)	State Zip Code IL 62704-6325  C  Occupation Physician  Aggregate Year-to-Date ▼  291.62	Date of Receipt  M M M 2 1 2 0 1 0  Transaction ID: 35886504  Amount of Each Receipt this Period  41.66
SUBTOTAL of Receipts This Page (optional)		124.98

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 101 (check only one)    X
<b>A</b> .	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION  Full Name (Last, First, Middle Initial)  Gerald Lee Murphy, MD  Mailing Address 2876 Sycamore Dr			Date of Receipt
	Mailing Address 2876 Sycamore Dr Ste 200  City Simi Valley  FEC ID number of contributing federal political committee.	State CA	Zip Code 93065-1550	Transaction ID: 35886505  Amount of Each Receipt this Period  41.66
	Name of Employer SIMI VALLEY OB GYN MEDICAL GROUP Receipt For: Primary Other (specify)	Occupation Physicial Aggregate		
В.	Full Name (Last, First, Middle Initial) William Wells Simmons, MD Mailing Address 5204 Box Turtle Cir  City Sarasota  FEC ID number of contributing federal political committee.  Name of Employer US NAVY  Receipt For: Primary General Other (specify)	State FL C Occupation Physicia Aggregate		Date of Receipt  7 7 2 1 2 0 1 0  Transaction ID: 35886506  Amount of Each Receipt this Period  41.66
<b>C</b> .	Full Name (Last, First, Middle Initial) Ashley Elizabeth Booth, MD Mailing Address 3915 Riverside Ave  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer UNIV OF FL JACKSONVILLE PHYSICIANS Receipt For: Primary General Other (specify)	State FL C Occupation Physicia Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 15 / 101 (check only one)    X
NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William T Bradley, MD		Date of Receipt
Mailing Address 811 Interstate 20 W Ste 212		07 21 YYYY 2010
City	State Zip Code	Transaction ID: 35886509
Arlington  FEC ID number of contributing federal political committee.	TX 76017-5873	Amount of Each Receipt this Period 41.66
Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Terrance Wm Breen, MD		Date of Receipt
Mailing Address 5503 Rutgers Rd		0 7 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35886510
La Jolla  FEC ID number of contributing federal political committee.	CA 92037-7822	Amount of Each Receipt this Period 41.66
Name of Employer ASMG	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Juan Manuel Pardo, MD		Date of Receipt
Mailing Address 2002 Medical Pkwy Ste 230		07
City	State Zip Code	Transaction ID: 35886511
Annapolis	MD 21401-3282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 101 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	up on the sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO			
Full Name (Last, First, Middle Initial) Juan Michael Pardo, MD			Date of Receipt
Mailing Address 2002 Medical Pkwy Ste 230			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35886512
Annapolis	MD	21401-3282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupatio Physicia		
Receipt For:	<del>- '                                   </del>	e Year-to-Date ▼	
Primary General	7.55109410	1 1 1 1 1 1 1	7
Other (specify) ▼	0 0	291.62	
Full Name (Last, First, Middle Initial) Leon Harvey Chandler, MD	•		Date of Receipt
Mailing Address 4100 Lake Otis Pkwy Ste 216	,		07 21 2010
City	State	Zip Code	Transaction ID: 35886513
Anchorage	AK	99508-5230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer A A SPECIALTY HEALTH CLIN- IC	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Christopher Peter Poje, MD			Date of Receipt
Mailing Address 3580 Sheridan Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35886514
Buffalo	NY	14226-1645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer PEDIATRIC ENT ASSOCIATES	Occupatio Physicial		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		291.62	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persor using the name and address of any political committee to stationary POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Joseph Nivens, MD Mailing Address 19 Rosehill Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35886515
Bluffton	SC 29910-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer TENET EAST COOPER SPINE	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
Full Name (Last, First, Middle Initial) Carol Jean Ziel, MD		Date of Receipt
Duke Eye Ctr V		07 21 2010
City	State Zip Code	Transaction ID: 35886516
Winston Salem  FEC ID number of contributing federal political committee.	NC 27103-5663	Amount of Each Receipt this Period 41.66
Name of Employer DUKE EYE CENTER	Occupation Physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.70	
Full Name (Last, First, Middle Initial) Damon Michael Dietrich, MD	l	Date of Receipt
Mailing Address 1101 Medical C	Center Blvd	07 21 7 2010
City Marrero	State Zip Code LA 70072-3147	Transaction ID: 35886517  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer WEST JEFFERSON PHYSICIAN SERVICES	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
SUBTOTAL of Receipts This Page (or	otional)	124.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 101 (check only one)    X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN MEDICAL ASSOCIATIO	N POLITICAL AC	CTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) James Albert Corwin, MD			Date of Receipt
	Mailing Address 4516 Robin Ln			07 21 2010
	City Midland	State TX	Zip Code 79707-2219	Transaction ID: 35886518  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73707 2213	41.66
	Name of Employer US ONCOLOGY	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	
3.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz, MD Mailing Address 6021 90th St			Date of Receipt
	City	State	Zip Code	0 7 2 1 2 0 1 0 Transaction ID: 35886519
	Lubbock	TX	79424-0814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer COVENANT MEDICAL GROUP AD- MINISTRATION	Occupation Physician	_	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	
	Full Name (Last, First, Middle Initial) Michael Armstrong, Jr. MD			Date of Receipt
	Mailing Address 8700 Stony Point Pky Ste 110	vy		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Richmond	State	Zip Code	Transaction ID: 35886520
	FEC ID number of contributing federal political committee.	C	23235-1968	Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	
	UBTOTAL of Receipts This Page (optional)	1		124.98

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 101 (check only one)    X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> .	Full Name (Last, First, Middle Initial) Masud Iqbal Malik, MD  Mailing Address 3865 N Mulford Rd  City Rockford  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED	State IL C	Zip Code 61114-5603	Date of Receipt    M M M
	Receipt For:  Primary General  Other (specify) ▼	Physicial Aggregate	n e Year-to-Date ▼ 291.62	
В.	Full Name (Last, First, Middle Initial) Scott Alan Hopkins, MD Mailing Address 4252 Highland Dr Ste	200		Date of Receipt  0 7 2 1 2 0 1 0
	City Salt Lake City	State UT	Zip Code 84124-2690	Transaction ID: 35886522  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer WESTERN UROLOGICAL CLINIC	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 391.62	
- С.	Full Name (Last, First, Middle Initial) Jerry D Mclaughlin, MD  Mailing Address 5419 N Lovington Hwy Ste 25	/		Date of Receipt  0 7 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 35886524
	Hobbs FEC ID number of contributing federal political committee.	C	88240-9135	Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED	Occupatio Physicia		
	Receipt For:  Primary  General  Other (specify) ▼	,	e 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 20 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Willard Stanley Stawski, MD  Mailing Address 1900 Wealthy St SE Ste 180  City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Grand Rapids FEC ID number of contributing federal political committee.	MI 49506-2972	Amount of Each Receipt this Period 41.66
Name of Employer HEALTHQUEST SURGICAL ASSO- CIATES Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   291.62	
Full Name (Last, First, Middle Initial) Basem Badie Abdelmalak, MD Mailing Address 9500 Euclid Ave E-31		Date of Receipt  0 7 2 1 2 0 1 0
City Cleveland	State Zip Code OH 44195-0001	Transaction ID: 35886526  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer CLEVELAND CLINIC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Agueda Lucia Mercado Acevedo, MD		Date of Receipt
Mailing Address 45 Clark St		07 21 2010
City <u>Yonkers</u>	State Zip Code NY 10704-2824	Transaction ID: 35886529  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
		124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and or for commercial purposes, other than using the second such as the second s	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any person	FOR LINE NUMBER: PAGE 21 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO			Solicit Contributions from Such Continues.
Full Name (Last, First, Middle Initial)  Ms. Sarah Newman  Mailing Address 1200 N. Nash St. #20	04		Date of Receipt
City	State	Zip Code	0 7 2 1 2 0 1 0 Transaction ID: 35886530
<u>Arlington</u>	VA	22209-3613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupation AMA Exe	ecutive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Marilyn Joan Heine, MD			Date of Receipt
Mailing Address 900 Twining Rd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 35886531
<u>Dresher</u>	PA	19025-1726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SEVERN EMERGENCY PHYSICIA- NS	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	]
Full Name (Last, First, Middle Initial) Jason Michael Goldman, MD			Date of Receipt
Mailing Address 3001 Coral Hills Dr Ste 340			07 21 2010
City Coral Springs	State FL	Zip Code 33065-4172	Transaction ID: 35886532  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' ' _ '</del>	e Year-to-Date ▼ 291.62	
SUBTOTAL of Receipts This Page (optional)			124.98

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 potitical committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  ANERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  City State Zip Code  N. Richlind His TX 76180-7380  FEC ID number of contributing federal political committee.  C primary General Other (specify) ▼ 291.62  Full Name (Last, First, Middle Initial)  Gregory Lumence Heacock, MD  Mailing Address 2002 Medical Plowy Site 230  City State Zip Code  Annapolis FEC ID number of contributing federal political committee.  C primary General Other (specify) ▼ 291.62  FEI Name (Last, First, Middle Initial)  Gregory Lumence Heacock, MD  Mailing Address 2002 Medical Plowy Site 230  City State Zip Code  Annapolis FEC ID number of contributing federal political committee.  C primary General Other (specify) ▼ 291.70  Full Name (Last, First, Middle Initial)  Joyedesp Sens, MD  Mailing Address 2002 Medical Plowy Site 230  City State Zip Code  Annapolis FEC ID number of contributing federal political committee.  C primary General Other (specify) ▼ 291.70  Full Name (Last, First, Middle Initial)  Joyedesp Sens, MD  Mailing Address 2002 Medical Plowy Site 230  City State Zip Code  Annapolis MD 21401-3282  FUI Name (Last, First, Middle Initial)  Joyedesp Sens, MD  Mailing Address 2002 Medical Plowy Site 230  City State Zip Code  Annapolis MD 21401-3282  FEC ID number of contributing federal political committee.  C y 291.70  Full Name (Last, First, Middle Initial)  Joyedesp Sens, MD  Annapolis MD 21401-3282  Annount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C y 291.70  Full Name (Last, First, Middle Initial)  Joyedesp Sens, MD  Annapolis MD 21401-3282  Annount of Each Receipt this Period  FEC ID number of contributing federal political committe	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)  X 11a 11b 11c 12 13 14 15 16 17
Elimer G Smith, MD   Mailing Address   4351 Booth Calloway Rd   Ste 311	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Laurence Heacock, MD Mailing Address 2002 Medical Pkwy Ste 230  City Annapolis MD 21401-3282  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼  State Zip Code Annapolis  Aggregate Year-to-Date ▼  Date of Receipt  M M	Full Name (Last, First, Middle Initial) Elmer G Smith, MD  Mailing Address 4351 Booth Calloway F Ste 311  City N Richlnd HIs  FEC ID number of contributing federal political committee.  Name of Employer MEDICAL EDGE HEALTH CARE  Receipt For: Primary General	State Zip Code TX 76180-7380  C  Occupation Physician Aggregate Year-to-Date  291.62	Transaction ID: 35886533  Amount of Each Receipt this Period
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.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  124 98	Full Name (Last, First, Middle Initial) Gregory Laurence Heacock, MD Mailing Address 2002 Medical Pkwy Ste 230 City Annapolis FEC ID number of contributing federal political committee.  Name of Employer ANNAPOLIS ENT  Receipt For: Primary General	State Zip Code MD 21401-3282  C  Occupation Physician  Aggregate Year-to-Date ▼	Transaction ID: 35886534  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Joydeep Som, MD  Mailing Address 2002 Medical Pkwy Ste  City  Annapolis  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General	State Zip Code MD 21401-3282  C Occupation Physician Aggregate Year-to-Date	Transaction ID: 35886535  Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)		124.98

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Franklin Tate, MD Mailing Address 1090 SW 15th St  City Boca Raton  FEC ID number of contributing federal political committee.  Name of Employer RADIOLOGIST OF N FT LAUDE- RDALE PA Receipt For:	State Zip Code FL 33486-6858  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D 2 1 2 0 1 0  Transaction ID: 35886536  Amount of Each Receipt this Period  41.66
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard Allen Dart, MD  Mailing Address 1000 N Oak Ave	291.62	Date of Receipt  0 7 2 1 2 0 1 0
Marshfield Clinic City  Marshfield  FEC ID number of contributing federal political committee.  Name of Employer MARSHFIELD CLINIC	State Zip Code WI 54449-5702  C Occupation	Transaction ID: 35886537  Amount of Each Receipt this Period  41.66
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Physician  Aggregate Year-to-Date ▼  291.62	
Harold A Woodcome, MD  Mailing Address 690 Eddy St Retina Consultants  City Providence  FEC ID number of contributing federal political committee.	State Zip Code RI 02903-4928	Date of Receipt  M M Z 1 Z 0 1 0  Transaction ID: 35886539  Amount of Each Receipt this Period  41.66
Name of Employer RETINA CONSULTANTS, INC  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  291.70	_
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	124.98
TOTAL This Period (last page this line number	only)	

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Martin G Guerrero, MD		Date of Receipt
Mailing Address PO Box 780219		07 21 7 2010
City San Antonio	State Zip Code TX 78278-0219	Transaction ID: 35886540
FEC ID number of contributing federal political committee.	C 702/8-0219	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
Full Name (Last, First, Middle Initial) Theodore A Calianos, MD		Date of Receipt
Mailing Address 151 Whitmar Rd		07 21 2010
City	State Zip Code	Transaction ID: 35886541
Cotuit	MA 02635-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Kalyan S Krishnan, MD		Date of Receipt
Mailing Address 100 N Academy Ave		07 21 2010
City	State Zip Code	Transaction ID: 35886542
Danville  FEC ID number of contributing federal political committee.	PA 17822-9800	Amount of Each Receipt this Period 41.66
Name of Employer GEISINGER MEDICAL CENTER	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 101 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ted Louie, MD			Date of Receipt
Mailing Address 44 Buckingham Dr			07 21 2010
City	State	Zip Code	Transaction ID: 35886543
Belle Mead	NJ	08502-4022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer HIGHLAND PARK MEDICAL ASS- OCIATES	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	]
Full Name (Last, First, Middle Initial) Erich Bryan Groos, MD			Date of Receipt
Mailing Address 2400 Patterson St Ste 201			0 7 2 1 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35886544
<u>Nashville</u>	TN	37203-1587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer CORNEA CONSULTANTS OF NAS- HVILLE PLLC	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Michelle A Berger, MD			Date of Receipt
Mailing Address 4100 Duval Rd Ste 4-205			07 21 YYYYY
City Austin	State TX	Zip Code 78759-4278	Transaction ID: 35886545  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00 12.10	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician		7
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 291.62	
SUBTOTAL of Receipts This Page (optional)			124.98

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald Michael Kline, MD			Date of Receipt
Mailing Address 446 Beardsley Cir City	State	Zip Code	0 7 2 1 2 0 1 0  Transaction ID: 35886546
Henderson	NV	89052-2669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer COMPREHENSIVE CANCER CTRS OF NV	Occupatio Physicial		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.70	]
Full Name (Last, First, Middle Initial) Raj Behari Lal, MD			Date of Receipt
Mailing Address 2809 Meyers Rd			07 21 2010
City	State	Zip Code	Transaction ID: 35886547
Oak Brook	IL	60523-1623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		291.62	]
Full Name (Last, First, Middle Initial) Patricia J Lindholm, MD			Date of Receipt
Mailing Address 615 S Mill St			07 21 2010
City	State	Zip Code	Transaction ID: 35886549
Fergus Falls	MN	56537-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer FERGUS FALLS MEDICAL GROUP PA	Occupatio Physicial	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
	1		124.98

