

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1101 VERMONT AVENUE, NW
12TH FLOOR
 Check if different than previously reported. (ACC)
WASHINGTON DC 20005

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

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

5. Covering Period 02 01 2006 through 02 28 2006

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

Type or Print Name of Treasurer KEVIN WALKER

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 03 20 2006

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)

Page 2

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2046116.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	2286104.61									
(c) Total Receipts (from Line 19)	252017.84	509988.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2538122.45	2556105.21								
7. Total Disbursements (from Line 31)	146521.67	164504.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2391600.78	2391600.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	176285.00	408752.00
(i) Itemized (use Schedule A)	68422.97	87468.70
(ii) Unitemized	244707.97	496220.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	244707.97	496220.70
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.)	7309.87	13767.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	252017.84	509988.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	252017.84	509988.29

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	921.67	1577.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	921.67	1577.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	4977.06
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	145600.00	157950.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	146521.67	164504.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	146521.67	164504.43

DETAILED SUMMARY PAGE
of Disbursements

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	244707.97	496220.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	244707.97	496220.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	921.67	1577.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	921.67	1577.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<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

Full Name (Last, First, Middle Initial) A. ANGELA KAY ANDERSON, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 2 MEMORIAL DRIVE		Transaction ID: SA11A1.18080	
City DECATUR	State IL	Zip Code 62526	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. NANCY J ANTONACCI, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 536 LAKE VALLEY DRIVE		Transaction ID: SA11A1.18060	
City LEXINGTON	State KY	Zip Code 40509	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. DAVID ORRIN BARBE, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 120 W 16TH STREET		Transaction ID: SA11A1.18058	
City MTN GROVE	State MO	Zip Code 65711	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST JOHNS CLINIC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<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. MEL BRITTON, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 167 TOYON ROAD		Transaction ID: SA11A1.18100	
City State Zip Code ATHERTON CA 94027		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PALO ALTO MEDICAL FOUNDATION		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. BROOKE BUCKLEY, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 18101 LORAIN AVENUE		Transaction ID: SA11A1.18138	
City State Zip Code CLEVELAND OH 44111		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer FAIRVIEW HOSPITAL		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. HOWARD CHODASH, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 3804 INDIAN LANDS LANE		Transaction ID: SA11A1.18076	
City State Zip Code SPRINGFIELD IL 62711		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SIU SCHOOL OF MEDICINE		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL ALAN CREWS, MD

Mailing Address 44111 25 WAY NE

City State Zip Code
ALBUQUERQUE NM 87109

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
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.18116

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CAROLYN BEACH DAUL, MD

Mailing Address 1416 MARENGO STREET

City State Zip Code
NEW ORLEANS LA 70115

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
02 / 02 / 2006

Transaction ID: SA11A1.18063

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RONALD M DAVIS, MD

Mailing Address 2495 BARNSBURY ROAD

City State Zip Code
EAST LANSING MI 48823

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

Name of Employer HENRY FORD HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: SA11A1.18144

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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. RONALD KING DOWNS, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 500 ARCADE AVENUE		Transaction ID: SA11A1.18078	
City ELKHART	State IN	Zip Code 46514	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE CENTRE	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. NC MEDICAL POL EDUC & ACTION CMMT		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address PO BOX 25834		Transaction ID: SA11A1.18072	
City RALEIGH	State NC	Zip Code 27611	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4550.00		

Full Name (Last, First, Middle Initial) C. NC MEDICAL POL EDUC & ACTION CMMT		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO BOX 25834		Transaction ID: SA11A1.18108	
City RALEIGH	State NC	Zip Code 27611	Amount of Each Receipt this Period 1750.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6300.00		

SUBTOTAL of Receipts This Page (optional) ▶	3550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
KENTUCKY EDUC MEDICAL PAC

Mailing Address 4965 US HIGHWAY 42

City State Zip Code
LOUISVILLE KY 40222

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5150.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.18070

Amount of Each Receipt this Period
2050.00

B. Full Name (Last, First, Middle Initial)
SHELDON G GROSS, MD

Mailing Address 3139 IRON STONE LAND

City State Zip Code
SAN ANTONIO TX 78230

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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18092

