

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

2. FEC IDENTIFICATION NUMBER C C0000422 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Kevin Walker [Electronically Filed] Date 06 / 03 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		1172484.53
(b) Cash on Hand at Beginning of Reporting Period.....	1212970.45	
(c) Total Receipts (from Line 19)	82694.19	575901.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1295664.64	1748385.94
7. Total Disbursements (from Line 31).....	92252.93	544974.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1203411.71	1203411.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57094.87	322622.71
(ii) Unitemized	25570.62	253221.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	82665.49	575844.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	82665.49	575844.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	28.70	57.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	82694.19	575901.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82694.19	575901.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2152.93	10182.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2152.93	10182.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	533250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	1441.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	1441.69
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92252.93	544974.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92252.93	544974.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	82665.49	575844.09
34. Total Contribution Refunds (from Line 28(d))	100.00	1441.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82565.49	574402.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2152.93	10182.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2152.93	10182.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Thomas Edward Daghish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 W Noble Ave
 City Visalia State CA Zip Code 93277-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISALIA FAMILY PRACTICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.70**

Date of Receipt **05 / 02 / 2016**
Transaction ID : 71131020
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Richard Chas Osman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 Live Oak Ln
 City Myrtle Beach State SC Zip Code 29572-5628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL CAROLINA OTOLARYNGOLOGY ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 04 / 2016**
Transaction ID : 71138251
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. George Robt Woodbury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8143 Walnut Grove Rd
 City Cordova State TN Zip Code 38018-7270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHEUMATOLOGY & DERMATOLOGY ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : 71152460
 Amount of Each Receipt this Period **2500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3041.66
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bruce Loren Belzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4080 N Ladybug Ln
 City State Zip Code
 Boise ID 83704-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRIMARY HEALTH Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152554
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Vidor Emmanuel Friedman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13061 Water Point Blvd
 City State Zip Code
 Windermere FL 34786-5818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FLORIDA EMERGENCY PHYSICIANS Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152556
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. John William Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Belle Plane Cir
 City State Zip Code
 Green Bay WI 54313-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152557
 Amount of Each Receipt this Period
 416.69
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1916.69
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Adel F Jabour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18350 Roscoe Blvd Ste 200
 City Northridge State CA Zip Code 91325-4147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROVIDENCE HOLY CROSS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152558
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. David Brandeis Katzin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10102 Empyrean Way Apt 302
 City Los Angeles State CA Zip Code 90067-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152559
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Hanna Lesicka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 97th St
 City Brooklyn State NY Zip Code 11209-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 71152560
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dennis James Sanchez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3529 Firestone Blvd
 City South Gate State CA Zip Code 90280-3031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 06 / 2016
Transaction ID : 71152562
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rhonda Lee Sharp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 N Detroit St
 City Lagrange State IN Zip Code 46761-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARKVIEW FIRST CARE Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 06 / 2016
Transaction ID : 71152564
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mahira Tanovic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 Lakeville Rd
 City New Hyde Park State NY Zip Code 11042-1165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 06 / 2016
Transaction ID : 71152566
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christopher Edward Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Carriage HI
 City Signal Mtn State TN Zip Code 37377-2335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIOLOGY CONSULTANTS EXCHAN Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 06 / 2016
Transaction ID : 71152567
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. John Allen Meadows MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4284 Lomac St Alabama Allergy & Asthma
 City Montgomery State AL Zip Code 36106-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALABAMA ALLERGY AND ASTHMA CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 71312286
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Paul Jerry Carniol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Overlook Rd Ste 401
 City Summit State NJ Zip Code 07901-3564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 71312287
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Roger J Wolcott MD

Mailing Address 4321 Marsha Sharp Fwy
Ste 1

City Lubbock State TX Zip Code 79407-2523

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2016
Transaction ID : 71312288

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 34 Eames St

City Providence State RI Zip Code 02906-3304

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

Name of Employer RHODE ISLAND SURGEONS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.36

Date of Receipt
MM / DD / YYYY
05 / 13 / 2016
Transaction ID : 71312390

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mark Graham Attlesey MD

Mailing Address 751 Shipwatch Dr E

City Jacksonville State FL Zip Code 32225-5416

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

Name of Employer CAPITOL REGIONAL MEDICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2016
Transaction ID : 71312591

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas David La Marre Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2123 Auburn Ave Ste 440
 City Cincinnati State OH Zip Code 45219-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFECTIOUS DISEASE CONSULTANTS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 71312592
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Ayesha Nasir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9716 Dayton Ct
 City Raleigh State NC Zip Code 27617-8753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PIEDMONT FAMILY MEDICINE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 71312593
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Maxim Pekarev MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3843 Winslow Dr
 City Fort Worth State TX Zip Code 76109-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MP PLASTIC SURGERY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 71312594
 Amount of Each Receipt this Period **2500.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 13 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Andrew Bradley Reisman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4222 Fairbanks Dr
 Longstreet Clnc Pc
 City State Zip Code
 Oakwood GA 30566-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LONGSTREET CLINIC PC ADMINISTRATION Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 71312595
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cindy Firkins Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Willmar Ave SW
 City State Zip Code
 Willmar MN 56201-3556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF MINNESOTA PHYSICIANS Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 71312597
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. John Alexander Zagat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Locust St
 Apt 4
 City State Zip Code
 Philadelphia PA 19107-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 71312599
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David Zinn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E 10th St
 City Anniston State AL Zip Code 36207-4716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 19 / 2016**
Transaction ID : 71354205
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Shane Michael Magee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 E Concord St
 Boston University Medical Center
 City Boston State MA Zip Code 02118-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 19 / 2016**
Transaction ID : 71355603
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Linda Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 W Katmai Ave
 City Soldotna State AK Zip Code 99669-7315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHBREACH HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357795
 Amount of Each Receipt this Period **41.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1541.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark Mandabach MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th St S
 UAB Dept of Anesthesiology
 City Birmingham State AL Zip Code 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAHSF PSYCHIATRY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357796
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Craig Alvin Backs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2921 Greenbriar Dr
 Ste C
 City Springfield State IL Zip Code 62704-6440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST JOHNS HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357797
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Timothy Michael Beittel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Wildwood Rd
 City Aberdeen State NC Zip Code 28315-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACT MEDICAL GROUP PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357798
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kevin Christopher Reilly Sr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Deer Grove Ct
 City Elizabethtown State KY Zip Code 42701-6986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ARMY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357800
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Lance Allen Talmage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Exmoor
 City Ottawa Hills State OH Zip Code 43615-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROMEDICA PHYSICIAN GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357801
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. William Wells Simmons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5204 Box Turtle Cir
 City Sarasota State FL Zip Code 34232-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US NAVY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357803
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Terrance Wm Breen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5451 Coral Reef Ave
 City La Jolla State CA Zip Code 92037-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASMG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357804
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Leon Harvey Chandler Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Lake Otis Pkwy Ste 216
 City Anchorage State AK Zip Code 99508-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A A SPECIALTY HEALTH CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357805
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Christopher Peter Poje MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3580 Sheridan Dr Ste 115
 City Amherst State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEDIATRIC ENT ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357806
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charles Joseph Nivens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3828