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO	Statements may not be sold or used by any persie name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATIO	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jagajan Karmacharya, MD Mailing Address 405 N Hibiscus Dr		Date of Receipt
Apt 210		07 21 2010
City Miami Beach	State Zip Code FL 33139-5170	Transaction ID: 35886550
FEC ID number of contributing federal political committee.	C 33139-3170	Amount of Each Receipt this Period 41.66
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Jacqueline Unger		Date of Receipt
Mailing Address 116 Silver Palm Ave.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 35886551
Melbourne	FL 32901-3172	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer N/A	Occupation Physician Spouse	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Hector R Trevino-Guerra, MD		Date of Receipt
Mailing Address 2176 E Garrison St Ste C		07 21 2010
City	State Zip Code TX 78852-5072	Transaction ID: 35886552
Eagle Pass  FEC ID number of contributing federal political committee.	C /8852-50/2	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
SUBTOTAL of Receipts This Page (optional)		124.98

	SCHEDULE A (FEC Form 3X)	Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 28 / 101 (check only one)
I	TEMIZED RECEIPTS	for each category Detailed Summar		X 11a 11b 11c 12
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used	by any person to	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	le and address of any political	Committee to so	micit contributions from Sacri committee.
	AMERICAN MEDICAL ASSOCIATION PO	LITICAL ACTION COMM	ITTEE	
Α.	Full Name (Last, First, Middle Initial) Isabel Vega, MD			Date of Receipt
	Mailing Address 136 Clubhouse Pl			07 21 2010
	City	State Zip Code		Transaction ID: 35886555
	Elk City	OK 73644-7302		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	SELE EMBLOSED	Occupation Physician		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		291.62	
- В.	Full Name (Last, First, Middle Initial) David Glen Morrell, MD			Date of Receipt
	Mailing Address 2121 N 1700 W			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 35886556
	<u>Layton</u>	UT 84041-8803		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	GELE EWBLOAED	Occupation Physician		
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		291.62	
- С.	Full Name (Last, First, Middle Initial) Tanner Fred Lang, MD			Date of Receipt
	Mailing Address N3292 Feather Ridge Dr			07 21 2010
	City	State Zip Code		Transaction ID: 35886557
	Appleton	WI 54913-9698		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	I INITED AN'ECTLECIA	Occupation Anesthesiologist		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	291.62	
	SUBTOTAL of Receipts This Page (optional)			124.98
L				

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to  N POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Frederick Willson, MD Mailing Address 600 Moye Blvd Brody 3E139 Dept Pe	State Zip Code	Date of Receipt  0 7 2 1 2 0 1 0  Transaction ID: 35886558
Greenville  FEC ID number of contributing federal political committee.  Name of Employer EAST CAROLINA UNIVERSITY PHYSICIANS FA Receipt For:	NC 27834-4300  C  Occupation Physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  41.66
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Frank Harry Ryan, Jr. MD  Mailing Address 9675 Brighton Way	291.62	Date of Receipt
Ste 340  City  Beverly Hills  FEC ID number of contributing federal political committee.	State Zip Code CA 90210-5155  C	Transaction ID: 35886559  Amount of Each Receipt this Period  41.66
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  349.96	
Full Name (Last, First, Middle Initial) Gary Lewis Woods, MD Mailing Address 264 Pleasant St		Date of Receipt  0 7 2 1 2 0 1 0
City Concord  FEC ID number of contributing federal political committee.	State Zip Code NH 03301-2551	Transaction ID: 35886560  Amount of Each Receipt this Period  41.66
Name of Employer CONCORD ORTHOPAEDICS PA  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date  291.70	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	124.98

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,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 101 (check only one)
	TEMIZED RECEIPTS		for each category of the	X   11a     11b     11c     12
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN MEDICAL ASSOCIATION P	POLITICAL	. ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Richard S Frankenstein, MD			Date of Receipt
	Mailing Address 1202 Castlegate Ln			07 21 YYYY 2010
	City	State	Zip Code	Transaction ID: 35886561
	Santa Ana	CA	92705-2941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer RIVERSIDE MED CLINIC	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		291.70	
- В.	Full Name (Last, First, Middle Initial) Howard Bradley Chodash, MD			Date of Receipt
υ.	Mailing Address 3804 Indian Lands Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 35886563
	Springfield	IL	62711-8214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer HEALTHCARE NETWORK ASSOCI- ATES	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		291.70	
- С.	Full Name (Last, First, Middle Initial) J Duchicela Santacruz, MD			Date of Receipt
<b>J</b> .	Mailing Address 402 Youens Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 35886564
	Weimar	TX	78962-3680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer YOUENS AND DUCHICELA CLIN- IC	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		291.70	
Γ	CURTOTAL of December This December 1			124.98
L	SUBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 31 / 101 (check only one)    X
NAME OF COMMITTEE (In Full)	the name and address of any political committee to ON POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marcy L Zwelling, MD		Date of Receipt
Mailing Address 3771 Katella Ave Ste 108		07 21 2010
City	State Zip Code	Transaction ID: 35886566
Los Alamitos  FEC ID number of contributing federal political committee.	CA 90720-3111	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.70	
Full Name (Last, First, Middle Initial) Scott Robert Hannum, DO Mailing Address 6554 Lake Burden V	/iew Dr	Date of Receipt
City	State Zip Code	0 7 2 1 2 0 1 0 Transaction ID: 35886567
Windermere	FL 34786-5652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer VASCULAR CLINIC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.04	
Full Name (Last, First, Middle Initial) Joseph Mc Elroy Mann, MD		Date of Receipt
Mailing Address 163 N Date St		0 7 D D / Y Y Y Y Y Y Y Z 1 2 0 1 0
City	State Zip Code	Transaction ID: 35886569
Escondido 550 ID 10 ID 1	CA 92025-3405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.70	
SUBTOTAL of Receipts This Page (optional	)	124.98

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Robert Katz, MD  Mailing Address 7918 Wisteria Ct  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer PREMIER HEALTHCARE SERVIC- ES, INC. Receipt For:  Primary  General  Other (specify)	State Zip Code OH 43016-8531  C  Occupation Emergency Physician Aggregate Year-to-Date  291.70	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Norris Harrington, MD  Mailing Address 9301 N Central Expy Ste 595  City  Dallas  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code TX 75231-0812  C  Occupation Physician  Aggregate Year-to-Date  291.62	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas James Madejski, MD Mailing Address 100 Ohio St Ste C  City Medina  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code NY 14103-1191  C  Occupation Physician  Aggregate Year-to-Date  291.62	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	······	124.98

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports	and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIA	<u>-</u>	• •	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Samuel Valenti, MD  Mailing Address 2805 S Mayhill Re	d		Date of Receipt
City	State	Zip Code	0 7 2 2 2 0 1 0  Transaction ID: 35897122
Denton	TX	76208-5910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer CARING FOR WOMEN, PA	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Peter Augusto Bernardo, MD	<b>I</b>		Date of Receipt
Mailing Address 700 Bellevue St S Ste 230			07 22 7 2010
City Salem	State OR	Zip Code	Transaction ID: 35897123
FEC ID number of contributing federal political committee.	C	97301-3855	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Surgeon	ו	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.70	
Full Name (Last, First, Middle Initial) Niranjan Marino Selvarajah, MD	I		Date of Receipt
Mailing Address 111 Willow Mead	ow Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oneida	State NY	Zip Code 13421-1851	Transaction ID: 35897124  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.70	
SUBTOTAL of Receipts This Page (optio	nal)	······	124.98

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 101 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Best  Mailing Address 119 Belmont St			Date of Receipt  0 7 2 2 2 2 1 0
City Worcester FEC ID number of contributing	State MA	Zip Code 01605-2903	Transaction ID: 35897125  Amount of Each Receipt this Period  41.66
Receipt For:  Primary  Other (specify)	Occupation Physician		1
Full Name (Last, First, Middle Initial) David Lawrence Harker, MD Mailing Address 1350 N 500 E			Date of Receipt  0 7 2 1 2 0 1 0
City  Logan  FEC ID number of contributing	State UT	Zip Code 84341-2400	Transaction ID: 35899435  Amount of Each Receipt this Period
Name of Employer INTERMOUNTAIN HEALTH CARE CENTRAL OFF Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		100.00
Full Name (Last, First, Middle Initial) John Michael Van Etta, MD  Mailing Address 1535 Skywood Ln			Date of Receipt  0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 35899937
Duluth  FEC ID number of contributing federal political committee.	C	55805-1153	Amount of Each Receipt this Period 83.33
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES Receipt For:  Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)			224.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 101 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
AMERICAN MEDICAL ASSOCIATION	ON POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mr. Mike R. Cys			Date of Receipt
Mailing Address 7307 Laketree Dr.			07 23 7 2010
City	State	Zip Code	Transaction ID: 35899938
Fairfax Station	VA	22039-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupation AMA Exec		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	583.31	]
Full Name (Last, First, Middle Initial) Nestor A Ramirez-Lopez, MD	<u> </u>		Date of Receipt
Mailing Address 1319 Grandview Dr			07 23 7 2010
City	State	Zip Code	Transaction ID: 35899939
Champaign	<u> </u>	61820-6824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer NORTHSIDE NEONATAL & INFA- NT CARE	Occupation Physician		7
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Joy Ann Maxey, MD			Date of Receipt
Mailing Address 3091 Maple Dr NE S	Ste 315		07 23 7 2010
City	State	Zip Code	Transaction ID: 35899940
<u>Atlanta</u>	GA	30305-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer ATLANTA CHILDRENS CLINICAL CENTER PC	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	583.31	
			249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Benorts and	for each category of the Detailed Summary Page  Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 36 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy Wesley Vandiver, MD	_	Date of Receipt
Mailing Address 3525 Piedmont Rd N Ste 600	E	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 35899941
Atlanta	GA 30305-1578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer MAG MUTUAL INSURANCE CO	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Keith Francis De Sonier, MD		Date of Receipt
Mailing Address 555 Dr Michael Deba	key Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35899942
Lake Charles	LA 70601-5700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) John Steven Polsley, MD		Date of Receipt
Mailing Address 900 Scioto St Family Physician of U	Jrbana	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35899943
Urbana	OH 43078-2251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer FAMILY PHYSICIANS OF URBA- NA INC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.31	
	1	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any personal statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 37 / 101 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Lee Hamilton, MD  Mailing Address 5171 Cottonwood St		Date of Receipt
Ste 750		07 23 2010
City Salt Lake Cty	State Zip Code UT 84107-5705	Transaction ID: 35899944
FEC ID number of contributing federal political committee.	C 84107-3703	Amount of Each Receipt this Period  83.33
Name of Employer INTERMOUNTAIN HEALTHCARE	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 645.85	
Full Name (Last, First, Middle Initial)  Mr. George E. Cox		Date of Receipt
Mailing Address 10308 Fleming Ave.		07 23 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35899945
Bethesda  FEC ID number of contributing federal political committee.	MD 20814-2136	Amount of Each Receipt this Period 83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupation AMA Executive	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Nancy Louise Mueller, MD	I	Date of Receipt
Mailing Address 610 E Palisade Ave		0 7 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 35899946
Englewood	NJ 07632-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (optional)		249.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	N POLITICAL	ACTION COMMITTEE	
<b>∠</b> <b>\</b> .	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
	Mailing Address 555 E Cheves St			07 23 YYYY 2010
	City	State	Zip Code	Transaction ID: 35899947
	Florence	SC	29506-2617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer SELF-EMPLOYED	Occupatio Physicial		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 583.31	]
	Full Name (Last, First, Middle Initial) Linda Lee Van Etta, MD			Date of Receipt
	Mailing Address 1001 E Superior St Assoc/St Lukes Lakev	view 201		07 23 7 9 9
	City	State	Zip Code	Transaction ID: 35899948
	Duluth	MN	55802-2207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 583.31	]
	Full Name (Last, First, Middle Initial) Mary Susan Carpenter, MD			Date of Receipt
	Mailing Address PO Box 769			07 23 2010
	City	State	Zip Code	Transaction ID: 35899949
	Winner	SD	57580-0769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 583.31	]
Ę	SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 101 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor g the name and address of any political committee to state the sold of the political committee to state the political committee the political committ	n for the purpose of soliciting contributions solicit contributions from such committee.
	TON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mrs. Nancy Kyler		Date of Receipt
Mailing Address 675 Sherwood Ln.		07 23 YYYY 2010
City	State Zip Code	Transaction ID: 35899950
Staunton	VA 24401-4425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer N/A	Occupation Physician Spouse	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  583.31	
Full Name (Last, First, Middle Initial) Gregory Jude Gallina, MD Mailing Address 20 Prospect Ave S	to 811	Date of Receipt
<u></u>		07 23 2010
City	State Zip Code	Transaction ID: 35899951
<u>Hackensack</u>	NJ 07601-1989	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer COLON RECTAL SURGERY PA	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Lisa Bohman Egbert, MD		Date of Receipt
Mailing Address 7720 Paragon Rd Paragon Women's	Care	0 7 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 35899952
Dayton	OH 45459-4053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer PARAGON WOMEN'S CARE	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (option:	al)	249.99

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Keith Irvin Adams, MD Mailing Address 416 Munro Rd  City Mill Hall FEC ID number of contributing federal political committee.  Name of Employer HEALTH SERVICES OF CLARION INC Receipt For: Primary General	State PA C Occupation Physician	Zip Code 17751-8463	Date of Receipt  0 7 2 3 2 0 1 0  Transaction ID: 35899953  Amount of Each Receipt this Period  83.33
Other (specify)  Full Name (Last, First, Middle Initial) Mr. Kenneth D. Lancin Mailing Address 610 East Plaisade Av City	State	583.31 Zip Code	Date of Receipt  0 7 2 3 2 0 1 0  Transaction ID: 35899954
Englewood Cliffs  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	<del> </del>	n ment Consultant e Year-to-Date ▼	Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Stuart Gitlow, MD Mailing Address 153 Gaskill St  City Woonsocket  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General	State RI  C  Occupation Physician Aggregate	n e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 3 2 0 1 0  Transaction ID: 35899956  Amount of Each Receipt this Period  83.33
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 101 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	N POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mark Chas Komorowski, MD			Date of Receipt
Mailing Address 610 S Trumbull St		7:01	07 23 2010
City	State	Zip Code	Transaction ID: 35899958
Bay City	MI	48708-7656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For:	<del>, ' ' '                               </del>	Year-to-Date ▼	
Primary General Other (specify) ▼	33 13110	583.35	
Full Name (Last, First, Middle Initial) Domenic Russel Federico, MD			Date of Receipt
Mailing Address 3800 Lake Michigan [	Or NW		07 23 YYYYY
City	State	Zip Code	Transaction ID: 35899959
Grand Rapids	MI	49534-4583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer MICHIGAN MEDICAL PC ADMIN- ISTRATION	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Lance Allen Talmage, MD			Date of Receipt
Mailing Address 45 Exmoor			07
City	State	Zip Code	Transaction ID: 35899960
Ottawa Hills	OH	43615-2174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer PROMEDICA PHYSICIAN GROUP	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	583.35	
SUBTOTAL of Receipts This Page (optional) .		······	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Benorts and 9	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 42 / 101 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randolph J Gould, MD FACS Mailing Address 1801 Windy Ridge Pt		Date of Receipt  0 7
City	State Zip Code	0 7 2 3 2 0 1 0  Transaction ID: 35899961
Virginia Bch	VA 23454-1534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NORFOLK SURGICAL GROUP LTD	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) John Jos Kennedy, Jr. MD	1	Date of Receipt
Mailing Address 1675 Providence Ave		07 / 23 / Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12309-3919	Transaction ID: 35899963
FEC ID number of contributing federal political committee.	NY 12309-3919	Amount of Each Receipt this Period  83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) David Thos Hannan, MD	1	Date of Receipt
Mailing Address 3669 Countryside Ln Box 110		07 23 YYYYY 2010
City <u>Marion</u>	State         Zip Code           NY         14505-9781	Transaction ID: 35899964  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer ARCADIA FAMILY PRACTICE PC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (optional) .		249.99