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
CURTIS L HEDBERG, MD

Mailing Address 5417 PINNACLE POINT DRIVE

City State Zip Code
ROGERS AR 72758

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18082

Amount of Each Receipt this Period
500.00

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

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

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

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

A. Full Name (Last, First, Middle Initial)
JEAN WARE HILL

Mailing Address 1376 COUNTRYWOOD COVE

City State Zip Code
TUPELO MS 38801

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: SA11A1.18061

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL DAVID HUNTER, MD

Mailing Address 3100 GARDEN VISTA

City State Zip Code
EDMOND OK 76034

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
02 / 02 / 2006

Transaction ID: SA11A1.18054

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THOMAS R HURLEY, MD

Mailing Address 1116 PINE RIDGE CT

City State Zip Code
NAPERVILLE IL 60540

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

Name of Employer SW SUBURBAN NEUROLOGICAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: SA11A1.18102

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 49		
	<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

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

Full Name (Last, First, Middle Initial) A. PAT HYER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 6401 CAHOBA DRIVE		Transaction ID: SA11A1.18132	
City State Zip Code FORT WORTH TX 76135		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation SPOUSE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. REX HYER, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 6401 CAHOBA DRIVE		Transaction ID: SA11A1.18130	
City State Zip Code FORT WORTH TX 76135		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NORTH STAR ANESTHESIA Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. BARNEY R MAYNARD, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1225 SPRING CREEK DRIVE		Transaction ID: SA11A1.18056	
City State Zip Code EVANSVILLE IN 47710		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer UROLOGICAL ASSOCIATES Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 49
	<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. ALABAMA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO BOX 1900		Transaction ID: SA11A1.18114	
City State Zip Code MONTGOMERY AL 36102		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3360.00	

Full Name (Last, First, Middle Initial) B. ARKANSAS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 55088		Transaction ID: SA11A1.18117	
City State Zip Code LITTLE ROCK AR 72215		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. CALIFORNIA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 221 MAIN STREET		Transaction ID: SA11A1.18122	
City State Zip Code SAN FRANCISCO CA 94105		Amount of Each Receipt this Period 10700.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NA NA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 20550.00	

SUBTOTAL of Receipts This Page (optional) ▶	11550.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
COLORADO MEDICAL PAC

Mailing Address PO BOX 17550

City DENVER State CO Zip Code 80217

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18106

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
CONNECTICUT MEDICAL PAC

Mailing Address 160 ST RONAN STREET

City NEW HAVEN State CT Zip Code 06511

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5560.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.18067

Amount of Each Receipt this Period
 3100.00

C. Full Name (Last, First, Middle Initial)
DELAWARE MEDICAL PAC

Mailing Address 1925 LOVERING AVENUE

City WILMINGTON State DE Zip Code 19806

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18105

Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 49
	<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. FLORIDA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO BOX 10269		Transaction ID: SA11A1.18089
City State Zip Code TALLAHASSEE FL 32302	Amount of Each Receipt this Period 3360.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 7180.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HAWAII MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 1360 S BERETANIA STREET		Transaction ID: SA11A1.18066
City State Zip Code HONOLULU HI 96814	Amount of Each Receipt this Period 890.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 890.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HAWAII MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1360 S BERETANIA STREET		Transaction ID: SA11A1.18121
City State Zip Code HONOLULU HI 96814	Amount of Each Receipt this Period 540.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 1430.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	4790.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 49
	<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. ILLINOIS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 20 N MICHIGAN AVENUE		Transaction ID: SA11A1.18073	
City State Zip Code CHICAGO IL 60602		Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A n/a			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5155.00	

Full Name (Last, First, Middle Initial) B. INDIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 322 CANAL WALK		Transaction ID: SA11A1.18109	
City State Zip Code INDIANAPOLIS IN 46202		Amount of Each Receipt this Period 13510.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 39650.00	

Full Name (Last, First, Middle Initial) C. IOWA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 1001 GRAND AVENUE		Transaction ID: SA11A1.18065	
City State Zip Code W. DES MOINES IA 50265		Amount of Each Receipt this Period 1810.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5840.00	