City Bluffton	State SC	Zip Code 29910-3828
------------------	-------------	------------------------

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

Name of Employer TENET EAST COOPER SPINE	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357807

Amount of Each Receipt this Period
 41.66

Memo Item

B. Damon Michael Dietrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 English Turn Dr

City New Orleans	State LA	Zip Code 70131-3348
---------------------	-------------	------------------------

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

Name of Employer WEST JEFFERSON PHYSICIAN SERVICES	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357808

Amount of Each Receipt this Period
 41.66

Memo Item

C. James Albert Corwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Robin Ln

City Midland	State TX	Zip Code 79707-2219
-----------------	-------------	------------------------

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

Name of Employer US ONCOLOGY	Occupation Physician
---------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357809

Amount of Each Receipt this Period
 41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Masud Iqbal Malik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 N Mulford Rd
 City Rockford State IL Zip Code 61114-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357810
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Erick Allen Eiting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 S Grand Ave Apt 805
 City Los Angeles State CA Zip Code 90015-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACOBI MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357814
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Jason Michael Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Coral Hills Dr Ste 340
 City Coral Springs State FL Zip Code 33065-4172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357815
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregory Laurence Heacock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City Annapolis State MD Zip Code 21401-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANNAPOLIS ENT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357816
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Joydeep Som MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy Ste 230
 City Annapolis State MD Zip Code 21401-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357817
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Harold A Woodcome Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Eddy St Retina Consultants
 City Providence State RI Zip Code 02903-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA CONSULTANTS, INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357818
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Theodore A Calianos II MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Whitmar Rd
 City State Zip Code
 Cotuit MA 02635-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357819
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Erich Bryan Groos Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Patterson St
 Ste 201
 City State Zip Code
 Nashville TN 37203-1587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORNEA CONSULTANTS OF NASHVILLE
 PLLC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357820
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Roni Ephrat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Broadway
 City State Zip Code
 Norwood NJ 07648-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BERGEN ANESTHESIA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357821
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Allan Sandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4270 Barcroft Way
 City Orchard Lake State MI Zip Code 48323-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357822
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. David Glen Morrell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 N 1700 W
 City Layton State UT Zip Code 84041-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357824
 Amount of Each Receipt this Period **41.66**
 Memo Item

c. Charles Frederick Willson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Moye Blvd
 Brody 3E139 Dept Peds
 City Greenville State NC Zip Code 27834-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357825
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. William Alan Handelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 Litchfield St Ste 200
 City Torrington State CT Zip Code 06790-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357829
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. John Weeks Culclasure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Demonbreun St Apt 1208
 City Nashville State TN Zip Code 37203-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWELL ALLEN CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357830
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Michael Vest DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Wineberry Dr
 City Hockessin State DE Zip Code 19707-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357831
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Maryanne C Bombaugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Clowes Dr
 City Falmouth State MA Zip Code 02540-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357832
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Kenneth Ian Barron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1126 Washington Ave
 City Winter Park State FL Zip Code 32789-5657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRUESDALE OBGYN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357833
 Amount of Each Receipt this Period **41.66**
 Memo Item

c. Christopher James Conlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DRA FLINT PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357834
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 26 OF 122
(check only one)

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

A. John Albert Kazmierowski MD
Full Name (Last, First, Middle Initial)
Mailing Address 2415 NE 134th St
Ste 301
City Vancouver State WA Zip Code 98686-3029
FEC ID number of contributing federal political committee. **C**
Name of Employer ALLERGY ASTHMA & DERMATOLOGY ASSO
Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357835
Amount of Each Receipt this Period **41.66**
 Memo Item

B. Maristella Salgado Evangelista MD
Full Name (Last, First, Middle Initial)
Mailing Address 939 N High St
Unit 409
City Columbus State OH Zip Code 43201-2554
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED
Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357836
Amount of Each Receipt this Period **41.66**
 Memo Item

C. Brian Andrew Mc Donald MD
Full Name (Last, First, Middle Initial)
Mailing Address 9 Gloria Ln
City Schenectady State NY Zip Code 12309-1158
FEC ID number of contributing federal political committee. **C**
Name of Employer SPCCA
Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357837
Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph Robt Sellers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 N Grand St
 City Cobleskill State NY Zip Code 12043-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BASSETT HEALTHCARE CLINIC COOPERST(Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357838
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. James Raymond Fowler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Indigo Dr U-303
 City Pensacola State FL Zip Code 32507-7604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357839
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Jose F Arrascue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 S Congress Ave Ste 103
 City Atlantis State FL Zip Code 33462-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOUTH PALM BEACH NEPHROLOGY PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357840
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Juan Michael Pardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Medical Pkwy
 Ste 230
 City Annapolis State MD Zip Code 21401-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357841
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Clarence William Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4605 Golf Rd
 City Skokie State IL Zip Code 60076-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357842
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Janet Johnson Cash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 833 Saint Vincents Dr
 Ste 401
 City Birmingham State AL Zip Code 35205-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHVIEW MEDICAL GROUP PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357843
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul Anthony Pipia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Pine Rd
 City Syosset State NY Zip Code 11791-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357844
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Dinesh Kushangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15604 Shawnee Dr
 City Overland Park State KS Zip Code 66223-3359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC - KANSAS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357845
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Thu Nguyen Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.18**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357846
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dragos Macelaru MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11668 State Route 30
 City Malone State NY Zip Code 12953-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357847
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Corey E Collins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Fairchild Dr
 City Reading State MA Zip Code 01867-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS EYE AND EAR INFIRMARY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357848
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Dionne Hart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Century Knoll Ln NE
 City Rochester State MN Zip Code 55906-7717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOJ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357849
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 31 OF 122
(check only one)

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

A. Thomas Edward Sullivan MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Brackenbury Ln
City Beverly State MA Zip Code 01915-3822
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357851
Amount of Each Receipt this Period 41.66
 Memo Item

B. Michael Jay Springer MD
Full Name (Last, First, Middle Initial)
Mailing Address 803 Towner Pl
City Louisville State KY Zip Code 40223-2568
FEC ID number of contributing federal political committee. **C**
Name of Employer PROFESSIONAL READERS GROUP INC Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357853
Amount of Each Receipt this Period 41.66
 Memo Item

c. Shari Louise Orser MD
Full Name (Last, First, Middle Initial)
Mailing Address 414 N 7th St
City Bismarck State ND Zip Code 58501-4423
FEC ID number of contributing federal political committee. **C**
Name of Employer SANFORD HEALTH Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357854
Amount of Each Receipt this Period 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gary David Thal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 E Chestnut St
 Apt 49A
 City Chicago State IL Zip Code 60611-6027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357855
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. John Gerald Albertini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Professional Park Dr
 Ste 150
 City Winston Salem State NC Zip Code 27103-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKIN SURGERY CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357856
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Henry Jerrold Kaplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd
 Eye Specialists Of Louisvi
 City Louisville State KY Zip Code 40202-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE SPECIALISTS OF LOUISVILLE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357857
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 122
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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