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 101 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Joel Koretz, MD  Mailing Address 6200 Slocum Rd  City Ontario	State Zip Code NY 14519-9142	Date of Receipt  0 7 2 3 2 0 1 0  Transaction ID: 35899965  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED	Occupation	83.33
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  583.31	
Full Name (Last, First, Middle Initial) Gary Lee Dillehay, MD Mailing Address 251 E Huron St		Date of Receipt  0 7 2 3 2 0 1 0
City Chicago  FEC ID number of contributing	State Zip Code IL 60611-2908	Transaction ID: 35899966  Amount of Each Receipt this Period
federal political committee.  Name of Employer LOYOLA UNIVERSITY PHYSICI- AN FOUNDATION Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   583.31	83.33
Full Name (Last, First, Middle Initial)  Mr. Kevin Walker  Mailing Address 10635 Canterberr	y Rd.	Date of Receipt
City Fairfax Station  FEC ID number of contributing federal political committee.	State Zip Code VA 22039-1927	Transaction ID: 35899967  Amount of Each Receipt this Period  83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupation AMA Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (optio	nal)	249.99

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)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION			
Full Name (Last, First, Middle Initial) Hugo Armando Alvarez, MD			Date of Receipt
Mailing Address 169 Santa Fe Ln			07 23 2010
City Willow Spgs	State IL	Zip Code 60480-1624	Transaction ID: 35899968  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100 1021	83.33
Name of Employer ACCESS COMMUNITY HEALTH NETWORK ADMIN	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Robert Ernest Hertzka, MD			Date of Receipt
Mailing Address PO Box 1018			07 23 YYYYY
City Rcho Santa Fe	State CA	Zip Code 92067-1018	Transaction ID: 35899969
FEC ID number of contributing federal political committee.	C	92007-1010	Amount of Each Receipt this Period 83.33
Name of Employer ANESTHESIA SERVICE MEDICAL GROUP	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) William Austin Dolan, MD			Date of Receipt
Mailing Address 880 Westfall Rd Ste A			07 23 2010
City Rochester	State NY	Zip Code 14618-2611	Transaction ID: 35899970
FEC ID number of contributing federal political committee.	C	14010-2011	Amount of Each Receipt this Period 83.33
Name of Employer GENESEE VALLEY ORTHOPAEDIC CENTER	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	]
			249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 45 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glenn Allen Loomis, MD  Mailing Address 1600 Albany St St Francis Medical Gro City Beech Grove  FEC ID number of contributing federal political committee.	State Zip Code IN 46107-1541	Date of Receipt    M M
Name of Employer SPARROW HEALTH SYSTEM  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date   583.31	
Full Name (Last, First, Middle Initial) John S Mc Intyre, MD Mailing Address 2000 Winton Rd S Ste 303 City Rochester FEC ID number of contributing federal political committee.  Name of Employer UNITY MENTAL HEALTH	State Zip Code NY 14618-3970  C  Occupation Physician	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 583.31	
C. Stephen Alan Imbeau, MD  Mailing Address 800 E Cheves St Ste 420  City Florence  FEC ID number of contributing federal political committee.  Name of Employer ALLERGY ASTHMA & SINUS CENTER Receipt For: Primary General Other (specify)	State Zip Code SC 29506-2649  C  Occupation Physician  Aggregate Year-to-Date   583.31	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		249.99

ITEN Anv in	HEDULE A (FEC Form 3X) MIZED RECEIPTS  Information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 46 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NA.	commercial purposes, other than using the r AME OF COMMITTEE (In Full) MERICAN MEDICAL ASSOCIATION			solicit contributions from such committee.
<b>A.</b> <u>Pa</u>	Il Name (Last, First, Middle Initial)  trick Wm Mc Cormick, MD FACS  ailing Address 2222 Cherry St # 2-M20	00		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: 35899974
<u>Tc</u>	oledo	ОН	43608-2673	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		83.33
Na NE	ame of Employer EUROSURGICAL NETWORK INC	Occupatio Physicial		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.35	
	II Name (Last, First, Middle Initial) bbert Cameron More, MD			Date of Receipt
_	ailing Address 6 Sand Hill Rd Ste 102			07 23 7 2010
Cit	ty emington	State NJ	Zip Code	Transaction ID: 35899975
FE	EC ID number of contributing deral political committee.	C	08822-4946	Amount of Each Receipt this Period  83.33
	ame of Employer JNTERDON ORTHOPEDIC INST- UTE	Occupatio Physicial		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 583.31	
	II Name (Last, First, Middle Initial) sefina Cabuena Bello, MD			Date of Receipt
Ma	ailing Address G3317 Beecher Rd			07
Cit <u>Fl</u>	ty int	State MI	Zip Code 48532-3615	Transaction ID: 35899976  Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		83.33
Na JC	ame of Employer DSEPHINE C. BELLO, MD PLC	Occupatio Physicial		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.31	
SUB	TOTAL of Receipts This Page (optional)			249.99

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)  X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION		• •	
Full Name (Last, First, Middle Initial) Michael Bradley Simon, MD			Date of Receipt
Mailing Address 35 Gellatly Dr			07 23 YYYY 2010
City	State	Zip Code	Transaction ID: 35899977
Wappingers Fl	NY	12590-6452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer NAPA	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Steven Kay Miller, MD			Date of Receipt
Mailing Address 22 S 900 E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35899979
Salt Lake City	UT	84102-1307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer INTERMOUNTAIN EAR NOSE & THROAT SPEC.	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		583.31	
Full Name (Last, First, Middle Initial) David George Gerkin, MD			Date of Receipt
Mailing Address 2300 Lakemoor Dr			07 23 2010
City <u>Knoxville</u>	State TN	Zip Code 37920-2815	Transaction ID: 35899980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		7
Receipt For: Primary General	<del>, ' ' '                               </del>	Year-to-Date ▼	
Other (specify)		583.31	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION  Full Name (Last, First, Middle Initial)  Diana Reiko Shiba, MD  Mailing Address 8950 Costa Verde Blvd	I POLITICAL ACTION COMMITTEE	Date of Receipt
No 4137  City  San Diego  FEC ID number of contributing federal political committee.	State Zip Code CA 92122-1176	0 7 2 3 2 0 1 0  Transaction ID: 35899981  Amount of Each Receipt this Period  41.66
Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   291.62	
Full Name (Last, First, Middle Initial) Angelo S Carrabba, MD Mailing Address 811 Blue Hills Ave  City Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code CT 06002-3709  C  Occupation Physician  Aggregate Year-to-Date   583.31	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kathleen Blake, MD  Mailing Address 15 Charles Plz Apt 1402  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer NEW MEXICO HEART INSTITUT- E-ALBUQUERQUE Receipt For: Primary General Other (specify)	State Zip Code MD 21201-3941  C  Occupation Physician  Aggregate Year-to-Date ▼  583.31	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		208.32

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)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION		
Full Name (Last, First, Middle Initial) Michael James Richardson, MD  Mailing Address 254 Easton Ave St Peters Med Ctr  City New Brunswick  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For: Primary General Other (specify)	State Zip Code NJ 08901-1780  C  Occupation Physician Aggregate Year-to-Date   583.31	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Albert Ray, MD Mailing Address 6127 Seacrest View F  City San Diego  FEC ID number of contributing federal political committee.  Name of Employer KAISER FDN HEALTH PLAN NA-TION HQ	State Zip Code CA 92121-4123  C Occupation Physician	Date of Receipt  M M / D D / 2 3 2 0 1 0  Transaction ID: 35899988  Amount of Each Receipt this Period  83.33
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Devdutta G Sangvai, MD  Mailing Address 708 Oxboro Cir  City  Durham  FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼  583.31  State Zip Code NC 27713-8298  C	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer DUKE UNIVERSITY  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date  583.31	
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		249.99

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)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) You Sung Sang, MD		Date of Receipt
Mailing Address 79 Wawecus St Ste 101	Chata 7'- Oada	07 23 Y 2010
City Norwich	State Zip Code CT 06360-2173	Transaction ID: 35899990  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NORWICH GLASSOCIATES PC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  583.31	
Full Name (Last, First, Middle Initial) Spurgeon Wm Clark, III MD		Date of Receipt
Mailing Address 502 Isabella St		07 23 7 2010
City	State Zip Code	Transaction ID: 35899991
Waycross  FEC ID number of contributing federal political committee.	GA 31501-3638	Amount of Each Receipt this Period  83.33
Name of Employer EMORY HEALTHCARE	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Joseph Payne Annis, MD		Date of Receipt
Mailing Address 3 Sundown Pkwy		07 23 7 2010
City	State Zip Code	Transaction ID: 35899992
Austin FEC ID number of contributing federal political committee.	TX 78746-5201	Amount of Each Receipt this Period  83.33
Name of Employer UT PHYSICIANS-ADMINISTRAT- ION	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
		249.99
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	243.33
SUBTOTAL of Receipts This Page (optional) at TOTAL This Period (last page this line number	·	24

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas Walton Eppes, Jr. MD Mailing Address PO Box 389		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Forest	State Zip Code VA 24551-0389	Transaction ID: 35899993  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cooungtion	83.33
Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   683.31	
Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD  Mailing Address 1620 S Congre Ste 100	ss Ave	Date of Receipt  0 7 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 35899994
Palm Springs	FL 33461-2128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer PLASTIC SURGERY OF PALM BEACH PA Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	]
Full Name (Last, First, Middle Initial) David Vito Nenna, MD Mailing Address 1465 Route 31		Date of Receipt
		07 23 2010
City Annandale	State Zip Code NJ 08801-3129	Transaction ID: 35899995
FEC ID number of contributing federal political committee.	C 06601-3129	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUPTOTAL of Possints This Page (or	otional)	249.99

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Donald Franklin, Jr. MD  Mailing Address 5335 Summerfield Ln			Date of Receipt  0 7 2 3 2 0 1 0
City Signal Mtn  FEC ID number of contributing federal political committee.	State TN	Zip Code 37377-2861	Transaction ID: 35899997  Amount of Each Receipt this Period  83.33
Name of Employer NEPHROLOGY ASSOCIATES  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Alexander Ding, MD Mailing Address 4 Longfellow PI Apt 2	910		Date of Receipt  0 7 2 3 2 0 1 0
City Boston	State MA	Zip Code 02114-2826	Transaction ID: 35899998  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer PARTNERS HEALTH CARE  Receipt For:  Primary General Other (specify)	Occupatio Resident Aggregate		41.66
Full Name (Last, First, Middle Initial) Hans Chin Arora Mailing Address 540 W Belmont Ave Unit 2B			Date of Receipt  0 7 2 3 2 0 1 0
City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60657-4678	Transaction ID: 35899999  Amount of Each Receipt this Period  41.66
Name of Employer NORTHWESTERN UNIVERSITY  Receipt For: Primary General	Occupatio Medical S Aggregate		
Other (specify)	0 0	291.62	
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe			166.65

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 101
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	AMERICAN MEDICAL ASSOCIATION	I POLITICAL	ACTION COMMITTEE	
$\mathbb{Z}$				
	Full Name (Last, First, Middle Initial) Patrice A Harris, MD			Date of Receipt
	Mailing Address 2801 Buford Hwy NE			M M / D D / Y Y Y Y
	Ste 501			07 23 2010
	City	State	Zip Code	Transaction ID: 35900000
	Atlanta	GA	30329-2137	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.33
	federal political committee.			
	Name of Employer SELF-EMPLOYED	Occupation	1	
	SELF-EMPLOYED	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		583.35	7
	Other (specify)		303.33	
_				
	Full Name (Last, First, Middle Initial) William Chas Sternfeld, MD FACS			Date of Receipt
	Mailing Address 4235 Secor Rd			M M / D D / Y Y Y Y
				07 23 2010
	City	State	Zip Code	Transaction ID: 35900001
	Toledo	OH	43623-4231	Amount of Each Receipt this Period
	FEC ID number of contributing	C		83.33
	federal political committee.	0		
	Name of Employer TOLEDO CLINIC	Occupation	1	
	TOLEDO CLÍNIC	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	583.31	7
	Other (specify)		300.01	
	Full Name (Last, First, Middle Initial)			_
	Ronald Lee Morton, MD			Date of Receipt
	Mailing Address 1001 Tower Way Ste	150		M M / D D / Y Y Y
				07 23 2010
	City	State	Zip Code	Transaction ID: 35900002
	Bakersfield	CA	93309-1586	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.33
	federal political committee.			
	Name of Employer SELF-EMPLOYED	Occupation	า	
		Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	583.31	71
		1 1	000.01	1.1

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)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	ON POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Srinivas B Mukkamala, MD			Date of Receipt
Mailing Address 1170 Charter Dr Ste F			07 23 7 2010
City Flint	State MI	Zip Code	Transaction ID: 35900003
FIRE FEC ID number of contributing federal political committee.	C	48532-3587	Amount of Each Receipt this Period  83.33
Name of Employer SELF-EMPLOYED	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) William Eric Kobler, MD			Date of Receipt
Mailing Address 6729 Mill Brook Dr			07 23 2010
City	State	Zip Code	Transaction ID: 35900004
Rockford  FEC ID number of contributing federal political committee.	C	61108-4310	Amount of Each Receipt this Period 83.33
Name of Employer OSF MEDICAL GROUP	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Erick Allen Eiting, MD			Date of Receipt
Mailing Address 15 W 107th St Apt 24			0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 35900005
New York  FEC ID number of contributing federal political committee.	C	10025-3308	Amount of Each Receipt this Period 41.66
Name of Employer JACOBI MEDICAL CENTER	Occupatio Resident		
Receipt For:  Primary General  Other (specify) ▼	_, '	e Year-to-Date ▼ 291.62	
			208.32

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION COMMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) Heather Elaine Kaiser		Date of Receipt
	Mailing Address 2716 Elliott Ave Apt 905		07 23 7 2010
	City	State Zip Code WA 98121-3512	Transaction ID: 35900006
	Seattle  FEC ID number of contributing federal political committee.	WA 98121-3512	Amount of Each Receipt this Period 41.66
	Name of Employer N/A	Occupation Student	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
	Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD		Date of Receipt
	Mailing Address 21 Ravona St		07 23 2010
	City	State Zip Code	Transaction ID: 35900007
	Clifton	NJ 07012-1521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer SELF-EMPLOYED	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
	Full Name (Last, First, Middle Initial) Georgia Anne Tuttle, MD		Date of Receipt
	Mailing Address 129 Mechanic St The Skin Care Ctr		07 23 7 2010
	City	State Zip Code NH 03766-1522	Transaction ID: 35900008
	Lebanon  FEC ID number of contributing federal political committee.	NH 03766-1522	Amount of Each Receipt this Period  83.33
	Name of Employer SELF-EMPLOYED	Occupation Physician	
	Receipt For:  Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	
			208.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 101 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor g the name and address of any political committee to state of the political committee to state of the political committee to state of the political address of any political committee to state of the political address o	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dieter Pohl, MD		Date of Receipt
Mailing Address 34 Eames St		07 23 2010
City	State Zip Code	Transaction ID: 35900009
<u>Providence</u>	RI 02906-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer RHODE ISLAND SURGEONS	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 683.31	
Full Name (Last, First, Middle Initial) Raj Ambay, MD		Date of Receipt
Mailing Address 5639 Longford Ter	Apt 203	07 23 2010
City	State Zip Code	Transaction ID: 35900010
<u>Fitchburg</u>	WI 53711-6973	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer UW-MADISON	Occupation Plastic Surgery Resident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Ruth Jean Schulze, MD		Date of Receipt
Mailing Address 577 Chestnut Ridg Ste 2	e Rd	07 23 7 2010
City Woodcliff Lk	State Zip Code NJ 07677-8400	Transaction ID: 35900011  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF LAKE	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (option	al)	208.32

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)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO	N POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Carl Alexander Sirio, MD			Date of Receipt
Mailing Address 50 Quail Hill Rd			07 23 2010
City	State	Zip Code	Transaction ID: 35900012
Blawnox	PA	15238-1834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR	Occupatio Physicia		
Receipt For:	_,	e Year-to-Date ▼	
Primary General Other (specify) ▼	33 3 3 4	583.31	
Full Name (Last, First, Middle Initial) Joseph Snyder, MD			Date of Receipt
Mailing Address 8630 Fenton St Ste 6	808		07 23 YYYYY 2010
City	State	Zip Code	Transaction ID: 35900013
Silver Spring	MD	20910-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupatio Physicial		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) David John Schifeling, MD			Date of Receipt
Mailing Address 900 W Clairemont Av	ve		07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35900014
Eau Claire	WI	54701-6122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer MARSHFIELD CLINIC	Occupatio Physicial		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		583.31	
SUBTOTAL of Receipts This Page (optional)			249.99

В.