SUBTOTAL of Receipts This Page (optional) ▶	15540.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
IOWA MEDICAL PAC

Mailing Address 1001 GRAND AVENUE

City State Zip Code
W. DES MOINES IA 50265

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7010.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.18120

Amount of Each Receipt this Period
1170.00

B. Full Name (Last, First, Middle Initial)
KANSAS MEDICAL PAC

Mailing Address 623 SW 10TH

City State Zip Code
TOPEKA KS 66612

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14580.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.18071

Amount of Each Receipt this Period
14580.00

C. Full Name (Last, First, Middle Initial)
KANSAS MEDICAL PAC

Mailing Address 623 SW 10TH

City State Zip Code
TOPEKA KS 66612

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17850.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18107

Amount of Each Receipt this Period
3270.00

SUBTOTAL of Receipts This Page (optional)	▶	19020.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 49
	<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. LOUISIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 6767 PERKINS ROAD		Transaction ID: SA11A1.18113	
City BATON ROUGE	State LA	Zip Code 70802	Amount of Each Receipt this Period 610.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5470.00		

Full Name (Last, First, Middle Initial) B. LOUISIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 6767 PERKINS ROAD		Transaction ID: SA11A1.18124	
City BATON ROUGE	State LA	Zip Code 70802	Amount of Each Receipt this Period 1440.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6910.00		

Full Name (Last, First, Middle Initial) C. MINNESOTA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 18655		Transaction ID: SA11A1.18126	
City MINNEAPOLIS	State MN	Zip Code 55418	Amount of Each Receipt this Period 710.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00		

SUBTOTAL of Receipts This Page (optional) ▶	2760.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 49
	<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. MISSISSIPPI MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO BOX 2548		Transaction ID: SA11A1.18110	
City RIDGELAND	State MS	Zip Code 39158	Amount of Each Receipt this Period 2050.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4770.00		

Full Name (Last, First, Middle Initial) B. MISSOURI MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO BOX 1402		Transaction ID: SA11A1.18085	
City JEFFERSON CITY	State MO	Zip Code 65102	Amount of Each Receipt this Period 7480.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13270.00		

Full Name (Last, First, Middle Initial) C. MONTANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 2021 ELEVENTH AVENUE		Transaction ID: SA11A1.18069	
City HELENA	State MT	Zip Code 59601	Amount of Each Receipt this Period 550.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

SUBTOTAL of Receipts This Page (optional) ▶	10080.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
NEBRASKA MEDICAL PAC

Mailing Address 233 S 13TH STREET

City State Zip Code
LINCOLN NE 68508

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.18118

Amount of Each Receipt this Period
650.00

B. Full Name (Last, First, Middle Initial)
NEW JERSEY MEDICAL PAC

Mailing Address 2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18087

Amount of Each Receipt this Period
850.00

C. Full Name (Last, First, Middle Initial)
OREGON MEDICAL PAC

Mailing Address 5210 SW CORBETT STREET

City State Zip Code
PORTLAND OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6415.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18112

Amount of Each Receipt this Period
2465.00

SUBTOTAL of Receipts This Page (optional)	▶	3965.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC

Mailing Address PO BOX 8820

City State Zip Code
HARRISBURG PA 17105

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 9950.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18086

Amount of Each Receipt this Period
2250.00

B. Full Name (Last, First, Middle Initial)
PENNSYLVANIA MEDICAL PAC

Mailing Address PO BOX 8820

City State Zip Code
HARRISBURG PA 17105

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.18123

Amount of Each Receipt this Period
900.00

C. Full Name (Last, First, Middle Initial)
RHODE ISLAND MEDICAL PAC

Mailing Address 235 PROMENADE STREET

City State Zip Code
PROVIDENCE RI 02908

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.18104

Amount of Each Receipt this Period
1820.00

SUBTOTAL of Receipts This Page (optional) ► 4970.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 49

(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

Full Name (Last, First, Middle Initial) A. SOUTH CAROLINA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO BOX 11188		Transaction ID: SA11A1.18088	
City State Zip Code COLUMBIA SC 29211		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NA Occupation NA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2410.00	