A. Nancy O Naghavi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9307 Shady Lane Cir
 City Houston State TX Zip Code 77063-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY CARE PLUS REHAB Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357858
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Lawrence Jay Singerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Enterprise Pkwy Ste 300
 City Beachwood State OH Zip Code 44122-7340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETINA ASSOCIATES OF CLEVELAND INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357859
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. J Brennan Cassidy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Tustin Ave Ste C
 City Newport Beach State CA Zip Code 92663-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST COAST LASER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357860
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 122
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mrs. Barbara Hurwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Dallas Hwy
 Ste 101
 City Villa Rica State GA Zip Code 30180-1262
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357863
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Zachary Bregman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 E 18th St Apt 2
 City New York State NY Zip Code 10003-2480
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357864
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Sidney Gold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16973 Stardust Pl
 City Granada Hills State CA Zip Code 91344-1732
 Name of Employer KAISER FOUNDATION HEALTH PLAN NATIO Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357865
 Amount of Each Receipt this Period 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kathleen Ann Hoye MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Ashland St
 City Taunton State MA Zip Code 02780-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357866
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Asa Carroll Lockhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Kennebunk Ln
 City Tyler State TX Zip Code 75703-0301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATES P Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357869
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Peter Karczmar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Adelaide Ave
 City Providence State RI Zip Code 02907-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357871
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 122
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Raj Behari Lal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Meyers Rd
 City Oak Brook State IL Zip Code 60523-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357872
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Terry Nye Wooldridge MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 E 22nd St
 City Fremont State NE Zip Code 68025-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357873
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Wendell Byars Wells MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Darnell Lake Dr
 City Mishawaka State IN Zip Code 46545-7277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357874
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 122
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin D Nohner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8141 W Center Rd
 City Omaha State NE Zip Code 68124-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALEGENT HEALTH IMMANUEL MEDICAL CEN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357881
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Denise Louise Bobovnyik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3660 Stutz Dr Ste 102 Primary Care Specialists
 City Canfield State OH Zip Code 44406-8149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357882
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. James R Trahan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2521 University Blvd Ste 122
 City Ames State IA Zip Code 50010-8629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARY GREELEY MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357883
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 122
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benjamin Holland Whitten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 W 78th St
 Ste 100
 City Edina State MN Zip Code 55439-2529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABBOTT NORTHWESTERN GENERAL MEDIC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357887
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Gary Robert Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7195 Wilton Chase
 City Dublin State OH Zip Code 43017-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PREMIER HEALTHCARE SERVICES, INC. Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357888
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Joseph T Inglefield III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 18th Street Cir SE
 City Hickory State NC Zip Code 28602-1361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357889
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Gregory Paul Fazio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Monument Rd Ste 200
 City York State PA Zip Code 17403-5049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WELLSPAN MEDICAL GROUP ADMIN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357890
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Donald Joseph Swikert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 S Loop Rd
 City Edgewood State KY Zip Code 41017-5446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST ELIZABETH HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357891
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Nancy Jewell Swikert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10003 Country Hills Ct
 City Union State KY Zip Code 41091-9774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PATIENT FIRST PHYSICIANS GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357892
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary Allen Delaney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 Putter Path Rd
 City Orangeburg State SC Zip Code 29118-4081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REGIONAL MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357893
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Kelly John Caverzagie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 986430 NE Med Center Unmc Gen Int Medicine
 City Omaha State NE Zip Code 68198-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357895
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Diana Elaine Ramos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2545 Corona Way
 City Laguna Beach State CA Zip Code 92651-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC SCHOOL OF MEDICINE Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357896
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mrs. Sharon M. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 25th Street
 City Lubbock State TX Zip Code 79410-2135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357901
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Ms. Alicia Leah Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 140th
 City Pleasant Dale State NE Zip Code 68423-9014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357902
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mr. Michael Tutty
 Full Name (Last, First, Middle Initial)
 Mailing Address 20126 West Old Meadow Trail
 City Long Grove State IL Zip Code 60047-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357903
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.32
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 43 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rafael Victor Miguel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 S Treasure Dr
 City Tampa State FL Zip Code 33609-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF SOUTH FLORIDA PHYSICIAN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357904
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. John C Young Wright Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2580 Chapel Rd
 City Beaver State PA Zip Code 15009-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRI STATE OBSTETRICS & GYNECOLOGY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357905
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Martin Drew Trichtinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Old York Rd Ste 203
 City Jenkintown State PA Zip Code 19046-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERNAL MEDICINE ASSOCIATES OF ABIN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2016
Transaction ID : 71357906
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Washington Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1466 W Lamplighter Ln
 City North Wales State PA Zip Code 19454-3696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357907
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Thomas M Anderson Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1740 W Taylor St Ste 1 University of Illinois
 City Chicago State IL Zip Code 60612-7232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERCY HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357908
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Lawrence Chichuen Cheung MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2645 Ocean Ave Ste 103
 City San Francisco State CA Zip Code 94132-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUTTER HEALTH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357909
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Theodore Marc Mazer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6699 Alvarado Rd Ste 2209
 City San Diego State CA Zip Code 92120-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMERGENCY PHYSICIANS MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357910
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Bradon Yoshio Kimura MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81-937 Halekii St Ste 4
 City Kealahou State HI Zip Code 96750-8182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KONA COMMUNITY HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357911
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Mr. John Sweeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 N Pollard St Apt 302
 City Arlington State VA Zip Code 22203-4088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Association Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357912
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Clifford K Moy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5657 Fairfax Dr
 City Frisco State TX Zip Code 75034-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.60**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357913
 Amount of Each Receipt this Period **41.74**
 Memo Item

B. Robert Lee Gross Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 999
 City Kernville State CA Zip Code 93238-0999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERNAL MEDICINE: ROBERT GROSS DO Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357915
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. David Ray Diaz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 W 16th St Ste 2800
 City Indianapolis State IN Zip Code 46202-2279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARMEL SURGICAL SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 21 / 2016**
Transaction ID : 71357916
 Amount of Each Receipt this Period **41.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Burdett R Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Guthrie Sq
 Guthrie Clinic Ltd
 City Sayre State PA Zip Code 18840-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GUTHRIE HEALTH Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2016
Transaction ID : 71357917
 Amount of Each Receipt this Period
41.66
 Memo Item

B. Catherine Stuart May MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 P St NW
 Ste 601
 City Washington State DC Zip Code 20036-6971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2016
Transaction ID : 71357919
 Amount of Each Receipt this Period
41.66
 Memo Item

C. Steven Averill Thau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W Broad St
 Pulmonary Assoc Of Stamford Pc
 City Stamford State CT Zip Code 06902-3633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PULMONARY ASSOCIATES OF STAMFORD F Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2016
Transaction ID : 71357920
 Amount of Each Receipt this Period
41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jan Marie Kief MD
Full Name (Last, First, Middle Initial)