C.

001150111514			FOR LINE NUMBER. BACE 50/464	
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 101 (check only one)	
ITEMIZED RECEIPTS		for each category of the	X   11a     11b     11c     12	
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)		,,		
AMERICAN MEDICAL ASSOCIATION	POLITICAL	ACTION COMMITTEE		
Full Name (Last, First, Middle Initial) John Robt Mc Gill, MD			Date of Receipt	
Mailing Address 436A State St			07 23 2010	
City	State	Zip Code	Transaction ID: 35900015	
Bangor	ME	04401-6606	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.33	
Name of Employer SELF-EMPLOYED	Occupation Physicial			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General  Other (specify) ▼		583.31		
Full Name (Last, First, Middle Initial) Gerald Robert Stephenson, Jr. MD			Date of Receipt	
Mailing Address 1000 9th Ave			07 23 YYYY 2010	
City	State	Zip Code	Transaction ID: 35900016	
Fort Worth	TX	76104-3906	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.33	
Name of Employer TEXAS HEALTH CARE PLLC	Occupatio Physicia			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General  Other (specify) ▼		583.31		
Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD			Date of Receipt	
Mailing Address 2504 Samaritan Dr Ste 20			07 23 YYYY 2010	
City	State	Zip Code	Transaction ID: 35900017	
San Jose	CA	95124-4005	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.33	
Name of Employer SELF-EMPLOYED	Occupation Physician			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		583.31		
SUBTOTAL of Receipts This Page (optional)			249.99	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e   (check only one)
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political comm	y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
F	Full Name (Last, First, Middle Initial) Richard Jeffrey Scott, MD	VI OLITIONE NOTION GONINITTE	Date of Receipt
_	Mailing Address 1 Riverview Plz Riverview Med Ctr		07 23 7 2010
	City Red Bank	State Zip Code NJ 07701-1872	Transaction ID: 35900018
F	FEC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period 83.33
7	lame of Employer MERIDIAN HEALTH	Occupation Physician	
F	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 583.3	31
B. <u>F</u>	Full Name (Last, First, Middle Initial) Perry Lynn Haney, MD Mailing Address PO Box 6680		Date of Receipt  0 7 2 3 2 0 1 0
_	Dity	State Zip Code	Transaction ID: 35900019
_	Denver	CO 80206-0680	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	83.33
<u> </u>	Name of Employer SPINEONE, INC	Occupation Physician	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.3	31
	Full Name (Last, First, Middle Initial) Robert Puchalski, MD		Date of Receipt
_	Mailing Address 1165 Highway 1 S Sutie 300		07 23 7 2010
	Dity Lugoff	State Zip Code SC 29078-8966	Transaction ID: 35900020  Amount of Each Receipt this Period
F	ECC ID number of contributing ederal political committee.	C 23078-0300	83.33
<u> </u>	lame of Employer SOUTH CAROLINA ENT	Occupation Physician	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.3	31
			249.99

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATIO	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Seth Yawki Flagg, MD		Date of Receipt
Mailing Address 9129 Bradford Rd		07 23 2010
City	State Zip Code	Transaction ID: 35900021
Silver Spring	MD 20901-4917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer USN	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	291.62	
Full Name (Last, First, Middle Initial) Peter Scott Lund, MD FACS		Date of Receipt
Mailing Address 311 W 24th St		07
City	State Zip Code	Transaction ID: 35900022
<u>Erie</u>	PA 16502-2665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer ALLIED UROLOGY ASSOCIATES	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	583.31	
Full Name (Last, First, Middle Initial) Stephen Julius Migliori, MD		Date of Receipt
Mailing Address 2 Dudley St Ste 470		07 23 7 2010
City	State Zip Code RI 02905-3248	Transaction ID: 35900024
Providence  FEC ID number of contributing federal political committee.	RI 02905-3248	Amount of Each Receipt this Period 83.33
Name of Employer UNIVERSITY SURGICAL ASSOC	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	583.31	
SUBTOTAL of Receipts This Page (optional)		208.32
TOTAL This Period (last page this line number	·	

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)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Samantha Leona Rosman, MD  Mailing Address 39A Danforth St  City  Jamaica Plain  FEC ID number of contributing federal political committee.  Name of Employer BOSTON MEDICAL CENTER  Receipt For:  Primary General Other (specify)	State Zip Code MA 02130-1847  C  Occupation Physician  Aggregate Year-to-Date  291.62	Date of Receipt    M   M   D   D   23   2010    Transaction ID: 35900025    Amount of Each Receipt this Period   41.66
Full Name (Last, First, Middle Initial) Michael Allan Sandler, MD  Mailing Address 4270 Barcroft Way  City Orchard Lake  FEC ID number of contributing federal political committee.  Name of Employer HENRY FORD MEDICAL CENTER  Receipt For: Primary General Other (specify)	State Zip Code MI 48323-1804  C  Occupation Physician  Aggregate Year-to-Date   583.31	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 7 23 2010  Transaction ID: 35900026  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Suma Anna Thomas, MD  Mailing Address 388 Norfolk St # 1  City Cambridge  FEC ID number of contributing federal political committee.  Name of Employer LAHEY CLINIC  Receipt For: Primary General Other (specify)	State Zip Code MA 02139-1417  C  Occupation Physician  Aggregate Year-to-Date   583.31	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 35900027  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional) .		208.32

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 101 (check only one)    X
or for co	mmercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	E OF COMMITTEE (In Full) ERICAN MEDICAL ASSOCIATION	I POLITICAL	ACTION COMMITTEE	
A. Rebe	Jame (Last, First, Middle Initial) cca J Patchin, MD			Date of Receipt
	ng Address 18195 Kross Rd			07 23 7 2010
City Rive	rside	State CA	Zip Code 92508-8897	Transaction ID: 35900028
FEC	ID number of contributing al political committee.	C	92500-0097	Amount of Each Receipt this Period  83.33
Name LOM	e of Employer A LINDA UNIVERSITY	Occupatio Physicia		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.31	
<b>3.</b> Mr. W	Jame (Last, First, Middle Initial) //illiam R. Abrams			Date of Receipt
Mailir	ng Address 155 Ash St.			07 23 2010
City	stana Ominana	State	Zip Code	Transaction ID: 35900029
FEC	atoga Springs  ID number of contributing al political committee.	C	12866-3826	Amount of Each Receipt this Period
Name MED <u>ATE</u>	e of Employer ICAL SOCIETY OF THE ST- OF NY	Occupatio Executive	n e Director	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	Jame (Last, First, Middle Initial) Ephrat, MD			Date of Receipt
Mailir	ng Address 116 Broadway			07 23 2010
City		State	Zip Code	Transaction ID: 35900030
	vood  ID number of contributing al political committee.	C	07648-1401	Amount of Each Receipt this Period  83.33
Name BER	e of Employer GEN ANESTHESIA	Occupatio Physicia		7
Rece	ipt For: Primary General Other (specify) ▼	<del>,                                    </del>	e Year-to-Date ▼ 583.31	
SUBTO	TAL of Receipts This Page (optional)			266.66
	This Period (last page this line number		<u> </u>	