Full Name (Last, First, Middle Initial) B. SOUTH DAKOTA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 1323 S MINNESOTA AVENUE		Transaction ID: SA11A1.18068	
City State Zip Code SIOUX FALLS SD 57105		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. TEXAS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 401 W 15TH STREET		Transaction ID: SA11A1.18111	
City State Zip Code AUSTIN TX 78701		Amount of Each Receipt this Period 51690.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 126740.00	

SUBTOTAL of Receipts This Page (optional) ▶	53090.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 49
	<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. WEST VIRGINIA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 4106		Transaction ID: SA11A1.18119	
City CHARLESTON	State WV	Zip Code 25364	Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2810.00		

Full Name (Last, First, Middle Initial) B. WISCONSIN PHYSICIANS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address PO BOX 2295		Transaction ID: SA11A1.18074	
City MADISON	State WI	Zip Code 53701	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. WYOMING MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address PO DRAWER 4009		Transaction ID: SA11A1.18064	
City CHEYENNE	State WY	Zip Code 82003	Amount of Each Receipt this Period 1900.00
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation NA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

SUBTOTAL of Receipts This Page (optional) ▶	2910.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
INDEPENDENT MEDICINES PAC

Mailing Address 2301 21ST AVENUE SOUTH

City State Zip Code
NASHVILLE TN 37212

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8270.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.18125

Amount of Each Receipt this Period
7100.00

B. Full Name (Last, First, Middle Initial)
MICHAEL E MIGLIORI, MD

Mailing Address 690 EDDY STREET

City State Zip Code
PROVIDENCE RI 02903

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.18134

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT C MORE, MD

Mailing Address 6 SAND HILL ROAD

City State Zip Code
FLEMINGTON NJ 08822

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

Name of Employer HUNTERDON ORTHO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18084

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	8100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
WILLIAM G PLESTED, MD

Mailing Address 405 N KENTER AVENUE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18052

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SUNEIL RAMCHANDANI, MD

Mailing Address 10423 MONTROSE AVENUE

City State Zip Code
BETHESDA MD 20814

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
0 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.18140

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ABHAY SANAN, MD

Mailing Address 5245 N VENTANA VISTA ROAD

City State Zip Code
TUCSON AZ 85750

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

Name of Employer CENTER OF NEUROSCIENCE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.18128

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
STEVEN SAUERBERG, MD

Mailing Address 5201 WILLOW SPRINGS ROAD

City LAGRANGE State IL Zip Code 60525

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

Name of Employer FAMILY MEDICAL CTR OF LAGRANGE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.18142

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PENNY MAUREEN STERN, MD

Mailing Address 16719 75TH AVENUE

City FLUSHING State NY Zip Code 11366

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

Name of Employer PFIZER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18098

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MEDICAL SOC OF THE ST OF NY PAC

Mailing Address ONE COMMERCE PLAZA

City ALBANY State NY Zip Code 12210

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 28360.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18090

Amount of Each Receipt this Period
17660.00

SUBTOTAL of Receipts This Page (optional)	▶	18660.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JOHN W THOMAS, MD

Mailing Address 3519 FRIENDSVILLE ROAD

City State Zip Code
WOOSTER OH 44691

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18096

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LYLE SHELDON THORSTENSON, MD

Mailing Address PO BOX 632020

City State Zip Code
NACOGDOCHES TX 75963

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18136

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES TIMMONS, MD

Mailing Address 21 LYNWOOD DRIVE

City State Zip Code
BATTLE CREEK MI 49015

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

Name of Employer RADIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18094

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 49	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
THERESA A WAXMAN

Mailing Address ROT 1 BOX 352

City State Zip Code
CLARKSBURG WV 26301

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

Name of Employer Occupation
N/A HOUSEWIFE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18103

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	176285.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 49
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
PNC ADVISORS

Mailing Address PO BOX 96211

City State Zip Code
WASHINGTON DC 20090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13767.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	6

Transaction ID: SA17.18149

Amount of Each Receipt this Period
7309.87

INTEREST

SUBTOTAL of Receipts This Page (optional)	▶	7309.87
TOTAL This Period (last page this line number only)	▶	7309.87

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 49

<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. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD BANK CHARGES