Mailing Address 9501 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126-5266

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 21 / 2016
Transaction ID : 71357921

Amount of Each Receipt this Period 41.66

Memo Item

B. Joy A Maxey MD
Full Name (Last, First, Middle Initial)

Mailing Address 455 E Paces Ferry Rd NE Ste 212

City Atlanta State GA Zip Code 30305-3319

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

Name of Employer ATLANTA CHILDRENS CLINICAL CENTER Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357940

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 2835 Bayou Blvd

City Pensacola State FL Zip Code 32503-4205

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357941

Amount of Each Receipt this Period 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Mr. George E. Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 10308 Fleming Ave.
 City Bethesda State MD Zip Code 20814-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357942
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. James Thos Hay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14202 Recuerdo Dr
 City Del Mar State CA Zip Code 92014-2956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH COAST FAMILY MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357944
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Keith Irvin Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Munro Rd
 City Mill Hall State PA Zip Code 17751-8463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH SERVICES OF CLARION INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357945
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gregory Jude Gallina MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 W Spring Valley Ave
 Ste 103
 City Maywood State NJ Zip Code 07607-1444
 Name of Employer COLON RECTAL SURGERY PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357946
 Amount of Each Receipt this Period 83.33
 Memo Item

B. James Allan Goodyear MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Campus Dr
 Ste 310
 City Lansdale State PA Zip Code 19446-7205
 Name of Employer NORTH PENN SURGICAL ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357947
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Floyd Anthony Buras Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Live Oak St
 City Metairie State LA Zip Code 70005-1243
 Name of Employer LEBOEUF & BURAS MDS INC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357948
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mary Susan Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 769
 City Winner State SD Zip Code 57580-0769
 Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357949
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Gary Lee Dillehay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 N Sheridan Rd Apt 1402
 City Chicago State IL Zip Code 60640-1636
 Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357950
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stuart Gitlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Gaskill St
 City Woonsocket State RI Zip Code 02895-1011
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357951
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Randolph J Gould MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Windy Ridge Pt
 City Virginia Bch State VA Zip Code 23454-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORFOLK SURGICAL GROUP LTD Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357952
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Steven James Hattamer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St Dept Of Anesthesiology
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357953
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Robert Ernest Hertzka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1018
 City Rcho Santa Fe State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357954
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Jos Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357955
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mark Chas Komorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Trumbull St
 City Bay City State MI Zip Code 48708-7656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357956
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Daniel Joel Koretz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Lake Rd
 City Ontario State NY Zip Code 14519-9792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357957
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Glenn Allen Loomis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Thomas More Pkwy
 Ste 160
 City State Zip Code
 Crestview Hills KY 41017-3496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPARROW HEALTH SYSTEM Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357958
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Patrick Wm Mc Cormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 Woodley Rd
 Ste 600
 City State Zip Code
 Toledo OH 43606-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEUROSURGICAL NETWORK INC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357959
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Judith Richmond Pryblick DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5422 Holiday Dr
 City State Zip Code
 Allentown PA 18104-9439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST LUKES PHYSICIAN GROUP INC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357960
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Bradley Simon MD
Full Name (Last, First, Middle Initial)

Mailing Address 35 Gellatly Dr

City Wappingers Fl State NY Zip Code 12590-6452

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

Name of Employer NAPA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.02

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357961

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 8100 Wescott Dr Ste 101

City Flemington State NJ Zip Code 08822-4671

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

Name of Employer HUNTERDON ORTHOPEDIC INSTITUTE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357962

Amount of Each Receipt this Period 83.33

Memo Item

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

Mailing Address 2000 Winton Rd S Bldg 4

City Rochester State NY Zip Code 14618-3970

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

Name of Employer UNITY MENTAL HEALTH Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357963

Amount of Each Receipt this Period 83.33

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Devdutta G Sangvai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Oxboro Cir
 City Durham State NC Zip Code 27713-8298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357964
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Donald Franklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Summerfield Ln
 City Signal Mtn State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEPHROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357965
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Patrice A Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1397 Wood Pond Cv
 City Stone Mtn State GA Zip Code 30083-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357966
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathleen Blake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste 39300
 American Medical Association
 City Chicago State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357967
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Dieter P Pohl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Eames St
 City Providence State RI Zip Code 02906-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHODE ISLAND SURGEONS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 516.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357968
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Albert Ray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7035 Convoy Ct
 Southern Ca Permanente Med Group
 City San Diego State CA Zip Code 92111-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER FDN HEALTH PLAN NATION HQ Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357969
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1251 Talbryn Dr

City Belmont State CA Zip Code 94002-3755

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

Name of Employer PARTNERS HEALTH CARE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357970

Amount of Each Receipt this Period
 83.33

Memo Item

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

Mailing Address 1175 Corporate Park Dr

City Forest State VA Zip Code 24551-2238

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

Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
516.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357971

Amount of Each Receipt this Period
 83.33

Memo Item

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

Mailing Address 1620 S Congress Ave Ste 100

City Palm Springs State FL Zip Code 33461-2128

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

Name of Employer PLASTIC SURGERY OF PALM BEACH PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357972

Amount of Each Receipt this Period
 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carl Alexander Sirio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Quail Hill Rd
 City Pittsburgh State PA Zip Code 15238-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357973
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Evangelos Megariotis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Ravona St
 City Clifton State NJ Zip Code 07012-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.85**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357974
 Amount of Each Receipt this Period **83.37**
 Memo Item

C. Marilyn Joan Heine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Twining Rd
 City Dresher State PA Zip Code 19025-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEVERN EMERGENCY PHYSICIANS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357975
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Peter Scott Lund MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7538 Wilson Dr
 City Fairview State PA Zip Code 16415-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIED UROLOGY ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357976
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Richard Allen Dart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9050 Ader Rd
 Wisconsin Medical Soc
 City Marshfield State WI Zip Code 54449-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHFIELD CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357977
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Robt Mc Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 436A State St
 City Bangor State ME Zip Code 04401-6606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357978
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Perry Lynn Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6680
 City Denver State CO Zip Code 80206-0680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPINEONE, INC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357979
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Elizabeth Fay Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Samaritan Dr Ste 20
 City San Jose State CA Zip Code 95124-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357980
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Mr. Thomas P. Healy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 S Clark St Apt 1401
 City Chicago State IL Zip Code 60605-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357981
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mokarram Husain Jafri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Oakhurst Ct
 City Clifton Park State NY Zip Code 12065-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA GROUP OF ALBANY Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357982
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Gerald Edward Harmon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Shearwater Ct
 City Georgetown State SC Zip Code 29440-7072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357983
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Michael Jos Sexton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Erica Ct
 City Novato State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357984
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Aaron Edward George DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Beechwood Ln
 City Chambersburg State PA Zip Code 17201-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357985
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Jack M Chapman Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357986
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Julia Virginia Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St
 Umass Memorial Medical Center
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS MEMORIAL HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **83.33**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71357987
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Susan Rudd Bailey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5929 Lovell Ave
 F W A A
 City Fort Worth State TX Zip Code 76107-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016
Transaction ID : 71357988
 Amount of Each Receipt this Period
83.33
 Memo Item