COUEDING A /FFO Farrer ON	<b>(</b> )	FOR LINE NUMBER: PAGE 63 / 101
SCHEDULE A (FEC Form 3)	but separate seriedic(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the	
	Detailed Summary Page	
		13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
AMERICAN MEDICAL ASSOCIATI	ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Betty Shuwein Chu, MD		Date of Receipt
Mailing Address 233 Warrington Rd		0 7 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 35900031
Bloomfield	MI 48304-2952	Amount of Each Receipt this Period
	1VII 40004 E30E	Amount of Each Heceipt this Feriod
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-date •	
Other (specify)	583.31	
Cirici (specify)	0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) <b>B.</b> Dale Clifford Moquist, MD		Date of Receipt
	``````````````````````````````````````	┥
Mailing Address 14023 Southwest F Phylicians at Sugard		07 23 2010
City	State Zip Code	Transaction ID: 35900032
Sugar Land	TX 77478-3550	Amount of Each Receipt this Period
	17470 3330	Amount of Each Neceipt this Feriod
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer MEMORIAL HERMANN	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	Aggregate real-to-bate v	
Other (specify) ▼	666.68	
Full Name (Last, First, Middle Initial)  C. Gerald Edward Harmon, MD		Date of Receipt
Mailing Address 9699 Ocean Hwy		M M M / D D / Y Y Y Y Y
PO Box 289		07 23 2010
City	State Zip Code	Transaction ID: 35900033
Pawleys Isl	SC 29585-7425	Amount of Each Receipt this Period
•	2000 7420	Amount of Each Heceipt this Feriod
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	583.35	
VI = 77 ▼		'
		249.99
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	210.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information cooled from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 64 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas P. Healy, Jr.		Date of Receipt
Mailing Address 547 S Clark St Apr	1 1401	07 23 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35900034
Chicago	IL 60605-1548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupation AMA Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) David Andrew Rosman, MD		Date of Receipt
Mailing Address 39A Danforth St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35900035
Jamaica Plain	MA 02130-1847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer MGH	Occupation Resident	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Janne Lynch		Date of Receipt
Mailing Address 24184 N 74th St.		07 23 YYYY 2010
City	State Zip Code	Transaction ID: 35900036
Scottsdale	AZ 85255-3488	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer N/A	Occupation Physician Spouse	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (option	al)	208.32

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 101 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	Legistratements may not be sold or used by any persthe name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mr. William Butler		Date of Receipt
Mailing Address 5206 Bayshore Blvd	l.	07 23 2010
City	State Zip Code	Transaction ID: 35900037
<u>Tampa</u>	FL 33611-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician Spouse	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬ l
Other (specify) ▼	583.35	
Full Name (Last, First, Middle Initial) Louis James Kraus, MD	-	Date of Receipt
Mailing Address 456 Woodland Rd		07 23 2010
City	State Zip Code	Transaction ID: 35900038
Highland Park	IL 60035-5057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	
Full Name (Last, First, Middle Initial) Maureen Rose Lannan, MD		Date of Receipt
Mailing Address 622 Cypress St		07 23 YYYYY 2010
City	State Zip Code	Transaction ID: 35900039
Sulphur	LA 70663-5052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.35	
		249.99

# SCHEDULE A (FEC Form 3X)

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mokarram Husain Jafri, Jr. MD  Mailing Address 6 Oakhurst Ct  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA GROUP OF ALBANY  Receipt For: Primary General Other (specify)	State Zip Code NY 12065-8719  C  Occupation Anesthesiologist  Aggregate Year-to-Date   583.31	Date of Receipt  M M M 23 23 2010  Transaction ID: 35900040  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Michael Jos Sexton, MD  Mailing Address 12 Erica Ct  City  Novato  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary  General  Other (specify)	State Zip Code CA 94947-1900  C  Occupation Physician  Aggregate Year-to-Date   583.35	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Mutaz Billah Habal, MD FRCSC  Mailing Address 205 W Martin Luther  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code FL 33603-3600  C  Occupation Physician  Aggregate Year-to-Date ▼  583.35	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 23 2010  Transaction ID: 35900042  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional) .		249.99

Mailing Address 79 Regan Dr					_	
Any information capied 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 is solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  ANERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  A. Object Association (Last, First, Middle Initial)  Colles Adam Varnum, MD  Mailing Address 79 Regan Dr  City State Zip Code  NY 13126-5802  FEC ID number of contributing federal political committee.  C. Service (Last, First, Middle Initial)  B. Patrick Daril Alalie, MD  Mailing Address 275 E 28th St  City State Zip Code  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  B. Patrick Daril Alalie, MD  Mailing Address 275 E 28th St  City Yuma  AZ 85364-8206  FEC ID number of contributing federal political committee.  C. Name of Engloyer  Name of Engloyer  Name (Last, First, Middle Initial)  Provision  Physician  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Partick Daril Alalie, MD  Cocupation  Physician  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Beerg Dorn Veralies, MD  Mailing Address 10410 Cliffwood Dr  City State Zip Code  Houston  Ty 23 2010  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period  Transaction ID: 35900046  Amount of Each Receipt his Period		•		for each categ	ory of the (	(check only one)  X 11a 11b 11c 12
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  A. MERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  Colorisa Adam Varnum, MD  Maling Address 79 Regan Dr  City State Zip Code Oswego NY 13126-5602  FEC ID number of contributing lederal political committee.  C Cocupation Physician  Receipt For: Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼  Primary Aggregate Year-to-Date ▼  Name of Employers Aggregate Year-to-Date ▼  Name (Last, First, Middle Initial) Physician  Physician  Aggregate Year-to-Date ▼  Name (Last, First, Middle Initial) Physician  Physician  Physician  Aggregate Year-to-Date ▼  Name (Last, First, Middle Initial) Physician  Physician  Physician  Aggregate Year-to-Date ▼  Name (Last, First, Middle Initial) Phony Down Wanable, MD  Maling Address 10410 Cliffwood Dr  City State Zip Code Houston TX 77035-3702  FEC ID number of contributing federal political committee.  C Houston TX 77035-3702  FEC ID number of contributing federal political committee.  C Houston TX 77035-3702  FEC ID number of contributing federal political committee.  Name of Employers Price Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Name of Employers Price Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Name of Employers Price Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-D		Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	up not be sold or us dress of any politic	ed by any perso	n for the purpose of soliciting contributions
A. Cortiss Adam Varum, MD  Mailing Address 79 Regan Dr  City  State Zip Code NY 13126-5602  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Partick Dani Alello, MD  Mailing Address 275 E 28th St  City  State Zip Code Physician  Receipt For: Partick Dani Alello, MD  Mailing Address 275 E 28th St  City  State Zip Code Physician  Receipt For: Partick Dani Alello, MD  Mailing Address 275 E 28th St  City  State Zip Code AZ 8394-8296  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  Physician  Receipt For: Physician  Aggregate Year-to-Date ▼  Physician  Receipt For: Physician  FEC ID number of contributing federal political committee.  C. Bassass  Full Name (Last, Frist, Middle Initial) Henry Donn Venable, MD  Mailing Address 10410 Cliffwood Dr  City  State Zip Code Transaction ID: 35900046  Aggregate Year-to-Date ▼  Physician  FEC ID number of contributing federal political committee.  C. Bassass  C. Bassass  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  C. Bassass  Physician  FEC ID number of contributing federal political committee.  Name of Employer PRK PLZA ANESTHESIOLOGY  Physician  Aggregate Year-to-Date ▼  Physician  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Dat	•	NAME OF COMMITTEE (In Full)				
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Coswego		Mailing Address 79 Regan Dr				
FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Primary General Other (specify) ▼ S83.35   B. Full Name (Last, First, Middle Initial) Parick Dari Aelio, MD  Mailing Address 275 E 28th St  City State Zip Code AZ 85364-8206  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼ S83.35  Date of Receipt  Transaction ID: 35900044  Amount of Each Receipt this Period  FEC ID receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ S83.35  Date of Receipt  Transaction ID: 35900044  Amount of Each Receipt this Period  Transaction ID: 35900044  Amount of Each Receipt this Period  Transaction ID: 35900044  Amount of Each Receipt this Period  Transaction ID: 35900044  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  Transaction ID: 35900046  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼ S83.35		City	State	Zip Code		Transaction ID: 35900043
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Receipt For:			C		,	83.33
B. Full Name (Last, First, Middle Initial) Patrick Dani Aleilo, MD Mailing Address 275 E 28th St  City State Zip Code Yuma AZ 85384-8206  FEC ID number of contributing federal political committee.  Name of Employer AlELLO EYE INSTITUTE Physician Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Henry Donn Verable, MD Mailing Address 10410 Cliffwood Dr  City State Zip Code Houston TX 77035-3702  FEC ID number of contributing federal political committee.  C. Hull Name (Last, First, Middle Initial)  Henry Donn Verable, MD  Mailing Address 10410 Cliffwood Dr  City State Zip Code Houston TX 77035-3702  FEC ID number of contributing federal political committee.  Name of Employer PR PR PLZA ANESTHESIOLOGY PR PR PLZA ANESTHESIOLOGY PR PR PLZA ANESTHESIOLOGY Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  S83.35		Name of Employer SELF-EMPLOYED				
B. Patrick Dani Alelio, MD  Mailing Address 275 E 28th St  City State Zip Code AZ 85364-8206  FEC ID number of contributing federal political committee.  Pirmary General Other (specify) ▼ State Zip Code  AZ 85364-8206  FUII Name of Employer PRK PLZA ANESTHESIOLOGY  Pirmary General Other (specify) ▼		Primary General	Aggregate	e Year-to-Date ▼	583.35	
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FEC ID number of contributing federal political committee.  Name of Employer AlELLO EYE INSTITUTE    Possible Primary   General   Other (specify) ▼   Date of Receipt		City		Zip Code		Transaction ID: 35900044
Salabar   Sal		Yuma	AZ	85364-8206		Amount of Each Receipt this Period
Receipt For:			C		,	83.33
Primary General Other (specify) ▼    State   Zip Code   Transaction ID: 35900046		Name of Employer AIELLO EYE INSTITUTE				
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.  Name of Employer PRK PLZA ANESTHESIOLOGY  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 35900046  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  S83.33		Primary General	Aggregate	e Year-to-Date ▼	583.35	
City  Houston  FEC ID number of contributing federal political committee.  Name of Employer PRK PLZA ANESTHESIOLOGY  Primary  Other (specify) ▼  State Zip Code TX 77035-3702  C  C  Transaction ID: 35900046  Amount of Each Receipt this Period  83.33  Aggregate Year-to-Date ▼  583.35	с. С.					Date of Receipt
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PRK PLZA ANESTHESIOLOGY Physician  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  583.35		FEC ID number of contributing			0	
Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date  583.35		Name of Employer PRK PLZA ANESTHESIOLOGY				
Other (specify)   583.35			<u> </u>			1
SUBTOTAL of Receipts This Page (optional)					583.35	
		SUBTOTAL of Receipts This Page (optional)				249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 101 (check only one)    X   11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli Mailing Address 2360 SW Archer Rd			Date of Receipt
	Apt 311 City	State	Zip Code	0 7 2 3 2 0 1 0 Transaction ID: 35900047
	Gainesville  FEC ID number of contributing federal political committee.	C	32608-1010	Amount of Each Receipt this Period 41.66
	Name of Employer N/A  Receipt For:	Occupation Medical S	Student	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
3.	Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli Mailing Address 2360 SW Archer Rd			Date of Receipt  0 7 2 3 2 0 1 0
	Apt 311 City	State	Zip Code	Transaction ID: 35900048
	Gainesville  FEC ID number of contributing federal political committee.	FL C	32608-1010	Amount of Each Receipt this Period 41.66
	Name of Employer N/A	Occupation Medical S		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 333.28	
- :.	Full Name (Last, First, Middle Initial) Henry Donn Venable, MD Mailing Address 10410 Cliffwood Dr			Date of Receipt
	City	State	Zip Code	0 7 2 3 2 0 1 0 Transaction ID: 35900049
	Houston	TX	77035-3702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer PRK PLZA ANESTHESIOLOGY	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.68	
	SUBTOTAL of Receipts This Page (optional)			166.65
Γ	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 69 / 101   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION			SOLOR CONTIDUTIONS HOLD SUCH COMMITTEE.
Full Name (Last, First, Middle Initial) Valerie Pronio-Stelluto, MD			Date of Receipt
Mailing Address 330 Mt Auburn St Mount Auburn Hosp			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35900051
Cambridge	MA	02138-5597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer MOUNT AUBURN HOSPITAL	Occupation Physician	n n - Director, Med. Student Ed	du
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)		500.02	
Full Name (Last, First, Middle Initial) Joel Thos Bundy, MD			Date of Receipt
Mailing Address 745 Battlefield Blvd N			07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesapeake	State VA	Zip Code	Transaction ID: 35900052
FEC ID number of contributing federal political committee.	C	23320-0305	Amount of Each Receipt this Period  83.33
Name of Employer TIDEWATER KIDNEY SPECIALI- STS	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		483.35	
Full Name (Last, First, Middle Initial) Valerie Pronio-Stelluto, MD			Date of Receipt
Mailing Address 330 Mt Auburn St Mount Auburn Hosp			07
City Cambridge	State MA	Zip Code	Transaction ID: 35900054
FEC ID number of contributing		02138-5597	Amount of Each Receipt this Period
federal political committee.	C		83.33
Name of Employer MOUNT AUBURN HOSPITAL	<del>, '                                   </del>	n - Director, Med. Student Ed	du
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
Other (specify)		583.35	
SUBTOTAL of Receipts This Page (optional)			249.99
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Yuma  AZ 85364-8206  FEC ID number of contributing federal political committee.  Name of Employer AlELLO EYE INSTITUTE  Primary General Other (specify) ▼  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer AlELLO EYE INSTITUTE  Primary General Other (specify) ▼  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Name of Employer General Other (specify) ▼  Primary General Other (specify) ▼  State Zip Code  FEC ID number of contributing federal political committee.  City Primary General Other (specify) ▼  Date of Recurrence  Pull Name (Last, First, Middle Initial) Judson J Somerville, MD  Mailing Address 6801 McPherson Rd  Ste 334  State Zip Code  Transaction  Date of Recurrence  Mailing Address 6801 McPherson Rd  Ste 334  Transaction	MBER: PAGE 70 / 101 e) 11b 11c 12 14 15 16 1
Full Name (Last, First, Middle Initial) Patrick Dani Aleilo, MD Mailing Address 275 E 28th St  City Yuma AZ 85364-8206  FEC ID number of contributing federal political committee.  Name of Employer AlELLO EYE INSTITUTE Physician  Receipt For: Occupation Physician  Aggregate Year-to-Date Providence RI 02995-2429  FEC ID number of contributing federal political committee.  C  Date of Rec Name (Last, First, Middle Initial) Michael E Migliori, MD  Mailing Address 120 Dudley St Ste 301  City Providence RI 02995-2429  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ Date of Rec  Mailing Address 6801 McPherson Rd Ste 334  City Laredo TX 78041-6417  FEC ID number of contributing federal political committee.  C  Date of Rec  Mary Transaction Transaction Amount of E  Aggregate Year-to-Date  Transaction Transaction Amount of E  Aggregate Year-to-Date  Occupation Physician  Aggregate Year-to-Date  Date of Rec  Mary Transaction Transaction Amount of E  Aggregate Year-to-Date  Occupation Physician Amount of E  Physician Amount of E  Aggregate Year-to-Date  Aggregate Year-to-Date  Amount of E  Aggregate Year-to-Date  Amount of E  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date	of soliciting contributions is from such committee.
Patrick Dant Aiello, MD  Mailing Address 275 E 28th St  City State Zip Code AZ 85364-8206  FEC ID number of contributing federal political committee.  Name of Employer AIELLO EYE INSTITUTE Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael E Migliori, MD  Mailing Address 120 Dudley St Sta 301  City State Zip Code RI 02905-2429  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED Primary General Occupation Physician  Receipt For: Aggregate Year-to-Date ▼  Date of Receipt For: Aggregate Year-to-Date ▼  Transaction  Amount of E  Date of Receipt For: Aggregate Year-to-Date ▼	
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Yuma  AZ 85364-8206  Amount of E FEC ID number of contributing federal political committee.  Name of Employer AIELLO EYE INSTITUTE  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael E Migliori, MD  Mailing Address 120 Dudley St Ste 301  City State Zip Code RI 02905-2429  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Judson J Somerville, MD  Mailing Address 6801 McPherson Rd Ste 334  City State Zip Code Transaction  Amount of E  FEC ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial)  Judson J Somerville, MD  Mailing Address 6801 McPherson Rd  Ste 334  City State Zip Code Transaction  Aggregate Year-to-Date ▼  Transaction  Date of Receipt For:  Primary General Occupation Physician  Aggregate Year-to-Date ▼  Transaction  Amount of E  C  Cocupation Physician  Amount of E  Primary General Occupation Physician  Amount of E  Pagregate Year-to-Date ▼  Pagregate Year-to-Date ▼  Pagregate Year-to-Date ▼	23 2010
