

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 25 MASSACHUSETTS AVE, NW SUITE 600 WASHINGTON DC 20001-7400 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00000422 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

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

5. Covering Period 03 / 01 / 2018 through 03 / 31 / 2018

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

Signature of Treasurer WALKER, KEVIN, , MR., [Electronically Filed] Date 04 / 04 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="1335443.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1460438.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="107658.17"/>	<input type="text" value="367201.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1568096.92"/>	<input type="text" value="1702644.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="158059.13"/>	<input type="text" value="292606.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1410037.79"/>	<input type="text" value="1410037.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58492.87	224169.58
(ii) Unitemized	47961.05	139555.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	106453.92	363724.63
(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)	106453.92	363724.63
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.).....	1204.25	3476.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	107658.17	367201.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	107658.17	367201.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1639.13	6386.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1639.13	6386.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	156000.00	284300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	500.00
(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	500.00
29. Other Disbursements (Including Non-Federal Donations).....	420.00	1420.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	158059.13	292606.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158059.13	292606.95

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	106453.92	363724.63
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106453.92	363224.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1639.13	6386.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1639.13	6386.95

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. KARL, JON, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5050 N CLINTON ST
 City FORT WAYNE State IN Zip Code 46825-5886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORTHO NORTHEAST Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 07 / 2018
Transaction ID : A567C35514A5B46F8933
 Amount of Each Receipt this Period - 420.00
 Memo Item
TRANSFER OF AMA DUES

B. ASAPH, JAMES, WELLINGTON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 SW WESTDALE DR
 City PORTLAND State OR Zip Code 97221-3158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A4035ACC618DD42B1A20
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BALYEAT, RAY, MORTON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S WHEELING AVE STE 501
 City TULSA State OK Zip Code 74104-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EYE INSTITUTE INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 05 / 2018
Transaction ID : ADB26CDE7B679410B87D
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BENNETT-MUNRO, JANE, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2777
 City BOISE State ID Zip Code 83701-2777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VALLEY PATHOLOGY ASSOCIATES AT MAGIC V Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A5713D0B8CDF3459E9EB
 Amount of Each Receipt this Period 500.00
 Memo Item

B. BUSH, EDWARD, CHRISTOPHER, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8597 MARQUETTE DR
 City GROSE ILE State MI Zip Code 48138-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY FORD HEALTH SYSTEM Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A59BE31A7640C4D31AB1
 Amount of Each Receipt this Period 500.00
 Memo Item

C. BUTTERWORTH, JOHN, F, , IV MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 980695
 City RICHMOND State VA Zip Code 23298-0695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF ANESTHESIOLOGY WAKE FOREST UNI Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : AFC304590CAC14975BFF
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. COMERCI, LYNN, P, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1516 ATLAS RD

City WHEELING	State WV	Zip Code 26003-5649
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) PHYSICIAN SPOUSE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A20072FB062714D9AACF

Amount of Each Receipt this Period
100.00

Memo Item

B. DOERING, TRACEY, ELLEN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 ESTES RD

City NASHVILLE	State TN	Zip Code 37215-1005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF TENNESSEE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A52A4F23FB607475FB96

Amount of Each Receipt this Period
500.00

Memo Item

C. EMMEL, DAVID, KEITH, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1260 SILAS DEANE HWY

City WETHERSFIELD	State CT	Zip Code 06109-4362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A1731F36D8910444194D

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FITZGIBBONS, STELLA, JONES, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 N BAY BLVD

City THE WOODLANDS	State TX	Zip Code 77380-1070
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BRAZOS EMERGENCY PHYSICIANS ASSOCIATIO	Occupation (for Individual) PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A605058C2F15B443689E

Amount of Each Receipt this Period
500.00

Memo Item

B. GREENFIELD, PAUL, SYLVAN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 BROADWAY

City EVERETT	State MA	Zip Code 02149-3603
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NORTHEAST EYE CARE	Occupation (for Individual) PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A00D12D53CB80438EAB3