B. Mrs. Margaret Garikes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Sharp Place
 City Alexandria State VA Zip Code 22304-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016
Transaction ID : 71357990
 Amount of Each Receipt this Period
83.33
 Memo Item

C. John M De Figueiredo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 573
 City Cheshire State CT Zip Code 06410-0573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016
Transaction ID : 71357991
 Amount of Each Receipt this Period
83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Peter Amberg Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Fort Ave
 City Cranston State RI Zip Code 02905-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BLUE CROSS BLUE SHIELD OF RI Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357992
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Leonard Allison Brabson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Emerald Ave Ste 806
 Clark Tower
 City Knoxville State TN Zip Code 37917-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357993
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Frederick Ray Ridge Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 N 1000 W
 City Linton State IN Zip Code 47441-5281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357994
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 66 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William Alfred Mc Dade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 378524
 City Chicago State IL Zip Code 60637-8524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357995
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Albert J Osbahr III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fairgrove Church Rd Cvmc Ohs
 City Hickory State NC Zip Code 28602-9617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357996
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Prasanta Chandra Chandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8868
 City Turnersville State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STOCKHOLM OB-GYN Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71357997
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 67 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. John Robert Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Williamsburg Blvd
 City State Zip Code
 Arlington VA 22207-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN MEDICAL ASSOCIATION AMA Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357998
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. John Michael Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 Country Side Dr
 City State Zip Code
 Orange Park FL 32003-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF FLORIDA JACKSONVILLE PHV Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71357999
 Amount of Each Receipt this Period
 83.33
 Memo Item

c. Carol Sadie Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 Gingerbread Ln
 City State Zip Code
 Fairfax Station VA 22039-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 516.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358000
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Susan Eva Skochelak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wabash Ave
 Unit 48J
 City Chicago State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358001
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Mrs. Joanne Bergquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 W Tacoma Ave
 City Latrobe State PA Zip Code 15650-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358003
 Amount of Each Receipt this Period
 166.66
 Memo Item

C. Sherman C Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Binz St
 Ste 950
 City Houston State TX Zip Code 77004-6943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358004
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Donald D Timmerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Pinehurst Ln
 City Moodus State CT Zip Code 06469-1176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT VALLEY HOSP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358005
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Corliss Adam Varnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Regan Dr
 City Oswego State NY Zip Code 13126-5602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358006
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kenneth Michael Certa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Fox Hunt Cir
 City Plymouth Mtng State PA Zip Code 19462-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS JEFFERSON UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358008
 Amount of Each Receipt this Period 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Phillip Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5004 W Grove Ln
 City Gibsonia State PA Zip Code 15044-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358009
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mr. Christopher Todd Askew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2943 McKinley St, NW
 City Washington State DC Zip Code 20015-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358010
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Ardis Dee Hoven MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 Sweet William Ct
 City Lexington State KY Zip Code 40502-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUEGRASS CARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358011
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth Elmassian DO

Full Name (Last, First, Middle Initial)
Mailing Address 2399 Pine Hollow Dr

City East Lansing State MI Zip Code 48823-9775

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

Name of Employer LANSING ANESTHESIOLOGISTS PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358012

Amount of Each Receipt this Period
 83.33

Memo Item

B. E Scott Ferguson MD

Full Name (Last, First, Middle Initial)
Mailing Address 200 S Rhodes St Ste B

City West Memphis State AR Zip Code 72301-4213

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358013

Amount of Each Receipt this Period
 83.33

Memo Item

C. Bruce Alan Mac Leod MD

Full Name (Last, First, Middle Initial)
Mailing Address 1515 Mohican Dr

City Pittsburgh State PA Zip Code 15228-1615

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

Name of Employer ASPN Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358014

Amount of Each Receipt this Period
 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. William R. Abrams JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7702 Radcliffe Drive
 Apt. C
 City Madison State WI Zip Code 53719-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WISCONSIN MEDICAL SOCIETY Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358015
 Amount of Each Receipt this Period 83.33
 Memo Item

B. James David Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1574 Sodon Lake Dr
 City Bloomfield State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH SYSTEM Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358016
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Steven Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Malke Dr
 City Ocean State NJ Zip Code 07712-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEAVIEW ORTHOPAEDIC & MEDICAL ASSOC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358017
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Nicholas V Polifroni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Main Ave
 Ste 115
 City Norwalk State CT Zip Code 06851-1080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL ORTHOPAEDICS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358018
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Ms. Taylor Tonia Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 S Castle St
 City Baltimore State MD Zip Code 21231-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358019
 Amount of Each Receipt this Period
 41.66
 Memo Item

c. Christopher Lance Sudduth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 S 14th St
 City Broken Arrow State OK Zip Code 74012-7264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358020
 Amount of Each Receipt this Period
 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alyn L Adrain MD
Full Name (Last, First, Middle Initial)

Mailing Address 44 W River St

City Providence State RI Zip Code 02904-2609

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358021

Amount of Each Receipt this Period 83.33

Memo Item

B. Rattapol Srisinroongruang MD
Full Name (Last, First, Middle Initial)

Mailing Address 2728 McKinnon St Apt 1821

City Dallas State TX Zip Code 75201-1649

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

Name of Employer AEMA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358022

Amount of Each Receipt this Period 83.33

Memo Item

C. Mrs. Kimberly Moser
Full Name (Last, First, Middle Initial)

Mailing Address 3216 High Ridge Drive

City Taylor Mill State KY Zip Code 41015-4411

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

Name of Employer KPPAC Occupation State Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358023

Amount of Each Receipt this Period 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven Roy Daviss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Rueckert Ave
 City Baltimore State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHEPPARD PRATT PHYSICIANS PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358024
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Deepak Azad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 Charlevoix Ct
 City Floyds Knobs State IN Zip Code 47119-9761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358025
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Daniel O'Brien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4403 Stonewood Dr
 City Morgantown State WV Zip Code 26505-3896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY CALIFORNIA-DAVIS Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358026
 Amount of Each Receipt this Period **41.66**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard John Depersio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7557 Dannaher Dr
 Ste 220
 City Powell State TN Zip Code 37849-3563
 Name of Employer GREATER KNOXVILLE EAR NOSE & THROAT
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358027
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Tina Rashmi Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 S Maryland Ave
 Ste MC7082
 City Chicago State IL Zip Code 60637-1465
 Name of Employer MEDSTAR MEMORIAL UNION HOSPITAL
 Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358028
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Prateek Sharma MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 271 Dartmouth St
 Apt 1K
 City Boston State MA Zip Code 02116-2825
 Name of Employer BOSTON MEDICAL CENTER
 Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358030
 Amount of Each Receipt this Period 41.66
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 77 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joshua David Lesko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 London Blvd
 Apt 3211
 City Portsmouth State VA Zip Code 23704-0009
 Name of Employer FAIRVIEW PARK HOSPITAL Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358031
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Ms. Michaela Sternstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Wabash Ave Ste. 39300
 City Chicago State IL Zip Code 60611-3586
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358032
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Grayson Wilkes Armstrong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Prospect St
 Apt 5
 City Cambridge State MA Zip Code 02139-1236
 Name of Employer HARVARD MEDICAL SCHOOL Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.38