FEC ID number of contributing federal political committee.  Name of Employer AELLO EYE INSTITUTE  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael E Migliori, MD  Mailing Address 120 Dudley St Ste 301  City State Zip Code Providence  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Transaction  Amount of E  FC ID number of contributing federal political committee.  Name of Employer Self-EMPLOYED  Aggregate Year-to-Date ▼  Transaction  Aggregate Year-to-Date ▼  Transaction  Aggregate Year-to-Date ▼  Date of Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt For:  State Zip Code  Transaction  Transaction  Aggregate Year-to-Date ▼  Date of Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt For For:  Primary General State Zip Code  Transaction  Amount of E  Transaction  Amount of E  C  C  C  C  C  C  C  C  C  Physician  Receipt For:  Aggregate Year-to-Date ▼	ID: 35900055 Each Receipt this Period
Receipt For:	83.33
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Michael E Migliori, MD  Mailing Address 120 Dudley St Ste 301  City State Zip Code Providence RI 02905-2429  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Judson J Somerville, MD  Mailing Address 6801 McPherson Rd Ste 334  City Laredo Transaction  Pagregate Year-to-Date  Transaction  Date of Recomplete Aggregate Year-to-Date  Transaction  Transaction  Transaction  Amount of E  C  Transaction  Transaction  Amount of E  C  City State Zip Code Transaction  Transaction  Amount of E  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Aggregate Year-to-Date ▼	
Ste 301  City  Providence  RI  02905-2429  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Judson J Somerville, MD  Mailing Address  6801 McPherson Rd Ste 334  City  Laredo  TX  78041-6417  C  State Zip Code TX  78041-6417  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼  Occupation Physician  Receipt For:  Aggregate Year-to-Date ▼	eipt
Providence  RI 02905-2429  Amount of E  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Judson J Somerville, MD  Mailing Address 6801 McPherson Rd Ste 334  City State Zip Code Tx 78041-6417  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼  C  C  Amount of E  Amount of E  C  Amount of E  C  Aggregate Year-to-Date ▼  C  Amount of E  Aggregate Year-to-Date ▼  Amount of E  Aggregate Year-to-Date ▼	23 2010
FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Judson J Somerville, MD  Mailing Address 6801 McPherson Rd  Ste 334  City State Zip Code  Laredo  TX 78041-6417  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Name of Employer SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt For:  C  Transaction  Amount of Employer SELF-EMPLOYED  Physician  Receipt For:  Aggregate Year-to-Date ▼	ID: 35900462
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Judson J Somerville, MD  Mailing Address 6801 McPherson Rd  Ste 334  City  State  Transaction  TX  78041-6417  Amount of E  Primary  State  Transaction  Amount of E  Name of Employer  SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	Each Receipt this Period
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Judson J Somerville, MD  Mailing Address 6801 McPherson Rd Ste 334  City Laredo TX  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Date of Receipt For:  State Zip Code Transaction  Amount of E  C  Occupation Physician  Aggregate Year-to-Date ▼	
Mailing Address 6801 McPherson Rd Ste 334  City State Zip Code Laredo TX 78041-6417  FEC ID number of contributing federal political committee.  C  Name of Employer SELF-EMPLOYED  Receipt For: Aggregate Year-to-Date ▼	eiot
City State Zip Code Transaction  Laredo TX 78041-6417  FEC ID number of contributing federal political committee.  C  Name of Employer SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼	23 / 2010
FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Aggregate Year-to-Date ▼	ID: 35900463
SELF-EMPLOYED Physician  Receipt For: Aggregate Year-to-Date ▼	Each Receipt this Period
Receipt For:  Aggregate Year-to-Date ▼	
Other (specify) ▼ 583.31	
SUBTOTAL of Receipts This Page (optional)	249.99

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 101 (check only one)    X
or for o	ormation copied from such Reports and S ommercial purposes, other than using the ME OF COMMITTEE (In Full) IERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Jan	Name (Last, First, Middle Initial) ice Tildon-Burton, MD ling Address 2600 Glasgow Ave			Date of Receipt  0 7 2 3 2 0 1 0
City	Ste 207	State	Zip Code	Transaction ID: 35900464
<u>Ne</u>	wark	DE	19702-5704	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		83.33
Nar SE	ne of Employer LF-EMPLOYED	Occupation Physician		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	
Alik	Name (Last, First, Middle Initial) Sunil Widge, MD ling Address 118 12th Ave E			Date of Receipt
				07 23 2010
City	attle	State WA	Zip Code	Transaction ID: 35900476
FE	C ID number of contributing eral political committee.	C	98102-5804	Amount of Each Receipt this Period 250.00
Nar UN	ne of Employer IVERSITY OF WASHINGTON	Occupation Resident	n Physician	
Rec	eeipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) an Rudd Bailey, MD	1		Date of Receipt
	ling Address 5929 Lovell Ave Fwaa			07 22 7 2010
City	rt Worth	State	Zip Code 76107-5029	Transaction ID: 35901292
FE	CID number of contributing eral political committee.	C	76107-5029	Amount of Each Receipt this Period  166.66
	ne of Employer RT WORTH ALLERGY ASTHMA SOCIATES	Occupation Physician	n	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.35	
SUBT	OTAL of Receipts This Page (optional)	1		499.99

# SCHEDULE A (FEC Form 3X)

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD  Mailing Address 600 N Fairbanks Ct Apt 2501  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer NOMC MACNEAL RADIATION TH- ERAPY Receipt For: Primary General Other (specify)	State Zip Code IL 60611-5856  C Occupation Physician Aggregate Year-to-Date  291.70	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Dean Armandroff Mailing Address 902 Oronoco St.  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer AMERICAN MEDICAL ASSOCIAT-ION Receipt For: Primary General Other (specify)	State Zip Code VA 22314-2235  C  Occupation AMA Executive  Aggregate Year-to-Date   583.31	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Clayton Stafford, MD  Mailing Address 101 Hospital Dr Stafford Family Medici City Princeton  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code KY 42445-2301  C  Occupation Physician  Aggregate Year-to-Date  208.16	Date of Receipt  M M / 29 / 2010  Transaction ID: 36046843  Amount of Each Receipt this Period  26.36
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	151.43

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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 73 / 101 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN MEDICAL ASSOCIATION	POLITICAL	L ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Marc Max Dreier, MD			Date of Receipt
	Mailing Address 295 Richards Rd			07 29 2010
	City	State	Zip Code	Transaction ID: 36046850
	Ridgewood	NJ	07450-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY EMERGENCY ROOM ASS- OCIATES P A	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Richard Ferris Mckay, MD			Date of Receipt
	Mailing Address 8 Medical Dr			07 29 2010
	City	State	Zip Code	Transaction ID: 36046858
	Amarillo	TX	79106-4168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer SELF-EMPLOYED	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	]
	Other (specify)			
С. С.	Full Name (Last, First, Middle Initial) Diane M. Jeffrey			Date of Receipt
	Mailing Address 175 Bone Lane			07 29 2010
	City	State	Zip Code	Transaction ID: 36046867
	Batesville	AR	72501-9432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer N/A	Occupation Physicia	n Spouse	
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
F				1
	SUBTOTAL of Receipts This Page (optional)			1400.00
L			<u> </u>	

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 101 (check only one)    X   11a
or f	r information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱	Full Name (Last, First, Middle Initial) Steven A. Ellwing			Date of Receipt
	Mailing Address 1650 Castillian Way  City	State	Zip Code	0 7 2 9 2 0 1 0 Transaction ID: 36046869
	Mundelein	IL	60060-4832	Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AMERICAN MEDICAL ASSOCIAT- ION	Occupatio AMA Exe		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Nelson B Record, MD Mailing Address 92 Fenderson Hill Rd			Date of Receipt
	Mailing Address 92 Fenderson Hill Rd			07 12 2010
	City	State	Zip Code	Transaction ID: 36346930
	Wilton	ME	04294-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer FRANKLIN MEMORIAL HOSPITAL	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-0.00
	Full Name (Last, First, Middle Initial) Henry Donn Venable, MD			Date of Receipt
	Mailing Address 10410 Cliffwood Dr			07 27 2010
	City	State	Zip Code	Transaction ID: 36346940
	Houston  FEC ID number of contributing federal political committee.	C	77035-3702	Amount of Each Receipt this Period  0.00
·	Name of Employer PRK PLZA ANESTHESIOLOGY	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 583.35	[MEMO ITEM] Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$58335
SL	IBTOTAL of Receipts This Page (optional) .			500.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 101 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In Fit AMERICAN MEDICAL AS	than using the name and ad	dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle I Patrick Danl Aiello, MD	nitial)		Date of Receipt
Mailing Address 275 E 28th			07 27 2010
City	State AZ	Zip Code	Transaction ID: 36346941
Yuma  FEC ID number of contributing federal political committee.	C	85364-8206	Amount of Each Receipt this Period  0.00
Name of Employer AIELLO EYE INSTITUTE	Occupation Physicia		
Receipt For:  Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.35	[MEMO ITEM]  Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$583-
Full Name (Last, First, Middle I Valerie Pronio-Stelluto, MD			Date of Receipt
Mailing Address 330 Mt Au Mount Aub	urn Hosp	7: 0.1	07 27 2010
City Cambridge	State MA	Zip Code 02138-5597	Transaction ID: 36346943
FEC ID number of contributing federal political committee.	C	02130-3397	Amount of Each Receipt this Period  0.00
Name of Employer MOUNT AUBURN HOSPITAL	Occupation Physicia	on ın - Director, Med. Student	Edu
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 500.02	[MEMO ITEM] Refund(s) on Schedule B Totaling \$83.33 This changes the YTD Total to \$500-
Full Name (Last, First, Middle I Christopher Eric Bucciarelli	nitial)		Date of Receipt
Mailing Address 2360 SW Apt 311			07 27 2010
City <u>Gainesville</u>	State FL	Zip Code 32608-1010	Transaction ID: 36346944
FEC ID number of contributing federal political committee.	C	32000-1010	Amount of Each Receipt this Period  0.00
Name of Employer N/A	Occupation Medical		
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 291.62	[MEMO ITEM] Refund(s) on Schedule B Totaling \$41.66 This changes the YTD Total to \$29162
SUBTOTAL of Receipts This Page	ge (optional)		0.00
TOTAL This Deviced (lock page 4)	s line number only)		17308.85

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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 76 / 101 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
	Statements may not be sold or used by any perso he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATIO	ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) PNC ADVISORS  Mailing Address PO BOX 96211		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36075042
Washington	DC 20090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.06
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 33.84	INTEREST

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	0.06
TOTAL This Period (last page this line number only)	<b>•</b>	0.06

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 77 / 101		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29		
Any Information copied from such Reports and State of for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any politica	al committee to so			
AMERICAN MEDICAL ASSOCIATION F	OLITICAL ACTION COM	MILLEE			
Full Name (Last, First, Middle Initial) Tim Ryan For Congress			Transaction ID: 35632796 Date of Disbursement  0 7 0 0 0 7 2 0 1 0		
Mailing Address 1600 Roosevelt Avenu Suite 804	е		07 02 2010		
City Niles	State Zip Code OH 44446		Amount of Each Disbursement this Perio		
Purpose of Disbursement 2010 GENERAL Candidate Name		011 Category/	1000.00		
Rep. Timothy J. Ryan		Type			
Senate President	rsement For: 2010 Primary X General Other (specify)		2010 GENERAL		
State: OH District: 17  Full Name (Last, First, Middle Initial)					
Coburn For Senate 2010		Transaction ID: 35632798  Date of Disbursement			
Mailing Address Post Office Box 977			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$		
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Perio		
Purpose of Disbursement 2010 PRIMARY		011	2000.00		
Candidate Name Sen. Thomas Allen Coburn, M.D.	Category/ Type				
Office Sought:    House   Disbu	rsement For: 2010  X Primary General Other (specify)		2010 PRIMARY		
Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc			Transaction ID: 35632801 Date of Disbursement		
Mailing Address Post Office Box 47084	0		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Tulsa	State Zip Code OK 74147		Amount of Each Disbursement this Perio		
Purpose of Disbursement 2010 PRIMARY		011	2000.00		
Candidate Name Rep. John Sullivan		Category/ Type			
Office Sought:  X House Senate President State: OK District: 01	sement For: 2010  X Primary General  Other (specify) ▼	•	2010 PRIMARY		
State. OIL DISTRICT. UT					
	d)		5000.00		

		B (FEC Form	- 1	Use sep	arate schedule(s)	,	-	E NUMBER: PAGE 78 / 101
ITE	EMIZED DI	SBURSEMEN	ITS	for each	category of the Summary Page		(check on 21b 27	22   X   23   24   25   28a   28b   28c   29
								for the purpose of soliciting contributions olicit contributions from such committee
1	NAME OF COM	MITTEE (In Full) EDICAL ASSOCIA						
	Full Name (Last, Boren For Cor	First, Middle Initial)						Transaction ID: 35632805 Date of Disbursement
Ī	Mailing Address	PO Box 1924						$\begin{bmatrix} M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M $
	City Muskogee			state OK	Zip Code 74402			Amount of Each Disbursement this Per
2	Purpose of Disbu 2010 PRIMARY					_	011	1000.00
F	Candidate Name Rep. Daniel Bo	oren	I Bistonia		0040		tegory/ Type	-
	Office Sought: State: OK	X House Senate President District: 02		nent For: Primary Other (spe	2010 General ecify) ▼			2010 PRIMARY
F		First, Middle Initial)						Transaction ID: 35632806 Date of Disbursement
Ī	Mailing Address	Post Office Box	x 1726					$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} Y$
	City Oklahoma City	/		tate State	Zip Code 73101			Amount of Each Disbursement this Per
	Purpose of Disbu 2010 PRIMARY	ursement					011	1000.00
I	Candidate Name Rep. Frank D.	Lucas					tegory/ ype	
	Office Sought: State: OK	X House Senate President District: 03	1 -	nent For: Primary Other (spe	2010 General ecify)			2010 PRIMARY
	Full Name (Last, Cole For Cong	First, Middle Initial) gress	1					Transaction ID: 35632807 Date of Disbursement
ľ	Mailing Address	P.O. Box 7222	56					$\begin{bmatrix} M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M & M $
	City Norman			tate OK	Zip Code 73070			Amount of Each Disbursement this Per
2	Purpose of Disbursement 2010 PRIMARY 011						1000.00	
Ī	Candidate Name Rep. Thomas	Cole	Diale		0040		tegory/ Type	
	Office Sought:	χ House	Disbursen	nent For: Primary	2010 General			2010 PRIMARY
(	-	Senate President		Other (spe	ecify) 🔻			

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IT	EMIZED DISBU	RSEMENT	for each	category of the Summary Page	(check onl	22 X 23 2 24	4 25 Bc 29
						for the purpose of soliciting	
\	NAME OF COMMITTE		g the hame and addre	ss of arry political	Committee to so	DICIT CONTINUE ON S ITOM SUC	on committee
<u>/</u>	AMERICAN MEDICA	AL ASSOCIAT	TON POLITICAL A	ACTION COMM	/ITTEE		
	Full Name (Last, First, Market Priends Of Rosa De					Transaction ID: 356 Date of Disbursement	660177
	Mailing Address 12	Trumbull Stre	eet			07 / 07 /	<sup>Y</sup> 2010 <sup>Y</sup>
	City New Haven		State CT	Zip Code 06511		Amount of Each Disbu	• • • • •
	Purpose of Disburseme 2010 GENERAL	nt			011		1000.00
	Candidate Name Rep. Rosa L. DeLau				Category/ Type		
		House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		2010 GENERAL	
		ict: 03		· · ·			
	Full Name (Last, First, N Friends Of Erik Paul	,				Transaction ID: 356 Date of Disbursement	
		O. Box 44369 O Prairie Cent	er Drive		07 07	Y ŽOĬO	
	City Eden Prairie		State MN	Zip Code 55344		Amount of Each Disbu	rsement this Perio
	Purpose of Disburseme 2010 PRIMARY	nt			011		2000.00
	Candidate Name Rep. Erik P. Paulser	1			Category/ Type		
	S	House Senate President	Disbursement For:  X Primary Other (spe	2010 General ecify)		2010 PRIMARY	
	State: MN Distriction District	rict: 03				T 1D. 050	2004.00
	Gillibrand For Senat					Transaction ID: 356 Date of Disbursement	
	Mailing Address 23	6 Massachuse	etts Ave Suite 110			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ý ŽOŤOÝ
	City Washington		State DC	Zip Code 20002		Amount of Each Disbu	• • • • •
	Purpose of Disbursement 2010 PRIMARY			011			2000.00
	Candidate Name Sen. Kirsten E. Gillil			Category/ Type			
	X	House Senate President	Disbursement For:  X Primary Other (spe	2010 General ecify)		2010 PRIMARY	
						1	

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В.

C.

CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		FOR LINE NUMBER: (check only one)				PAGE 80 / 101				
EMIZED DISBURSEMENTS		category of the Summary Page		21b 27	2	2 8a	X 23 28b		24 28c	25 29		26 30b
ly Information copied from such Reports and State for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)	Tille and addres	ss of any political t	JOHIHI	iee io s	Olicit	JOHUIL	Julions II	OIII St	JCII CC	minitee		
AMERICAN MEDICAL ASSOCIATION F	OLITICAL A	CTION COMM	ITTEE	<u>.</u>								
Full Name (Last, First, Middle Initial) Steve Cohen For Congress							ction ID Disburs			84		
Mailing Address 349 Kenilworth						м т м	/ D	7	/ Y	<sup>y</sup> 0 1	0 <sup>Y</sup>	
City	State	Zip Code			А	moun	t of Each	n Disb	ursem	nent this	Perio	od
Memphis Property of Disharm are not	TN	38112			[					2000.0	0	
Purpose of Disbursement 2010 PRIMARY Candidate Name			01 Cate				•		•	2000.0		
Rep. Stephen Ira Cohen			Typ									
Office Sought:  X House Senate President State: TN District: 09	x Primary Other (spe	2010 General			20	)10 P	RIMAR	ľΥ				
Full Name (Last, First, Middle Initial)					T	ransa	ction ID	: 35	6840	54		
Georgians For Isakson					D		Disburs		t	V	V	
Mailing Address Post Office Box 25011	6					0 <sup>M</sup> 7 <sup>M</sup>	/ D	1 2	/ <u>Y</u>	ž 0 1	0 1	
City Atlanta	State GA	Zip Code 30325			Α	moun	t of Each	n Disb	ursem	nent this	Perio	od
Purpose of Disbursement 2010 PRIMARY	<u> </u>	30323	01	1		200	2000.0	0				
Candidate Name Sen. Johnny Isakson			Categ									
X Senate President	x Primary Other (spe	2010 General			20	)10 P	RIMAR	ľΥ				
State: GA District:												
Full Name (Last, First, Middle Initial) Friends Of Jack Kingston					D	ate of	Disburs	emen			V	
Mailing Address PO Box 2133					L	<sup>м</sup> 7 <sup>м</sup>	]	1 2		ž 0 1	0 '	
City Savannah	State GA	Zip Code 31402			A	moun	t of Each	n Disb	ursem	nent this	Perio	od .
Purpose of Disbursement 2010 PRIMARY	<u> </u>	01702	01	1		1000.00		0				
Candidate Name Rep. Jack Kingston			Categ	ory/								
Office Sought:  X House Senate President State: GA District: 01	X Primary Other (spe	2010 General			20	)10 P	RIMAR	ľΥ				
JBTOTAL of Disbursements This Page (options	(لد			<u> </u>		•				5000.0	0	
OTAL This Period (last page this line number or	ılv)			•	Γ							
AN026	7,					FEC	Schedu	ile B (	Form	3X) (Re	evise	d 02

ITEMIZED DISCHIPCEMENTS		Use separate schedule(s)	(check only one)