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.18044

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

921.67

SUBTOTAL of Disbursements This Page (optional) ►

921.67

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

921.67

**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. AL GREEN FOR CONGRESS		Transaction ID: SB23.18032 Date of Disbursement																					
Mailing Address 3003 SOUTH LOOP WEST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	7		2	0	0	6														
City HOUSTON	State TX	Zip Code 77054	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name AL GREEN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 09																						

Full Name (Last, First, Middle Initial) B. BAKER FOR CONGRESS COMMITTEE		Transaction ID: SB23.18014 Date of Disbursement																					
Mailing Address PO BOX 1694		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	1		2	0	0	6														
City BATON ROUGE	State LA	Zip Code 70821	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	2500.00																				
Candidate Name RICHARD HUGH BAKER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: LA	District: 06																						

Full Name (Last, First, Middle Initial) C. BARRETT FOR CONGRESS		Transaction ID: SB23.18003 Date of Disbursement																					
Mailing Address PO BOX 869		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
City WESTMINSTER	State SC	Zip Code 29693	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name JAMES GRESHAM BARRETT		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC	District: 03																						

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
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)

PAGE 32 / 49

<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. BARTLETT FOR CONGRESS COMMITTEE		Transaction ID: SB23.17998 Date of Disbursement
Mailing Address PO BOX 245		<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="2006"/>
City MIDDLETOWN	State MD	Zip Code 21769
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name ROSCOE G JR BARTLETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MD District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) B. BOYD FOR CONGRESS		Transaction ID: SB23.17995 Date of Disbursement
Mailing Address PO BOX 15703		<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="2006"/>
City TALLAHASSEE	State FL	Zip Code 32317
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name F ALLEN JR BOYD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) C. BRADY FOR CONGRESS		Transaction ID: SB23.18023 Date of Disbursement
Mailing Address PO BOX 8277		<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="2006"/>
City WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name KEVIN PATRICK BRADY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BRIAN BILBRAY FOR CONGRESS		Transaction ID: SB23.17982 Date of Disbursement
Mailing Address 2466 UNICORNIO STREET		<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City CARLSBAD	State CA	Zip Code 92009
Purpose of Disbursement 2006 PRIMARY SPECIAL		<input type="text" value="011"/> Category/ Type
Candidate Name BRIAN PHILLIP BILBRAY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: CA	District: 50	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. CHARLES BOUSTANY JR FOR CONGRESS		Transaction ID: SB23.18015 Date of Disbursement
Mailing Address PO BOX 80126		<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name JR, CHARLES W. BOUSTANY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 07	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) C. CHARLIE MELANCON CAMPAIGN COMMITTEE		Transaction ID: SB23.18011 Date of Disbursement
Mailing Address PO BOX 549		<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City NAPOLEONVILLE	State LA	Zip Code 70390
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name CHARLIE JR MELANCON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 03	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CHET EDWARDS FOR CONGRESS

Mailing Address PO BOX 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement

2006 PRIMARY

Candidate Name
CHET EDWARDS

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 11

Transaction ID: SB23.18020

Date of Disbursement

02 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR CHURCHILL

Mailing Address PO BOX 505

City GRAYSLAKE State IL Zip Code 60030

Purpose of Disbursement

2006 PRIMARY

Candidate Name
ROBERT W CHURCHILL

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.17985

Date of Disbursement

02 / 09 / 2006

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO REELECT BOBBY JINDAL

Mailing Address PO BOX 8628

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement

2006 PRIMARY

Candidate Name
BOBBY JINDAL

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 01

Transaction ID: SB23.18009

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COMMITTEE TO REELECT VITO FOSSELLA		Transaction ID: SB23.17994 Date of Disbursement																				
Mailing Address PO BOX 131403		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	9		2	0	0	6													
City STATEN ISLAND	State NY	Zip Code 10313																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name FOSSELLA, VITO JR.																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NY	District: 13																					

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial) B. COSTELLO FOR CONGRESS COMMITTEE		Transaction ID: SB23.17988 Date of Disbursement																				
Mailing Address PO BOX 8250		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	9		2	0	0	6													
City BELLEVILLE	State IL	Zip Code 62222																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name JERRY F COSTELLO																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IL	District: 12																					