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358033
 Amount of Each Receipt this Period 41.66
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Karthik Venkataraman Sarma
 Full Name (Last, First, Middle Initial)
 Mailing Address 10989 Rochester Ave
 Apt 111
 City Los Angeles State CA Zip Code 90024-6228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Medical Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358034
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Marshall Lucas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8701 New Trails Dr
 Ste 150
 City Spring State TX Zip Code 77381-4546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JASON D BARON MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358035
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Karolyn Moody DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Boozy Creek Rd
 City Blountville State TN Zip Code 37617-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHILDREN'S HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358036
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Lee Sublett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 W Jefferson St
 Ste 160
 City Louisville State KY Zip Code 40202-2866
 Name of Employer FAMILY ALLERGY & ASTHMA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358037
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Niranjana Venkat Rao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Easton Ave
 FI 3
 City New Brunswick State NJ Zip Code 08901-1885
 Name of Employer CENTRAL JERSEY SURGICAL SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358038
 Amount of Each Receipt this Period 83.33
 Memo Item

C. William Edward Guptill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Creeping Jenny Ln
 City Taunton State MA Zip Code 02780-7206
 Name of Employer CARITAS MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71358039
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Harold Couch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 Hobbs Station Rd
 City Louisville State KY Zip Code 40223-2671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358040
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Paul Douglas Bozyk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31926 Robinhood Dr
 City Beverly Hills State MI Zip Code 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358041
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. John Lee Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 E Chestnut St Ste 518
 City Louisville State KY Zip Code 40202-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEONATAL ASSOCIATES PSC ADMINISTRAT Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.69**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 71358042
 Amount of Each Receipt this Period **83.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Jackson Ingram III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Joule St
 East TN Med Grp
 City Alcoa State TN Zip Code 37701-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TENNESSEE MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358043
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Kenneth Scott Wayne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 SW State St
 Ste 100
 City Ankeny State IA Zip Code 50023-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IOWA HEALTH PHYSICIANS INTERNAL MEDICAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358044
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. David Ethan Swee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Hoes Ln W
 Rutgers RWJ Medical School
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 71358045
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Merav Galper MD
Full Name (Last, First, Middle Initial)

Mailing Address 1284 Beacon St
Apt 815

City Brookline State MA Zip Code 02446-3734

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

Name of Employer CARNEY HOSPITAL Occupation Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.38

Date of Receipt
05 / 23 / 2016
Transaction ID : 71358046

Amount of Each Receipt this Period
41.66

Memo Item

B. Randy Jerold Rice MD
Full Name (Last, First, Middle Initial)

Mailing Address 93669 Viking Way

City Sturgeon Lake State MN Zip Code 55783-3601

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

Name of Employer GATEWAY FAMILY HEALTH CLINIC LTD Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt
05 / 23 / 2016
Transaction ID : 71358047

Amount of Each Receipt this Period
83.33

Memo Item

C. Patrick S Pevoto MD
Full Name (Last, First, Middle Initial)

Mailing Address 2373 G Rd
Ste 700

City Grand Jct State CO Zip Code 81505-1002

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

Name of Employer TRAVIS OB GYN ASSOCIATES OF N W AUST Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt
05 / 23 / 2016
Transaction ID : 71358048

Amount of Each Receipt this Period
83.33

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 83 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William Joseph Grande MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3059 S Cook St
 City State Zip Code
 Denver CO 80210-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358071
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Lydia Usha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St
 Ste 809
 City State Zip Code
 Chicago IL 60612-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RUSH UNIVERISTY MEDICAL CENTER Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358072
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Patricia Tager MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1326 Vincenzo Dr
 City State Zip Code
 Toms River NJ 08753-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DERMONE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358073
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Albert Zilkha MD

Mailing Address 1 White Gate Dr

City State Zip Code
Glen Head NY 11545-2745

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

Name of Employer Occupation
LONG ISLAND MEDICAL IMAGING Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358074

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Geoffrey West Garrett MD

Mailing Address 471 Ashley Ridge Blvd

City State Zip Code
Shreveport LA 71106-7229

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

Name of Employer Occupation
LSU CLINIC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358095

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Anthony David Cicoria MD

Mailing Address 33-39 Court St

City State Zip Code
Norwich NY 13815-1325

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

Name of Employer Occupation
CHENANGO MEMORIAL ORTHOPEDIC INSTI Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 71358140

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eduardo Covarrubias MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 Lomaland Dr
 Ste A
 City El Paso State TX Zip Code 79935-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEL SOL MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358141
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Stephen Paul Cragle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Ramsey Pl
 City Saint Cloud State MN Zip Code 56301-4481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST CLOUD EAR NOSE & THROAT HEAD & NECK Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358142
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Rakesh Kumar Gupta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Wabash St
 Ste 303
 City Michigan City State IN Zip Code 46360-4355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358145
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank Thos Hannah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1622 E Marion St
 City Shelby State NC Zip Code 28150-4939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358146
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. James Gorman Hinsdale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 Samaritan Dr Ste 601
 City San Jose State CA Zip Code 95124-4017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358147
 Amount of Each Receipt this Period **1500.00**
 Memo Item

C. Lawrence Byerly Holt Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1529 Cadiz Dr
 City Myrtle Beach State SC Zip Code 29579-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL CANCER CENTER ASSOCIATED M Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : 71358149
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Deepak Kumar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5932 Springboro Pike
 Dayton Colon Rectal Center
 City Dayton State OH Zip Code 45449-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAYTON COLON & RECTAL CENTER INC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 05 / 20 / 2016
Transaction ID : 71358150
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Alexander Wm Ramsay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 Tobias Gadson Blvd Ste 201
 City Charleston State SC Zip Code 29407-4925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOWCOUNTRY UROLOGY SPECIALISTS Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 05 / 20 / 2016
Transaction ID : 71358153
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Joseph Harry Reichman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Riverview Plz
 Administration
 City Red Bank State NJ Zip Code 07701-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVERVIEW MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 05 / 20 / 2016
Transaction ID : 71358154
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Dean Armandroff
Full Name (Last, First, Middle Initial)

Mailing Address 3603 Gunston Rd.