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29 3
		me and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee
<u>V</u>	Full Name (Last, First, Middle Initial) Westmoreland For Congress  Mailing Address P.O. Box 458		Transaction ID: 35684241 Date of Disbursement  0 7 M / D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
	City Sharpsburg Purpose of Disbursement	State Zip Code GA 30277	Amount of Each Disbursement this Period
	2010 PRIMARY Candidate Name Rep. Lynn A. Westmoreland	Ca	011 ategory/ Type
	Office Sought:  X House Senate President State: GA District: 03	sement For: 2010  X Primary General  Other (specify)	2010 PRIMARY
	Full Name (Last, First, Middle Initial) Price For Congress  Mailing Address P.O. Box 425		Transaction ID: 35684242 Date of Disbursement  0 7 M / D D D / Y Y Y O Y O Y
	City Roswell Purpose of Disbursement 2010 PRIMARY Candidate Name		Amount of Each Disbursement this Period  1000.00
	Rep. Thomas Price, M.D.		ategory/ Type 2010 PRIMARY
	Full Name (Last, First, Middle Initial) Friends Of John Barrow		Transaction ID: 35684249 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 8166  City Savannah	State Zip Code GA 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. John Barrow	Ca	2000.00 011 ategory/ Type
	Office Sought:  X House Senate President  State: GA District: 12	sement For: 2010  X Primary General Other (specify)	2010 PRIMARY
Г	otato. Grt Biotilot. 12		4000.00

EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	check only	NUMBER: PAGE 82 / 101 / one)  22
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NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION P	··		
Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc			Transaction ID: 35684275 Date of Disbursement
Mailing Address PO Box 27750			0 7 M / 1 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Macon	State Zip Code GA 31221		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 PRIMARY		011	2000.00
Candidate Name Mr. James Scott		Category/ Type	
Senate President	sement For: 2010  X Primary General  Other (specify)		2010 PRIMARY
State: GA District: 08  Full Name (Last, First, Middle Initial)			Transaction ID: 35734556
Allyson Schwartz For Congress  Mailing Address P.O. Box 2232		Date of Disbursement  O 7	
City	State Zip Code		Amount of Each Disbursement this Period
Jenkintown	PA 19046		
Purpose of Disbursement 2010 GENERAL		011	500.00
Candidate Name Rep. Allyson Y. Schwartz	Category/ Type		
Office Sought: X House Senate President State: PA District: 13	sement For: 2010 Primary X General Other (specify)		2010 GENERAL
Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIG		Transaction ID: 35831690 Date of Disbursement	
Mailing Address 430 S CAPITAL STREE		$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&0\\1&4\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&&Y&Y&Y\\2&0&1&0\end{smallmatrix}$	
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 ANNUAL CONTRIBUTION		011	15000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼		2010 ANNUAL CONTRIBUTION
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	Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMM	/IITTEE					Transaction ID: 35847797 Date of Disbursement
	Mailing Address 310 FIRST STF	REET SE					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City WASHINGTON	State DC		Zip Code 20003			Amount of Each Disbursement this Per
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	Full Name (Last, First, Middle Initial) Marco Rubio For US Senate						Transaction ID: 35848019 Date of Disbursement
	Mailing Address 2030 South Douglas Road Suite 105						$\begin{array}{c c} \begin{array}{c c} M & M \\ \hline 0 & 7 \end{array} \end{array} \begin{array}{c c} \begin{array}{c c} D & D \\ \hline 1 & 6 \end{array} \end{array} \begin{array}{c c} \begin{array}{c c} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
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	Candidate Name Mr. Marco Rubio					tegory/ Type	
	Office Sought:    House   X   Senate   President     State: FL   District:	Disbursement F X Prima Other	ary	2010 General ecify)			2010 PRIMARY
	Full Name (Last, First, Middle Initial) Jeff Miller For Congress						Transaction ID: 35848020 Date of Disbursement
	Mailing Address P. O. Box 126						07 M / 16 / Y 2010 Y
	City Pensacola	State FL		Zip Code 32591			Amount of Each Disbursement this Per
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	Candidate Name Rep. Jeff B. Miller					tegory/ Γype	
	Office Sought:  X House Senate President	Disbursement F X Prima Other	ary	2010 General			2010 PRIMARY
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Transaction ID: 35848074  Disbursement 2010 PRIMARY  Candidate Name Rep. Corrine Brown  Office Sought: X House President  City Senate President  City Candidate Name Rep. Corrine Brown  Office Sought: X House President  City Senate President  City Senate President  City Candidate Name Rep. Corrine Brown  Office Sought: X House President  City Senate President  City Sitate: FL District: 04  City Senate President  City Sitate: FL District: 04  City Sitate: FL District: 04  City Senate President  City Sitate: FL District: 04  City Sitate: FL District: 05  City Sitate: FL District: 06  City Sit	SCHEDULE B (FEC FOIII 3X)	Use separate schedu	e(s)   (check on	E NUMBER: PAGE 84 / 101
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Friends Of Corrine Brown  Malling Address 3563 Carriage Walk Lane  City State Zip Code Laurel MID 20724  Purpose of Disbursement 2010 PRIMARY  Office Sought: X House President Suite 1  City State Zip Code Correnshaw For Congress Campaign  Malling Address 4963 Beach Boulevard Suite 1  City State Zip Code Correnshaw For Congress Campaign  Malling Address A963 Beach Boulevard Suite 1  City State Zip Code Correnshaw For Congress Campaign  Malling Address A963 Beach Boulevard Suite 1  City State Zip Code Correnshaw For Congress Campaign  Malling Address A963 Beach Boulevard Suite 1  City State Zip Code Suite 1  Transaction ID: 35848074  Date of Disbursement 10 7 7 1 6 7 2 0 1 0 7 1 6 7 2 0 1 0 7 1 6 7 2 0 1 0 7 1 6 7 2 0 1 0 7 1 6 7 2 0 1 0 7 1 6 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 7 1 6 1 7 2 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Detailed Summary Pa	ge 21b	22 X 23 24 25 28 28 28 29
Full Name (Last, First, Middle Initial) Friends Of Corrine Brown  Mailing Address 3563 Carriage Walk Lane  City State Zip Code MD 20724  Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Corrine Brown  Office Sought: X House President State: FL District: 03  Full Name (Last, First, Middle Initial) Friends Of Corrine Brown  Office Sought: X House President State: FL District: 03  Mailing Address 4963 Beach Boulevard Suite 1  City State: FL State Zip Code Sught: X House President State: FL District: 03  Senate President State: FL State City Code Sught: X House President State: FL District: 03  Mailing Address A963 Beach Boulevard Suite 1  City State: FL State Zip Code Jacksonville FL 32207  Purpose of Disbursement 2010 PRIMARY  Office Sought: X House President State: FL District: 04  Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns  Mailing Address PO Box 308  City State: FL District: 04  City State: FL District: 04  City State: FL District: 04  City State: FL District: 05  City State: FL District: 04  City State: FL District: 04  City State: FL District: 05  City State: FL District: 06  City State: FL State: Floate of Disbursement 10  City State: FL District: 06  City State: FL State: Floate of Disbursement 10  City State: FL State: Floate of Disbursement 10  City Springs FL 34489  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Clifford B. Stearns  Office Sought: X House Senate President Sanate Preside	or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any pol	tical committee to s	
Friends Of Corrine Brown  Mailing Address 3563 Carriage Walk Lane  City State Zip Code MD 20724  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Corrine Brown  Office Sought: X House President Suite 1  City Senate President Other (specify) ▼  Senate President Suite 1  City Cardidate Name Rep. Corrine Brown  Office Sought: X House President Suite 1  City Senate President Suite 1  City Jacksonville State Zip Code FL 32207  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Ander Crenshaw  Office Sought: X House Senate President Suite 1  City Jacksonville FL 32207  Purpose of Disbursement 2010 PRIMARY  Office Sought: X House Senate President Suite 1  City Gandidate Name Rep. Ander Crenshaw  Office Sought: X House Senate President State: FL District: 04  City Senate President State: FL District: 04  City Senate President State: FL Jakes Primary General President State: FL Jakes Primary General State: FL Jakes Primary General State: FL Jakes Primary General State Senate President Silver Springs FL 34489  City Silver Springs FL 34489  Office Sought: X House Senate President Science FL Jakes Primary General Science President Science FL Jakes Primary General Science President Scie	/	OLITICAL ACTION CO	MMITTEE	
City Laurel   State Zip Code   Laurel   MD 20724   1000.00    Purpose of Disbursement 2010 PRIMARY   Candidate Name   President   State: FL District: 04   Senate   President   Sonate   President	Friends Of Corrine Brown			Date of Disbursement
Laurel MD 20724  Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Corrine Brown  Office Sought:	Mailing Address 3563 Carriage Walk La	ine		07 16 2010
Candidate Name Rep. Corrie Brown  Office Sought:	Laurel		1	Amount of Each Disbursement this Perio
Rep. Corrine Brown  Office Sought:	2010 PRIMARY			1000.00
Full Name (Last, First, Middle Initial) Crenshaw For Congress Campaign  Mailing Address 4963 Beach Boulevard Suite 1  City Jacksonville Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Ander Crenshaw  Office Sought: Senate President District: 04  Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns  Mailing Address PO Box 308  City State Zip Code Primary General Other (specify) ▼  Transaction ID: 35848074 Date of Disbursement this Peric  Office Sought:  Transaction ID: 35848074 Date of Disbursement this Peric  Office Sought:  Transaction ID: 35848075 Date of Disbursement this Peric  Office Sought:  Transaction ID: 35848075 Date of Disbursement this Peric  Office Sought:  Transaction ID: 35848075 Date of Disbursement this Peric  Office Sought:  Transaction ID: 35848075 Date of Disbursement this Peric  Office Sought:  Office Sought:  Transaction ID: 35848075 Date of Disbursement  Office Sought:  Office Sought:  Office Sought:  V Primary Office Sought:  Office Sought:  V Primary General Disbursement For:  Office Sought:  V Primary General Office Sought:  V Primary General Office Sought: Office Sought:  Office Sought:  Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office	Rep. Corrine Brown  Office Sought: X House Disbur Senate	X Primary Gene	Туре	2010 PRIMARY
Mailing Address 4963 Beach Boulevard Suite 1  City Jacksonville Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Ander Crenshaw  Office Sought:  Verification State: FL  District: 04  Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns  Mailing Address PO Box 308  City Silver Springs FL  34489  Purpose of Disbursement 2010 PRIMARY  2010 PRIMARY  2010 PRIMARY  2010 PRIMARY  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Amount of Each Disbursement this Peric  2010 PRIMARY  2010 PRIMARY  Amount of Each Disbursement this Peric  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Amount of Each Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 2 0 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7 1 6 1 6 1 1 0  Transaction ID: 35848075 Date of Disbursement 0 7	State: FL District: 03	Other (specify) ▼		
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Senate President Other (specify) ▼  State: FL District: 04  Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns  Mailing Address PO Box 308  City State Zip Code Silver Springs FL 34489  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Clifford B. Stearns  Office Sought: X House President President President State: FL District: 06  X Primary General Other (specify) ▼  Transaction ID: 35848075 Date of Disbursement  Disbursement Under Type Other (specify) ▼  Amount of Each Disbursement this Period Category/Type  2010 PRIMARY  2010 PRIMARY  2010 PRIMARY  2010 PRIMARY  Amount of Each Disbursement this Period Category/Type  2010 PRIMARY  2010 PRIMARY  Amount of Each Disbursement this Period Category/Type  2010 PRIMARY  2010 PRIMARY			1 .	
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City State Zip Code Silver Springs FL 34489  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Clifford B. Stearns  Office Sought: X House Senate President President State: FL District: 06  State Zip Code Tale Code To State Zip Code To St	,			Date of Disbursement
Silver Springs FL 34489  Purpose of Disbursement 2010 PRIMARY  Candidate Name Rep. Clifford B. Stearns  Office Sought: X House Senate President President  State: FL District: 06  Selection of Disbursement For: 2010 X Primary General Other (specify) ▼  State: FL District: 06	Mailing Address PO Box 308			077 16 2010
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Rep. Clifford B. Stearns  Office Sought: X House Senate President State: FL District: 06  Disbursement For: 2010 Seneral Other (specify)  Other (specify)   Other (specify)   Type  2010 PRIMARY			011	2000.00
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Full Name (Last, First, Middle Initial)  Mica For Congress  Mailing Address P. O. Box 181546						nsaction te of Disbu			0 1 0 <sup>°</sup>
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Kurt Kelly For Congress						e of Disbu		10003	
Mailing Address PO Box 533021					0		16	Ý Ž	0 1 0 °
City Orlando	State FL	Zip Code 32853			Am	ount of Ea	ch Disbur		
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Candidate Name Mr. Kurt Kelly			Са	tegory/ Γype					
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Full Name (Last, First, Middle Initial) Bilirakis For Congress					Da	nsaction e of Disbu	rsement	18084	
Mailing Address PO Box 606					o <sup>N</sup>	7 M /	16	ž	0 1 0 °
City Tarpon Springs	State FL	Zip Code 34688			Am	ount of Ea	ch Disbur		
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Candidate Name Rep. Gus M. Bilirakis			Ca	tegory/ Type	/				
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	Rep. C.W. Bill Young	-		0010	Category/ Type	
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	State: FL Distri Full Name (Last, First, M Friends Of Dennis R	,				Transaction ID: 35848087 Date of Disbursement
		) Box 7310				0 7
	City Lakeland		State FL	Zip Code 33807		Amount of Each Disbursement this Perio
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	Candidate Name Mr. Dennis Ross				Category/ Type	
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	State: FL Distriction  Full Name (Last, First, Moren Buchanan For (Mailing Address P. City	Senate President ict: 12 Middle Initial) Congress O. Box 48928	X Primary Other (spe	ecify) ▼ Zip Code	011	Date of Disbursement  O 7
	State: FL Distri Full Name (Last, First, M Vern Buchanan For ( Mailing Address P.  City Sarasota Purpose of Disbursemer	Senate President ict: 12 Middle Initial) Congress O. Box 48928	X Primary Other (spe	ecify) ▼ Zip Code	011 Category/ Type	Date of Disbursement  O 7
	State: FL District Full Name (Last, First, Month Vern Buchanan For Community Sarasota Purpose of Disbursemer 2010 PRIMARY Candidate Name Rep. Vern Buchanan Office Sought:	Senate President ict: 12 Middle Initial) Congress O. Box 48928	X Primary Other (spe	Zip Code 34230 2010 General	Category/	Date of Disbursement  O 7

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	Full Name (Last, First, Middle Initial) Friends Of Connie Mack  Mailing Address P.O. Box 519							of Di	sburse		34808	9 2 0 1 0	Y
	Pmb 388												
	City Naples	State FL	Zip Code 34106				Amou	int of	Each	Disbu	rseme	nt this F	Period
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	Friends Of Bill Posey							_	sburse				
	Mailing Address P. O. Box 360877						0 <sup>M</sup> 7	М	1	6 /	Y	ž o ž o	) Y
	City Melbourne	State FL	Zip Code 32936				Amou	int of	Each	Disbu		nt this F	-
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	Candidate Name Rep. Bill Posey			Ca	_	ory/							
	Office Sought:  X House Senate President State: FL District: 04	sbursement For:  X Primary  Other (spec	2010 General				2010	PRI	MAR	Y			
	Full Name (Last, First, Middle Initial) Tom Rooney For Congress						Date	of Di	sburse		34814	2	
	Mailing Address 2336 S. East Ocea	n Blvd. #313					0 <sup>M</sup> 7	М	1	6 /	Y	ž o ž o	) <sup>Y</sup>
	City Stuart	State FL	Zip Code 34996				Amou	int of	Each	Disbu		nt this F	-
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	Candidate Name Rep. Tom Rooney			Ca		ory/							
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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION PO	, , , , , , , , , , , , , , , , , , ,		
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Rudy Moise For Congress			Transaction ID: 35848143 Date of Disbursement
	Mailing Address PO Box 680417			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City North Miami	State Zip Code FL 33168		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 PRIMARY		011	5000.00
	Candidate Name Mr. Rudolph Moise		Category/ Type	
		ement For: 2010 Primary General Other (specify)		2010 PRIMARY
	Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress			Transaction ID: 35848144 Date of Disbursement
	Mailing Address PO Box 522784			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Miami	State Zip Code FL 33152		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 PRIMARY		011	2000.00
	Candidate Name Rep. Ileana Ros-Lehtinen		Category/ Type	
	9 1	ement For: 2010 Primary General Other (specify)		2010 PRIMARY
	Full Name (Last, First, Middle Initial) Ted Deutch For Congress Committee			Transaction ID: 35848146 Date of Disbursement
	Mailing Address 20423 Sr 7 Suite F6-383	3		077 / 16 / Y 2010
	City Boca Raton	State Zip Code FL 33498		Amount of Each Disbursement this Perio
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	Candidate Name Mr. Theodore Deutch		Category/ Type	
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	Mailing Address 95 Merrick Way	, Suite 25	0					0 7	,	1	<b>6</b> /		0 i 0	
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	Full Name (Last, First, Middle Initial) Sandy Adams For Congress									n ID: burse	358 ement	48179	)	
	Mailing Address PO Box 1566							0 <sup>M</sup> 7	M /	<sup>D</sup> 1	6 /	Y	010	Y
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	Full Name (Last, First, Middle Initial) David Rivera For Congress										358 ement	48180	)	
	Mailing Address P.O. Box 52063	33						0 <sup>M</sup> 7	M /	<sup>D</sup> 1	6 /	YZ	010	Y