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial) C. CULBERSON FOR CONGRESS		Transaction ID: SB23.18031 Date of Disbursement																				
Mailing Address 9407 WALNUT BROOK COURT		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	6													
City HOUSTON	State TX	Zip Code 77040																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name JOHN A CULBERSON																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: TX	District: 07																					

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 36 / 49

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

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

A. DAN LIPINSKI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 4501 GRAND

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement

2006 PRIMARY

Candidate Name
DANIEL WILLIAM LIPINSKI

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.17984

Date of Disbursement

02 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2006 ANNUAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.17979

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

15000.00

C. DOGGETT FOR US CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement
2006 PRIMARY

Candidate Name
LLOYD DOGGETT

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.18040

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

18000.00

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. DONALD A MANZULLO FOR CONGRESS		Transaction ID: SB23.17991 Date of Disbursement
Mailing Address PO BOX 7783		<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City ROCKFORD	State IL	Zip Code 61125
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name DONALD A MANZULLO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 16		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) B. EDDIE BERNICE JOHNSON FOR CONGRESS		Transaction ID: SB23.18043 Date of Disbursement
Mailing Address 2501 CEDAR SPRINGS AVENUE		<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name EDDIE BERNICE JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 30		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF JEB HENSARLING		Transaction ID: SB23.18030 Date of Disbursement
Mailing Address PO Box 820504		<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name THOMAS JEB HENSARLING		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 05		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF RAY LAHOOD		Transaction ID: SB23.17992 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 4238 N KNOXVILLE AVE		Amount of Each Disbursement this Period 2000.00
City PEORIA State IL Zip Code 61614	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name RAY LAHOOD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF SAM JOHNSON		Transaction ID: SB23.18016 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO BOX 860096		Amount of Each Disbursement this Period 3000.00
City PLANO State TX Zip Code 75086	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name SAMUEL ROBERT JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF TIM JOHNSON		Transaction ID: SB23.17990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO BOX 17097		Amount of Each Disbursement this Period 2000.00
City URBANA State IL Zip Code 61820	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name TIMOTHY V JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. GARD FOR CONGRESS		Transaction ID: SB23.18007 Date of Disbursement																					
Mailing Address PO BOX 277		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
City GREEN BAY	State WI	Zip Code 54305	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	2500.00																				
Candidate Name JOHN G. GARD		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 08																						

Full Name (Last, First, Middle Initial) B. GENE GREEN CONGRESSIONAL CAMPAIGN		Transaction ID: SB23.18042 Date of Disbursement																					
Mailing Address PO BOX 16128		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	7		2	0	0	6														
City HOUSTON	State TX	Zip Code 77222	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	2500.00																				
Candidate Name RAYMOND EUGENE 'GENE' GREEN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 29																						

Full Name (Last, First, Middle Initial) C. GERALD C 'JERRY' WELLER FOR CONGRESS		Transaction ID: SB23.17987 Date of Disbursement																					
Mailing Address PO BOX 2368		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	9		2	0	0	6														
City JOLIET	State IL	Zip Code 60434	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	500.00																				
Candidate Name GERALD C 'JERRY' WELLER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 11																						

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)

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

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

A. Full Name (Last, First, Middle Initial)
GONZALEZ FOR CONGRESS

Mailing Address 206 EAST LOCUST STREET

City State Zip Code
SAN ANTONIO TX 78212

Purpose of Disbursement
2006 PRIMARY

Candidate Name
CHARLES A GONZALEZ

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18037

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
GOODE FOR CONGRESS

Mailing Address 235 SOUTH MAIN STREET

City State Zip Code
ROCKY MOUNT VA 24151

Purpose of Disbursement
2006 PRIMARY

Candidate Name
VIRGIL H JR GOODE

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 711

City State Zip Code
ROCKWALL TX 75087

Purpose of Disbursement
2006 PRIMARY

Candidate Name
RALPH M HALL

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18029

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

A. JUDY BIGGERT FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 637

Transaction ID: SB23.17989

Date of Disbursement
MM / DD / YYYY
02 / 09 / 2006

City HINDSDALE State IL Zip Code 60522

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement
2006 PRIMARY
Candidate Name
JUDY BIGGERT
Category/Type
011