City Alexandria State VA Zip Code 22302-2007

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71360263

Amount of Each Receipt this Period 83.33

Memo Item

B. Louis James Kraus MD
Full Name (Last, First, Middle Initial)

Mailing Address 910 Skokie Blvd STE230

City Northbrook State IL Zip Code 60062-4040

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71360265

Amount of Each Receipt this Period 83.33

Memo Item

c. Sharon R Metzger Richens MD
Full Name (Last, First, Middle Initial)

Mailing Address 161 W 200 N Ste 200

City St George State UT Zip Code 84770-2728

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

Name of Employer EYE CARE SPECIALISTS PS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 23 / 2016
Transaction ID : 71360266

Amount of Each Receipt this Period 83.33

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nestor A Ramirez-Lopez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Grandview Dr
 City Champaign State IL Zip Code 61820-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE NEONATAL & INFANT CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373972
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. William Lee Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 S Cottonwood St Ste 750
 City Salt Lake Cty State UT Zip Code 84107-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373973
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Nancy Louise Mueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373974
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kenneth D. Lancin
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 East Palisade Avenue
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Management Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373975
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Lisa Bohman Egbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5335 Far Hills Ave Ste 112
 City Dayton State OH Zip Code 45429-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARAGON WOMEN'S CARE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373976
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Michael E Migliori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 301
 City Providence State RI Zip Code 02905-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373977
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10635 Canterbury Rd.

City State Zip Code
Fairfax Station VA 22039-1927

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.69

Date of Receipt
05 / 25 / 2016
Transaction ID : 71373978

Amount of Each Receipt this Period
208.33

Memo Item

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

Mailing Address 800 E Cheves St Ste 420
Allergy Asthma and Sinus Ctr

City State Zip Code
Florence SC 29506-2649

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

Name of Employer Occupation
ALLERGY ASTHMA & SINUS CENTER Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.69

Date of Receipt
05 / 25 / 2016
Transaction ID : 71373979

Amount of Each Receipt this Period
208.33

Memo Item

C. Srinivas B Mukkamala MD
Full Name (Last, First, Middle Initial)

Mailing Address 1170 Charter Dr
Ste F

City State Zip Code
Flint MI 48532-3587

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.02

Date of Receipt
05 / 25 / 2016
Transaction ID : 71373981

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William Eric Kobler MD			Date of Receipt MM / DD / YYYY 05 / 25 / 2016 Transaction ID : 71373982
Mailing Address 6729 Millbrook Dr			Amount of Each Receipt this Period 208.33 <input type="checkbox"/> Memo Item
City Rockford	State IL	Zip Code 61108-4310	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 208.33 <input type="checkbox"/> Memo Item
Name of Employer OSF MEDICAL GROUP	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.69		

Full Name (Last, First, Middle Initial) B. Thomas James Madejski MD			Date of Receipt MM / DD / YYYY 05 / 25 / 2016 Transaction ID : 71373983
Mailing Address 100 Ohio St Ste C			Amount of Each Receipt this Period 208.33 <input type="checkbox"/> Memo Item
City Medina	State NY	Zip Code 14103-1191	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 208.33 <input type="checkbox"/> Memo Item
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.02		

Full Name (Last, First, Middle Initial) C. Robert Puchalski MD			Date of Receipt MM / DD / YYYY 05 / 25 / 2016 Transaction ID : 71373984
Mailing Address PO Box 520			Amount of Each Receipt this Period 416.66 <input type="checkbox"/> Memo Item
City Lugoff	State SC	Zip Code 29078-0520	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 416.66 <input type="checkbox"/> Memo Item
Name of Employer SOUTH CAROLINA ENT	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.38		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9129 Bradford Rd

City Silver Spring State MD Zip Code 20901-4917

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

Name of Employer US NAVY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373985

Amount of Each Receipt this Period
 208.33

Memo Item

B. Russell Clark Libby MD
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Hamaker Ct Ste 200

City Fairfax State VA Zip Code 22031-2220

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

Name of Employer VIRGINIA PEDIATRIC GROUP LTD Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373987

Amount of Each Receipt this Period
 208.33

Memo Item

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

Mailing Address 129 Mechanic St
The Skin Care Ctr

City Lebanon State NH Zip Code 03766-1522

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373988

Amount of Each Receipt this Period
 208.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jesse Menachem Ehrenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 20th Ave S
 Apt 1611
 City Nashville State TN Zip Code 37212-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.02

Date of Receipt 05 / 25 / 2016
Transaction ID : 71373989
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Benjamin Zev Galper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 Beacon St
 Apt 815
 City Brookline State MA Zip Code 02446-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHAM AND WOMEN'S HOSPITAL Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.88

Date of Receipt 05 / 25 / 2016
Transaction ID : 71373990
 Amount of Each Receipt this Period 104.16
 Memo Item

C. Dana M Block-Abraham DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Liquid Laughter Ln
 City Columbia State MD Zip Code 21044-6044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF MARYLAND MEDICAL CTR Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.88

Date of Receipt 05 / 25 / 2016
Transaction ID : 71373991
 Amount of Each Receipt this Period 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Pasteur Hamide MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Carthage St
 City State Zip Code
 Metairie LA 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LSUHSC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373993
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Marvin H Rorick III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 Montgomery Rd
 City State Zip Code
 Cincinnati OH 45212-2198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RIVER HILLS HEALTH CARE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373994
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Alethia Ellen Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17540
 Risk Management
 City State Zip Code
 Denver CO 80217-0540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COPIC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1041.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373995
 Amount of Each Receipt this Period
 208.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Arthur Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373996
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Mohammed Ali Arsiwala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17197 N Laurel Park Dr Ste 107
 City Livonia State MI Zip Code 48152-7901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373997
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Krystal Lynne Tomei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5245 River Creek Rd
 City Lyndhurst State OH Zip Code 44124-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARROW NEUROLOGICAL INSTITUTE Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71373998
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lee Thos Snook Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2288 Auburn Blvd
 Ste 106
 City Sacramento State CA Zip Code 95821-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71373999
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Benjamin Schlechter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Keiser Blvd Ste 207
 City Wyomissing State PA Zip Code 19610-3341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71374000
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Scott Mitchel Tenner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Trenton Ave
 City East Atlantic Beach State NY Zip Code 11561-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN IN Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71374001
 Amount of Each Receipt this Period
 208.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven Jay Fleischman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Rimmon Rd
 City Woodbridge State CT Zip Code 06525-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71374002
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Suzanne Marie Kavic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1S260 Summit Ave
 City Oakbrook Terrace State IL Zip Code 60181-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71374003
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Brooke Mattern Buckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Medical Pkwy Ste 600
 City Annapolis State MD Zip Code 21401-3280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 25 / 2016**
Transaction ID : 71374004
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Justin Miles Bishop MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 13th St
 Unit A
 City Lubbock State TX Zip Code 79401-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71374005
 Amount of Each Receipt this Period
 104.16
 Memo Item

B. Sheila Dattatraya Rege MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 W Deschutes Ave
 Ste 100
 City Kennewick State WA Zip Code 99336-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71374006
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Edmund R Donoghue Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Turning Leaf Way
 City Savannah State GA Zip Code 31419-9886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 71376228
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **812.49**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Janice Tildon-Burton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Glasgow Ave
 Ste 207
 City Newark State DE Zip Code 19702-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.02**

Date of Receipt **05 / 26 / 2016**
Transaction ID : 71378698
 Amount of Each Receipt this Period **208.33**
 Memo Item

B. Betty Shuwein Chu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Warrington Rd
 City Bloomfield State MI Zip Code 48304-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 26 / 2016**
Transaction ID : 71378699
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Dev Appannagari Gnanadev MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 670
 City Redlands State CA Zip Code 92373-0221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARROWHEAD COMMUNITY SURGICAL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1041.69**