Amount of Each Receipt this Period
200.00

Memo Item

C. KINGSLEY, EDWIN, CHAS, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3730 S EASTERN AVE

City LAS VEGAS	State NV	Zip Code 89169-3321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLISON CURTIS KINGSLEY MEOZ MICHAEL &	Occupation (for Individual) PHYSICIAN
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : A3634C4B2F5EE40558DD

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KUC, AMRA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 18TH AVE NE

City ST PETERSBURG	State FL	Zip Code 33704-3506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) STUDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2018

Transaction ID : A321877D9609446A5AA4

Amount of Each Receipt this Period
250.00

Memo Item

B. MANDELL, PETER, JOHN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 EL CAMINO REAL
STE 120

City BURLINGAME	State CA	Zip Code 94010-3225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PETER J MANDELL MD PC	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2018

Transaction ID : A9E909AE4DDF94A10803

Amount of Each Receipt this Period
500.00

Memo Item

C. MARGILETH, DAVID, ANDREW, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 MONTERO ST

City NEWPORT BEACH	State CA	Zip Code 92661-1133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BREAST CARE CNTR OF ORANGE CO	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2018

Transaction ID : A35E7B2FC9C6B4CE3859

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARGOLIN, ROBERT, JOSEPH, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 UNION ST
STE 570

City SAN FRANCISCO State CA Zip Code 94123-4129

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

Name of Employer (for Individual) CALIFORNIA PACIFIC MEDICAL CENTER Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A7F38B18AA55E467AA07

Amount of Each Receipt this Period 500.00

Memo Item

B. RANSOM, RAYMOND, WESLEY, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 W 139TH ST

City NEW YORK State NY Zip Code 10030-2109

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A348B786480EB476B82B

Amount of Each Receipt this Period 500.00

Memo Item

C. RESTIFO, MARY, DORETTA, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3301 NEW MEXICO AVE NW
STE 342

City WASHINGTON State DC Zip Code 20016-3623

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

Name of Employer (for Individual) FOXHALL INTERNISTS PC Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : AAEE696001BC94915B4A

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RHOADS, BARBARA, BOGOLIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1229 W HILL DR
 City GATES MILLS State OH Zip Code 44040-9636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METROHEALTH LEE-HARVARD HEALTH CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : ADF22453F69244AAA8B8
 Amount of Each Receipt this Period 150.00
 Memo Item

B. ROWLINGSON, JOHN, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 800710 OF A
 City CHARLOTTEVILLE State VA Zip Code 22908-0710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF VIRGINIA MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A1C756CC817024B508A5
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SANDOVAL, JOSE, TORIBIO, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 N MAIN ST STE C
 City DONNA State TX Zip Code 78537-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAIN FAMILY PRACTICE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : AAF37414C9C604296B0E
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHINBACH, KENT, DALBERG, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST # 1A
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KENT D SHINBACH MD PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : ACB91B243762A43E9B6E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. SNEIDER, JEFFREY, STUART, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 182 INTREPID LN
 City SYRACUSE State NY Zip Code 13205-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY CARE MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A76B519A3F1034C0AA03
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SOUTH-PAUL, JEANNETTE, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 623 E WATERFRONT DR APT 6109
 City MUNHALL State PA Zip Code 15120-5052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF PITTSBURGH MEDICAL CENTE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A0465C806B9344C16905
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. SPIELVOGLE, WILLIAM, ERIC, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 BROOKVIEW CT
 City HERMITAGE State PA Zip Code 16148-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF PITTSBURGH MEDICAL CENTE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : A7B7D6F25488A42B6B89
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. STEINBERG, DAVID, LAWRENCE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 PEAK DR STE 200
 City LAS VEGAS State NV Zip Code 89128-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STEINBERG DIAGNOSTIC MEDICAL IMAGING C Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : A8ED136D670F441579D2
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. VALLEE, PHYLLIS, ANN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 WESTCHESTER RD
 City GROSSE POINTE PARK State MI Zip Code 48230-1824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY FORD MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : A35231B169ED440AEBB5
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ADRAIN, ALYN, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 W RIVER ST
 City PROVIDENCE State RI Zip Code 02904-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RHODE ISLAND HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A385ECABA2DEB473E81F
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. AJRAWAT, HARBHAJAN, SINGH, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7500 GREENWAY CENTER DR FL 8
 City GREENBELT State MD Zip Code 20770-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID ATLANTIC UROLOGY ASSOCIATES LLC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A5683073A6CCA4A8AAD9
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. ALONZO, LUIS, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 DAKOTA DR
 City HUTCHINSON State KS Zip Code 67502-4470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HORIZONS MENTAL HEALTH CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A92DE3712B1074273BF5
 Amount of Each Receipt this Period
 208.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ARMANDROFF, DEAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1313 TITANIA LN
 City MCLEAN State VA Zip Code 22102-2750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A26820BA2B38A473CAA5
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. ARMSTRONG, ANTHONY, JOS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4126 N HOLLAND SYLVANIA RD STE 220
 City TOLEDO State OH Zip Code 43623-3537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTFIELD OB GYN ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A16536117D9004103AC3
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. ARMSTRONG, GRAYSON, WILKES, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 WASHINGTON ST UNIT 702
 City BOSTON State MA Zip Code 02108-5213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HARVARD MEDICAL SCHOOL Occupation (for Individual) RESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 312.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A705EC5AE36804C479ED
 Amount of Each Receipt this Period
 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ASKEW, CHRISTOPHER, TODD, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2943 MCKINLEY ST NW
 City WASHINGTON State DC Zip Code 20015-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A603C8971BF5C40F3AFB
 Amount of Each Receipt this Period 83.33
 Memo Item