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: IL District: 13

B. KAY BAILEY HUTCHISON FOR SENATE

Mailing Address PO BOX 9190

Transaction ID: SB23.18026

Date of Disbursement
MM / DD / YYYY
02 / 27 / 2006

City DALLAS State TX Zip Code 75209

Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement
2006 PRIMARY
Candidate Name
KAY BAILEY HUTCHISON
Category/Type
011

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: TX District: 00

C. KAY GRANGER CAMPAIGN FUND

Mailing Address 910 HOUSTON STREET

Transaction ID: SB23.18017

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2006

City FORT WORTH State TX Zip Code 76102

Amount of Each Disbursement this Period
3000.00

Purpose of Disbursement
2006 PRIMARY
Candidate Name
KAY GRANGER
Category/Type
011

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: TX District: 12

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KELLER FOR CONGRESS		Transaction ID: SB23.18024 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO BOX 1453		Amount of Each Disbursement this Period 2500.00
City ORLANDO	State FL	
Zip Code 32802	Purpose of Disbursement 2006 PRIMARY	
Candidate Name RICHARD ANTHONY KELLER	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 08		

Full Name (Last, First, Middle Initial) B. KENNY MARCHANT FOR CONGRESS		Transaction ID: SB23.18039 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO BOX 110187		Amount of Each Disbursement this Period 2500.00
City CARROLLTON	State TX	
Zip Code 75011	Purpose of Disbursement 2006 PRIMARY	
Candidate Name KENNY EWELL MARCHANT	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 24		

Full Name (Last, First, Middle Initial) C. KIRK FOR CONGRESS		Transaction ID: SB23.17986 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 2500.00
City WINNETKA	State IL	
Zip Code 60093	Purpose of Disbursement 2006 PRIMARY	
Candidate Name MARK STEVEN KIRK	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE		Transaction ID: SB23.17996
Mailing Address 2801 PONCE DE LEON BLVD		Date of Disbursement MM / DD / YYYY 02 / 09 / 2006
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement 2006 PRIMARY	Amount of Each Disbursement this Period 1000.00	
Candidate Name LINCOLN DIAZ-BALART	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 21		

Full Name (Last, First, Middle Initial) B. LOUIE GOHMERT FOR CONGRESS		Transaction ID: SB23.18027
Mailing Address PO BOX 8060		Date of Disbursement MM / DD / YYYY 02 / 27 / 2006
City TYLER	State TX	Zip Code 75711
Purpose of Disbursement 2006 PRIMARY	Amount of Each Disbursement this Period 2000.00	
Candidate Name LOUIS GOHMERT	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 01		

Full Name (Last, First, Middle Initial) C. MARIO DIAZ-BALART FOR CONGRESS		Transaction ID: SB23.17997
Mailing Address 2801 PONCE DE LEON BLVD		Date of Disbursement MM / DD / YYYY 02 / 09 / 2006
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement 2006 PRIMARY	Amount of Each Disbursement this Period 1000.00	
Candidate Name MARIO DIAZ-BALART	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 25		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MCCAUL FOR CONGRESS		Transaction ID: SB23.18033 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 3508 FAR WEST BOULEVARD		Amount of Each Disbursement this Period 2000.00
City AUSTIN State TX Zip Code 78731	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name MICHAEL MCCAUL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MCCRERY FOR CONGRESS		Transaction ID: SB23.18012 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO BOX 52956		Amount of Each Disbursement this Period 5000.00
City SHREVEPORT State LA Zip Code 71135	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name JAMES O III MCCRERY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MIKE DEWINE FOR US SENATE		Transaction ID: SB23.18002 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 4000.00
City COLUMBUS State OH Zip Code 43234	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name RICHARD MICHAEL DEWINE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. ORTIZ FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7806

City CORPUS CHRISTI State TX Zip Code 78467

Purpose of Disbursement

2006 PRIMARY

Candidate Name
SOLOMON P ORTIZ

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 27

Transaction ID: SB23.18041

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

B. PETE SESSIONS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 38585

City DALLAS State TX Zip Code 75238

Purpose of Disbursement

2006 PRIMARY

Candidate Name
PETE SESSIONS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 32