Date of Receipt **05 / 26 / 2016**
Transaction ID : 71378700
 Amount of Each Receipt this Period **208.33**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alan Kenneth Klitzke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Bryant St
 Apt 5A
 City Buffalo State NY Zip Code 14209-1831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : 71542978
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ross Calvin Bloomberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4470 Dockray Dr
 City Nashport State OH Zip Code 43830-9057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2016
Transaction ID : 71544670
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Koteswara Rao Kunda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2936 Thousand Oaks Dr
 City Austin State TX Zip Code 78746-7614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71544714
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 103 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Catherine M Eberle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 Woolworth Ave
 City Omaha State NE Zip Code 68105-1757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEMORIAL HERMANN Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71544734
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Te-Long Hwang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Birchbark
 City Columbia State SC Zip Code 29229-9002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCLEOD REGIONAL MEDICAL CENTER Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71544770
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mrs. Sarah A Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 6842 Stillhouse Lane
 City Dublin State OH Zip Code 43016-7191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Physician Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71544771
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joan E Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6078 Bridgeview Dr
 City State Zip Code
 Ventura CA 93003-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JOHN PETER SMITH HLTH NETWORK Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71545248
 Amount of Each Receipt this Period
 416.69
 Memo Item

B. Thomas James Benda Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 N Grandview Ave
 Dubuque Ent
 City State Zip Code
 Dubuque IA 52001-6388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DUBUQUE OTOLARYNGOLOGY HEAD & NECK SUR Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71545249
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Nancy C Fan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 N Van Buren St
 Women To Women Ob/Gyn Center Ste 2
 City State Zip Code
 Wilmington DE 19802-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. FRANCIS HEALTHCARE Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 71545254
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	866.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Stephen Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St Ste 365
 City Chicago State IL Zip Code 60612-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 71545257
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Rodney Lee Trytko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 W Saxon Dr
 City Spokane State WA Zip Code 99203-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA ASSOCIATES PS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : 71549094
 Amount of Each Receipt this Period **500.00**
 Memo Item

c. Mr. Rodrigo A Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N. Wabash Avenue Suite 39300
 City Chicago State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.38**

Date of Receipt **05 / 31 / 2016**
Transaction ID : 71549487
 Amount of Each Receipt this Period **41.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1541.66
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 106 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven Michael Walsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Fowler Ave
 City Roswell State GA Zip Code 30075-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH FULTON ANESTHESIA ASSOCIATES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 31 / 2016
Transaction ID : 71549496
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. E Linda Villarreal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 S Closner Blvd
 City Edinburg State TX Zip Code 78539-5669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2016
Transaction ID : 71551260
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Edward Charlesder Dow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Brandon Rd No 2
 City Milton State MA Zip Code 02186-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAHEY CLINIC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 05 / 31 / 2016
Transaction ID : 71561228
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totalling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	57094.87

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

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

FOR LINE NUMBER: PAGE 107 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PNC ADVISORS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 96211
 City Washington State DC Zip Code 20090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 57.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : 71558852
 Amount of Each Receipt this Period
 28.70
 Memo Item
 Interest

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.70
TOTAL This Period (last page this line number only).....▶	28.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address 4 Northeastern Boulevard

City Salem State NH Zip Code 03079

Purpose of Disbursement
Credit Card Bank Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71558922

Amount of Each Disbursement this Period

Memo Item
Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Todd Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

/ /

Transaction ID : 71131147

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Rep. Andy Barr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

/ /

Transaction ID : 71131474

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 753908

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

/ /

Transaction ID : 71146973

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Rand Paul For Us Senate

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mr. Rand Paul

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151057

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. John A. Yarmuth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151058

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. Hal Dallas Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151059

Amount of Each Disbursement this Period

4000.00

Memo Item
2016 Primary

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

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
2016 Primary

011

Candidate Name

Sen. Roy Blunt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	6

Transaction ID : 71151060

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
2016 Primary

011

Candidate Name

James Lankford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	6

Transaction ID : 71151061

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
2016 General

011

Candidate Name

Mr. Keith Rothfus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	6

Transaction ID : 71151062

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
2016 General

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2016 Primary

Candidate Name

Sen. John R. Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151063

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151064

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 71151065

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Stephen Ira Cohen

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71151066

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Sen. Lisa Murkowski

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71159227

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Mike Honda For Congress

Mailing Address C/O Contribution Solutions, Llc
123 E. San Carlos Street, #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. Mike M. Honda

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71159228

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Correa For Congress

Mailing Address 420 N Twin Oaks Valley Road
Suite #2229

City San Marcos State CA Zip Code 92079

Purpose of Disbursement
2016 Primary

Candidate Name

Jose Luis Correa

Office Sought: House
 Senate
 President
State: CA District: 46

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 71160398

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
2016 Primary

Candidate Name

Scott Peters

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 71160484

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Leonard Lance

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 71160485

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address 133 Water Tower Lane

City Spring Mills State PA Zip Code 16875

Purpose of Disbursement
2016 General

011

Candidate Name

Rep. Glenn W. Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : 71160486

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : 71160498

Amount of Each Disbursement this Period

1500.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : 71160499

Amount of Each Disbursement this Period

2000.00

Memo Item
2016 Primary

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Sen. John R. Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

/ /

Transaction ID : 71160500

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City State Zip Code
Hartford CT 06126

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

/ /

Transaction ID : 71164370

Amount of Each Disbursement this Period

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

C. Cramer For Congress

Mailing Address PO Box 396

City State Zip Code
Bismarck ND 58502

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Mr. Kevin Cramer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District: 01

Date of Disbursement

/ /

Transaction ID : 71164371

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Rep. James E. Clyburn

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71164372

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Tony Cardenas

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71317615

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Pittenger For Congress Llc

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Robert Pittenger

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71320190

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Sen. Chuck E. Grassley

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2016

Transaction ID : 71353979

Amount of Each Disbursement this Period

1500.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Adrian Smith For Congress

Mailing Address 3321 Avenue I Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Rep. Adrian Smith

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2016

Transaction ID : 71353982

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

C. Vicky Hartzler For Congress

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Rep. Vicky Hartzler

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District: 04

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2016

Transaction ID : 71353983

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Primary

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lee Zeldin For Congress

Mailing Address PO Box 133

City Shirley State NY Zip Code 11967

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Lee Zeldin

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71353985

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Rep. David Wayne Loeb sack

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71353986

Amount of Each Disbursement this Period

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Jason Smith

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71360296

Amount of Each Disbursement this Period

Memo Item
2016 Primary

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Mimi Walters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Transaction ID : 71360297

Amount of Each Disbursement this Period

1500.00

Memo Item
2016 Primary

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Transaction ID : 71360298

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2016

Transaction ID : 71375753

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Primary

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
2016 General

011

Candidate Name

Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

Transaction ID : 71544017

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 General

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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Memo Item

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

5000.00

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

90000.00