B. BACKS, CRAIG, ALVIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 GREENBRIAR DR STE C
 City SPRINGFIELD State IL Zip Code 62704-6440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST JOHNS HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.11

Date of Receipt 03 / 06 / 2018
Transaction ID : A34A3B40667DA4F63935
 Amount of Each Receipt this Period 208.37
 Memo Item

C. BAILEY, SUSAN, RUDD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5929 LOVELL AVE
 City FORT WORTH State TX Zip Code 76107-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 399.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AFC9FA874054347CA946
 Amount of Each Receipt this Period 233.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 107
	<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. BATTISTA, MICHAEL, ARTHUR, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ORSINGER HL

City SAN ANTONIO	State TX	Zip Code 78230-1500
---------------------	-------------	------------------------

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

Name of Employer (for Individual) CHRISTUS SANTA ROSA HEALTH SYSTEM	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A715B4227136247FFB4E

Amount of Each Receipt this Period
208.33

Memo Item

B. BERGQUIST, ERICK, JOHN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 W TACOMA AVE

City LATROBE	State PA	Zip Code 15650-1026
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INDIANA REGIONAL MEDICAL CENTER	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : ACB3DE5CC9BCB4BA28E1

Amount of Each Receipt this Period
83.33

Memo Item

C. BISHOP, JUSTIN, MILES, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4533 CEDAR SPRINGS RD
APT 405

City DALLAS	State TX	Zip Code 75219-1376
----------------	-------------	------------------------

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

Name of Employer (for Individual) TTUHSC	Occupation (for Individual) RESIDENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A73209384CF0C45E4B51

Amount of Each Receipt this Period
104.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	395.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BLAKE, KATHLEEN, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 MASSACHUSETTS AVE NW
 City WASHINGTON State DC Zip Code 20001-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A3C30C9650E0A451882E
 Amount of Each Receipt this Period 83.33
 Memo Item

B. BLOCK-ABRAHAM, DANA, M, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 HAMAKER CT
 City FAIRFAX State VA Zip Code 22031-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INOVA PERINATAL ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A85DCE7CD031A44589D4
 Amount of Each Receipt this Period 208.33
 Memo Item

C. BOZYK, PAUL, DOUGLAS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31926 ROBINHOOD DR
 City BEVERLY HILLS State MI Zip Code 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUMONT HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AD0D16381D8CF49BAB91
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BRABSON, LEONARD, ALLISON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 939 EMERALD AVE
STE 806

City KNOXVILLE State TN Zip Code 37917-4502

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

Name of Employer (for Individual) WOMEN'S HEALTH SPECIALISTS Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AE8C01019E0A44E24961