Transaction ID: SB23.18022

Date of Disbursement

02 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

C. RICK RENZI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2383

City PRESCOTT State AZ Zip Code 86302

Purpose of Disbursement

2006 PRIMARY

Candidate Name
RICHARD GEORGE RENZI

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.18000

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 49

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

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

A. RODNEY ALEXANDER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 367

City QUITMAN State LA Zip Code 71268

Purpose of Disbursement

2006 PRIMARY

Candidate Name
RODNEY ALEXANDER

Office Sought: House
 Senate
 President

State: LA District: 05

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18013

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B. RUBEN HINOJOSA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH 11TH STREET

City MCALLEN State TX Zip Code 78501

Purpose of Disbursement

2006 PRIMARY

Candidate Name
RUBEN E HINOJOSA

Office Sought: House
 Senate
 President

State: TX District: 15

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18018

Date of Disbursement

02 / 17 / 2006

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

C. SHEILA JACKSON LEE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 4412 ALMEDA ROAD

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement

2006 PRIMARY

Candidate Name
SHEILA JACKSON LEE

Office Sought: House
 Senate
 President

State: TX District: 18

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18035

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SILVESTRE REYES CANDIDATE FOR US CONGRESS

Mailing Address 505 E RIO GRANDE

City EL PASO State TX Zip Code 79902

Purpose of Disbursement

2006 PRIMARY

Candidate Name
SILVESTRE REYES

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 16

Transaction ID: SB23.18019

Date of Disbursement

02 / 17 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TED POE FOR CONGRESS

Mailing Address PO BOX 14222

City HUMBLE State TX Zip Code 77347

Purpose of Disbursement

2006 PRIMARY

Candidate Name
TED POE

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 02

Transaction ID: SB23.18028

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY BONILLA

Mailing Address PO BOX 17292

City SAN ANTONIO State TX Zip Code 78217

Purpose of Disbursement

2006 PRIMARY

Candidate Name
HENRY BONILLA

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 23

Transaction ID: SB23.18038

Date of Disbursement

02 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

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. TEXANS FOR HENRY CUELLAR		Transaction ID: SB23.17980 Date of Disbursement
Mailing Address 1519 WASHINGTON STREET		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City LAREDO	State TX	Zip Code 78042
Purpose of Disbursement 2004 PRIMARY DEFICIT		<input type="text" value="011"/> Category/ Type
Candidate Name HENRY R CUELLAR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 28	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. TEXANS FOR LAMAR SMITH		Transaction ID: SB23.17999 Date of Disbursement
Mailing Address 5170 BROADWAY		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City SAN ANTONIO	State TX	Zip Code 78209
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name LAMAR SEELIGSON SMITH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 21	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. THELMA DRAKE FOR CONGRESS		Transaction ID: SB23.18004 Date of Disbursement
Mailing Address PO BOX 61480		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City VIRGINIA BEACH	State VA	Zip Code 23466
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name THELMA DRAKE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 02	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. THORNBERRY FOR CONGRESS		Transaction ID: SB23.18034 Date of Disbursement																				
Mailing Address PO BOX 9392		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	6													
City AMARILLO	State TX	Zip Code 79105																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name WILLIAM M (MAC) THORNBERRY																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: TX	District: 13																					

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial) B. VIRGINIA FOXX FOR CONGRESS		Transaction ID: SB23.18001 Date of Disbursement																				
Mailing Address PO BOX 1100		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	0	6													
City CLEMMONS	State NC	Zip Code 27012																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name VIRGINIA ANN FOXX																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NC	District: 05																					

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS		Transaction ID: SB23.17993 Date of Disbursement																				
Mailing Address PO BOX 5458		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	9		2	0	0	6													
City SPRINGFIELD	State IL	Zip Code 62705																				
Purpose of Disbursement 2006 PRIMARY		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name JOHN M SHIMKUS																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IL	District: 19																					

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>145600.00</td></tr></table>	145600.00
145600.00		