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NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Heller For Congress  Mailing Address PO Box 531086  City State Zip Code NV 89053  Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Dean Heller  City State: NV District: 02  Full Name (Last, First, Middle Initial) The Madison PAC  City State Zip Code NV 89053  Amount of Each Disbursement this Peric Category' Type  Disbursement Primary X General Other (specify) ▼  Transaction ID: 35862025 Date of Disbursement this Peric Category' Type  2010 GENERAL  2010 GENERAL  2010 GENERAL  2010 GENERAL  Transaction ID: 35862029 Date of Disbursement this Peric Category' Type  Disbursement Tor: 20003  Purpose of Disbursement Disbursement Tor: 20003  Purpose of Disbursement District: Distri	FEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  Heller For Congress  Mailing Address PO Box 531086  City State Zip Code NV 89053  Purpose of Disbursement 2010 GENERAL  Candidate Name Rep. Dean Heller  Office Sought: X House President State: NV District: 02  Full Name (Last, First, Middle Initial)  The Madison PAC  Mailing Address 50 E Street SE Suite 1  City State: Disbursement 20003  Office Sought: House Senate President State: Disbursement For: 2010  Candidate Name  Office Sought: House Senate President State: Disbursement For: 20003  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House President State: Disbursement For: Senate President State: District: 02  City State: Disbursement Other (specify) ▼  Office Sought: House Senate President State: Disbursement For: Senate President State: Disbursement Tother (specify) ▼  Office Sought: House Senate President State: Disbursement Tother State: Disburse				by any persor	n for the purpose of soliciting contributions
Heller For Congress  Mailing Address PO Box 531086  City State Zip Code NV 89053  Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Dean Heller  Office Sought: X House Senate President State: NV District: 02  Full Name (Last, First, Middle Initial) The Madison PAC  Mailing Address 50 E Street SE Suite 1  City State Zip Code Primary X General Other (specify) ▼  Mailing Address 50 E Street SE Suite 1  City State: Disbursement For: 2010 Candidate Name  Office Sought: House Disbursement For: 20003  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Disbursement For: 2010 City State: Disbursement For: 2010 City State: Disbursement For: 2010 City State: Disbursement State: Disbursement For: 2010 City State: Disbursement State Zip Code Senate President Other (specify) ▼  City State: Disbursement For: 2010 City State: Zip Code Sought: Amount of Each Disbursement this Peric State: Disbursement For: 2010 CONTRIBUTION  City State: Zip Code Sought: Amount of Each Disbursement To State: Disburse	NAME OF COMMITTEE (In Full)				
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Rep. Dean Heller  Office Sought:	2010 GENERAL				500.00
Senate Primary X General Other (specify) ▼  State: NV District: 02  Full Name (Last, First, Middle Initial) The Madison PAC  Mailing Address 50 E Street SE Suite 1  City State Zip Code Washington DC 20003  Purpose of Disbursement 2010 CONTRIBUTION Candidate Name  Office Sought: House President Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of John Thune  Mailing Address 200 North Phillips Avenue Ste L101  City State Zip Code Sought: Friends Of John Thune  Mailing Address 200 North Phillips Avenue Ste L101  City State Zip Code Sioux Falls SD 57104  Purpose of Disbursement this Peric Category' Type  Office Sought: House State SD 57104  Purpose of Disbursement 2010 GENERAL  Candidate Name Sen. John R. Thune  Office Sought: House Primary X General Category' Type  Disbursement For: 2010 Category' Type  Office Sought: House Primary X General Category' Type  Other (specify) ▼	Rep. Dean Heller	reament For:	2010		
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2010 CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of John Thune  Mailing Address 200 North Phillips Avenue Ste L101  City State Zip Code Sioux Falls SD 57104  Purpose of Disbursement 2010 GENERAL  Candidate Name Sen. John R. Thune  Office Sought: House X Senate Primary X General Other (specify) ▼  2010 CONTRIBUTION  Transaction ID: 35883109  Date of Disbursement  0 7 M / D 2 D / Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 1 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O 1 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0 O Y 2 O Y  2 0	City				Amount of Each Disbursement this Perio
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of John Thune  Mailing Address 200 North Phillips Avenue Ste L101  City State Zip Code Sioux Falls SD 57104  Purpose of Disbursement 2010 GENERAL  Candidate Name Sen. John R. Thune  Office Sought: House X Senate Primary X General Other (specify) ▼  Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type  2010 CONTRIBUTION  Transaction ID: 35883109 Date of Disbursement  0 7	2010 CONTRIBUTION			Category/	5000.00
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City State Zip Code Sioux Falls SD 57104  Purpose of Disbursement 2010 GENERAL  Candidate Name Sen. John R. Thune  Office Sought: House X Senate Primary X General President  President  Amount of Each Disbursement this Period 1000.00  Amount of Each Disbursement this Period 1000.00  2010 GENERAL 2010  Category/ Type  2010 GENERAL 2010 GENERAL 2010 GENERAL	Full Name (Last, First, Middle Initial)				
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2010 GENERAL  Candidate Name Sen. John R. Thune  Office Sought:  House X Senate Primary President  Disbursement For: Primary X General Other (specify)  2010 GENERAL					
Sen. John R. Thune  Office Sought:    House	2010 GENERAL				1000.00
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/	AMERICAN MEDICAL ASSOCIATION PO	DLITICAL ACTION COM	MITTEE	
	Full Name (Last, First, Middle Initial)			Transaction ID: 35883112
	Friends Of Glenn Thompson			Date of Disbursement
	Mailing Address PO Box 1112			$ \begin{bmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \begin{bmatrix} D & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
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	Candidate Name Rep. Glenn W. Thompson		Category/ Type	
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	Senate President	Primary X General Other (specify) ▼		
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	Mailing Address PO Box 2009			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Perio
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	Full Name (Last, First, Middle Initial) Lewis For Congress Committee			Transaction ID: 35897755 Date of Disbursement
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	Full Name (Last, First, Middle Initial) Bright For Congress  Mailing Address P.O.Box 2106					Date		sburse			9 2 0 1 (	o <sup>Y</sup>
	City Montgomery	State Zip Code AL 36102				Amou	ınt of	Each	Disbu	urseme	ent this I	Period
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	Candidate Name Rep. Bobby Neal Bright, Sr.			ateç Typ	gory/ oe							
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_	Full Name (Last, First, Middle Initial) Levin For Congress							on ID:		39781	2	
	Mailing Address PO Box 37					0 <sup>M</sup> 7	M /	<sup>D</sup> 2	<sup>D</sup> 2	Y	ž 0 i (	) Y
	City Roseville	State Zip Code MI 48066				Amou	ınt of	Each	Disbu		ent this I	
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	Full Name (Last, First, Middle Initial) John D. Dingell For Congress					Date	of Di	sburse	ement			
	Mailing Address 607 14th Street, NV Suite 800	V				0 7	M /	<sup>D</sup> 2	2 /	Y	ž 0 i (	) <sup>Y</sup>
	City Washington	State Zip Code DC 20005				Amou	ınt of	Each	Disbu		ent this I	
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	Candidate Name Rep. John D. Dingell			ateç Typ	gory/ oe							
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NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION PO	LITICAL A	CTION COM	ИΙΤΤ	Ē	Ε										
Full Name (Last, First, Middle Initial) Boyd For Congress  Mailing Address P.O. Box 15703							Trans		sburs	_			0 Ĭ (	Y	'
City Tallahassee	State FL	Zip Code 32317					Amou	nt of	f Each	Dis	burse	men	t this F	Period	_
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Full Name (Last, First, Middle Initial) Schauer For Congress  Mailing Address PO Box 100							Trans		sburs	_			0 1 C	Y	
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Full Name (Last, First, Middle Initial) Matheson For Congress							Trans	of Di	sburs	eme				V	
Mailing Address P O Box 521048 Suite A							0 7		2	26	Ĺ	2	0 i c	)	
City Salt Lake City	State UT	Zip Code 84152					Amou	nt of	f Each	Dis	burse	-	t this f	-	7
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	Full Name (Last, First, Middle Initial) Childers For Congress			Transaction ID: 35905407 Date of Disbursement
	Mailing Address PO Box 177			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Booneville	State Zip Code MS 38829	9	Amount of Each Disbursement this Period 500.00
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	Rep. Travis Wayne Childers  Office Sought: X House	Disbursement For: 201	Type 0	2010 GENERAL
	Senate President State: MS District: 01	Primary X Ge Other (specify) ▼	neral	
	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	<u> </u>		Transaction ID: 35905529 Date of Disbursement
	Mailing Address PO Box 3197			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Little Rock	State Zip Code AR 72203	9	Amount of Each Disbursement this Perio
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	Candidate Name Sen. Blanche Lambert Lincoln		Category/ Type	
	Office Sought:  House X Senate President  State: AR  District:	Disbursement For: 201 Primary X Ge Other (specify)	-	2010 GENERAL
	Full Name (Last, First, Middle Initial) Chad Causey For Congress			Transaction ID: 35905535 Date of Disbursement
	Mailing Address PO Box 16966			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Jonesboro	State Zip Code AR 72403	9	Amount of Each Disbursement this Perio
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	Candidate Name Mr. Chad Causey		Category/ Type	
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	Full Name (Last, First, Middle Initial) Tim Griffin For Congress Campaign Comm Mailing Address P.O. Box 7526	nittee					of Di	sburs			0 Ž 0 Ť 0	) <sup>Y</sup>
	City Little Rock	State Zip Code AR 72217				Amou	ınt o	f Each	Disbu	urseme	nt this F	Period
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	Mr. John Griffin  Office Sought:  Senate President  State: AR  Disburs:  Senate President	ement For: 2010 Primary X General Other (specify)		Тур	Э	2010	GE	NERA	AL			
	Full Name (Last, First, Middle Initial) Womack For Congress Finance Committee	е				Date		sburs	ement			Y
	Mailing Address 314 W Walnut PO Box 508					0 7		2	2 <b>6</b>		ž 0 i 0	)
	City Rogers	State Zip Code AR 72757				Amou	int o	f Each	Disbu		nt this F	
	Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Steve Womack		Ca	01° ateg	ory/		•				000.00	
	Office Sought:  X House Senate President State: AR District: 03	ement For: 2010 Primary X General Other (specify)				2010	GE	NERA	<b>AL</b>			
	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee					Date	of Di	sburs	ement			
	Mailing Address PO Box 360					0 <sup>M</sup> 7	M	<sup>D</sup> 2	26	Y	ž o i c	) \
	City Prescott	State Zip Code AR 71857				Amou	int o	f Each	Disbu	urseme	nt this F	Period
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	Candidate Name Rep. Michael Avery Ross			ateg Typ								
	Office Sought:  X House Senate President  State: AR District: 04	ement For: 2010 Primary X General Other (specify)	1			2010	GE	NERA	<b>AL</b>			

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								of for the purpose of soliciting contributions solicit contributions from such committee
$\rangle$	NAME OF COM	<u>'</u>						
	•	First, Middle Initial) or Congress 2010						Transaction ID: 35905596 Date of Disbursement
	Mailing Address	5915 Eastman Suite 100	Avenue					07 7 26 7 2010
	City Midland			State MI	Zip Code 48640			Amount of Each Disbursement this Perio
	Purpose of Disbu 2010 PRIMARY	rsement				_	011	1000.00
	Candidate Name Rep. David Lee		1			ı	ategory/ Type	
	Office Sought: State: MI	X House Senate President		ment For: Primary Other (spe	2010 General			2010 PRIMARY
	Full Name (Last,	District: 04 First, Middle Initial) enate Committee						Transaction ID: 35905601 Date of Disbursement
	Mailing Address	2720 Jordan F	load					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Orefield			State PA	Zip Code 18069			Amount of Each Disbursement this Perio
	Purpose of Disbu 2010 GENERAL	rsement					011	5000.00
	Candidate Name Mr. Patrick Too	omey					ategory/ Type	
	Office Sought: State: PA	House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) <b>V</b>			2010 GENERAL
	Full Name (Last, Cicilline Comm	First, Middle Initial) nittee						Transaction ID: 35905607 Date of Disbursement
	Mailing Address	102 Watermar	St, Suite 2	2				07 M / 26 / Y 2010
	City Providence			State RI	Zip Code 02906			Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 PRIMARY						011	5000.00
	Candidate Name Mr. David Cicil	Category/ Type						
	Office Sought:	χ House		ment For: Primary	2010 General			2010 PRIMARY
	omee dought.	Senate President	X	Other (sp				

	CHEDOLE B (I LC I OIIII 5X)	Use separate schedule(s)		LINE NUMBER: PAGE 97/101 ck only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21 27	1b 22 X 23 24 25 2 7 28a 28b 28c 29 3
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<u> </u>	Full Name (Last, First, Middle Initial) Lisa Murkowski For US Senate			Transaction ID: 35908381 Date of Disbursement
	Mailing Address PO Box 100847  City	State Zip Code		Amount of Each Disbursement this Period
	Anchorage Purpose of Disbursement 2010 PRIMARY Candidate Name Sen. Lisa Murkowski	AK 99510	011 Category	1000.00
	Office Sought: House Disburs	ement For: 2010 Primary General Other (specify)	Туре	2010 PRIMARY
3.	Full Name (Last, First, Middle Initial) Pascrell For Congress  Mailing Address P.O. Box 640			Transaction ID: 35908427 Date of Disbursement  O 7 D D D Y Y Y O Y O Y O Y O Y O Y O Y O Y
	City Totowa Purpose of Disbursement 2010 GENERAL Candidate Name	State Zip Code NJ 07511	011 Category	Amount of Each Disbursement this Period 500.00
	Rep. William J. Pascrell, Jr.  Office Sought:  X House Senate President State: NJ District: 08	ement For: 2010 Primary X General Other (specify)	Type	2010 GENERAL
 <b>&gt;</b> .	Full Name (Last, First, Middle Initial) ERIC PAC	(ENUIS OF		Transaction ID: 36046480 Date of Disbursement
	Mailing Address 209 PENNSYLVANIA A  City	State Zip Code		Amount of Each Disbursement this Period
	WASHINGTON Purpose of Disbursement 2010 CONTRIBUTION Candidate Name	DC 20003	011 Category	2500.00
		ement For: Primary General Other (specify)	Type	2010 CONTRIBUTION
Г	otato. Diotriot.			4000.00

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or for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee									
NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION PO	LITICAL ACTION COMM	IITTEE										
Full Name (Last, First, Middle Initial)			Transaction ID: 36066480									
Lucas For Congress			Date of Disbursement									
Mailing Address Post Office Box 1726			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City Oklahoma City	State Zip Code OK 73101		Amount of Each Disbursement this Period									
Purpose of Disbursement Void - Lucas For Congress-7/2/2010 CHK.		011	-1000.00									
Candidate Name Rep. Frank D. Lucas		Category/ Type										
Senate X President	ement For: 2010 Primary General Other (specify)		Void - Lucas For Congress- 7/2/2010 CHK.									
State: OK District: 03  Full Name (Last, First, Middle Initial)												
Coburn For Senate 2010			Transaction ID: 36074602 Date of Disbursement									
Mailing Address Post Office Box 977			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 3 & 1 \\ 0 & 3 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 1 \end{bmatrix}$									
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period									
Purpose of Disbursement Void - Coburn For Senate 2010-7/2/2010 CHK		011	-2000.00									
Candidate Name Sen. Thomas Allen Coburn, M.D.		Category/ Type										
· -	ement For: 2010 Primary General Other (specify)	,	Void - Coburn For Senate 2010-7/2/2010 CHK									
Full Name (Last, First, Middle Initial)			Transaction ID: 26074602									
Boren For Congress			Transaction ID: 36074603 Date of Disbursement									
Mailing Address PO Box 1924			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$									
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period									
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Candidate Name Rep. Daniel Boren		Category/ Type										
	ement For: 2010 Primary General Other (specify)		Void - Boren For Congress- 7/2/2010 CHK									
State: OK District: 02	- · · · · · · · · · · · · · · · · · · ·											
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`		EDICAL ASSOCIAT	TION POLIT	TCAL A	CTION COMM	1ITT	ΈE							
	Full Name (Last, First, Middle Initial) Nelson B Record, MD							Date o	of Dis	burse		3084		
N	Mailing Address				0 <sup>M</sup> 7	М /	<sup>D</sup> 1	<sup>D</sup> /	Ý Ž	0 1 0	) \			
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С	Candidate Name						ategory/ Type							
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S	State:	President District:		ther (spe										
		First, Middle Initial)						Trans	actio	n ID.	3590	8725		
	Patrick Danl Aiello, MD							Date o		burse	ment	<i>- 1</i> 00	· 	
N	Mailing Address 275 E 28th St							0 <sup>M</sup> 7	M /	<sup>D</sup> 2	<sup>D</sup> /	ž	0 Ĭ 0	) <sup>Y</sup>
	City		Sta		Zip Code			Amou	nt of	Each	Disburs	emen	t this F	erio
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	State:	District:			· 				_					
	Full Name (Last, Christopher Er	First, Middle Initial) ic Bucciarelli						Trans Date of		burse		8808		
N	Mailing Address	2360 SW Archei Apt 311	r Rd					0 <sup>M</sup> 7	M /	<sup>D</sup> 2	7 /	<sup>Y</sup> 2	0 1 0	Y
	City Gainesville	•	Sta FL		Zip Code 32608-1010			Amou	nt of	Each	Disburs	emen	t this F	erio
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_	Candidate Name			ategory/ Type										
C	Office Sought:	House Senate President		ent For: rimary ther (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>	Refun	d of	Douk	ole Cha	arge		
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District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 100 / 101
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22
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NAME OF COMMITTEE (In Full)  AMERICAN MEDICAL ASSOCIATION PO	DLITICAL ACTION COMMI	TTEE	
Full Name (Last, First, Middle Initial)			Transaction ID: 35908828
Valerie Pronio-Stelluto, MD			Date of Disbursement
Mailing Address 330 Mt Auburn St Mount Auburn Hosp			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Cambridge	State Zip Code MA 02138-5597		Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Double Charge		010	83.33
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		Refund of Double Charge
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: 35908851
Henry Donn Venable, MD			Date of Disbursement
Mailing Address 10410 Cliffwood Dr			$\begin{bmatrix} M & M & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Houston	State Zip Code TX 77035-3702		Amount of Each Disbursement this Period
	1/ //035-3/02		83.33
Purpose of Disbursement Refund of Double Charge		010	00.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		Refund of Double Charge

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	166.66
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State:

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District:

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														<u> </u>	
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION PC	LITICAL A	CTION COMN	ЛІТТЕ	EE											
	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIO  Mailing Address 1620 DODGE STREET							Trans Date o	of Dis	sburse	_			0 1 (	) <sup>Y</sup>	
	City OMAHA	State NE	Zip Code 68197					Amou	nt of	Each	Dis	burse				d
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	Candidate Name				teg yp	ory/ e										
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General					CRED	OIT (	CARE	В	ANK (	CHA	ARGE	S	

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>				531.96	
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