Amount of Each Receipt this Period 83.33

Memo Item

B. BREEN, TERRANCE, WM, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4243 JACKDAW ST

City SAN DIEGO State CA Zip Code 92103-1333

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

Name of Employer (for Individual) ASMG Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 03 / 06 / 2018
Transaction ID : A764637CCE18F49F68D0

Amount of Each Receipt this Period 41.66

Memo Item

C. BUCKLEY, BROOKE, MATTERN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 MEDICAL PKWY
STE 600

City ANNAPOLIS State MD Zip Code 21401-3773

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

Name of Employer (for Individual) ANNE ARUNDEL MEDICAL CENTER Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : AF3CF3C1E9DDA443FBB9B

Amount of Each Receipt this Period 208.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BURAS, FLOYD, ANTHONY, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 LIVE OAK ST
 City METAIRIE State LA Zip Code 70005-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEBOEUF & BURAS MDS INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A2B8DC83D29104AA290F
 Amount of Each Receipt this Period 83.33
 Memo Item

B. CAO, JEFFREY, DONNELL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11021 CAMPUS ST STE 301
 City LOMA LINDA State CA Zip Code 92350-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOMA LINDA UNIV MEDICAL CTR Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : ACE05B7E865B24389985
 Amount of Each Receipt this Period 83.33
 Memo Item

C. CERTA, KENNETH, MICHAEL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 FOX HUNT CIR
 City PLYMOUTH MTNG State PA Zip Code 19462-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMAS JEFFERSON UNIVERSITY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A2067EA253AF341C79E4
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. CHANDRA, PRASANTA, CHANDRA, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 8868
 City TURNERSVILLE State NJ Zip Code 08012-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STOCKHOLM OB-GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AF608DB4198D648B4BC1
 Amount of Each Receipt this Period 83.33
 Memo Item

B. CHAPMAN, JACK, M, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2061 BEVERLY RD
 City GAINESVILLE State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAINESVILLE EYE ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A1E56FB5CDF5C4F2C829
 Amount of Each Receipt this Period 83.33
 Memo Item

C. CHRISTIE, JOHN, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 RIVA RD BLDG 600
 City ANNAPOLIS State MD Zip Code 21401-7353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHRISTIE MEDICAL CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A9E7903C41EC84F3883C
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CHU, BETTY, SHUWEIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 WARRINGTON RD
 City BLOOMFIELD State MI Zip Code 48304-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY FORD WEST BLOOMFIELD HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AE60ACC2F8BDD4DA6BF:
 Amount of Each Receipt this Period 208.33
 Memo Item

B. CLARK, SPURGEON, WM, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 ISABELLA ST
 City WAYCROSS State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMORY HEALTHCARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A7C2AD82E063542329FF
 Amount of Each Receipt this Period 83.33
 Memo Item

C. COUCH, ROBERT, HAROLD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 HOBBS STATION RD
 City LOUISVILLE State KY Zip Code 40223-2671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHERN EMERGENCY PHYSICIANS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AF50BDF1B01A644D7A32
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DART, RICHARD, ALLEN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N OAK AVE
 City MARSHFIELD State WI Zip Code 54449-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARSHFIELD CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A2F4FF08E3DEA4377891
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. DAVISS, STEVEN, ROY, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 RUECKERT AVE
 City BALTIMORE State MD Zip Code 21214-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHEPPARD PRATT PHYSICIANS PA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AB2AF2D986BF340C6B58
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. DE FIGUEIREDO, JOHN, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 573
 City CHESHIRE State CT Zip Code 06410-0573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YALE-NEW HAVEN HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AFC887B01A2464DE7B38
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 107
	<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. DEAL, CLIFFORD, LANIER, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7607 FOREST AVE
 STE 220
 City RICHMOND State VA Zip Code 23229-4920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RICHMOND SURGICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A8F40ECCA010F4D17A72
 Amount of Each Receipt this Period 208.33
 Memo Item

B. DEBERSIO, RICHARD, JOHN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7557 DANNAHER DR
 STE 220
 City POWELL State TN Zip Code 37849-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREATER KNOXVILLE EAR NOSE & THROAT AS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A5F36C3F2DAE24D418AA
 Amount of Each Receipt this Period 83.33
 Memo Item

C. DILLEHAY, GARY, LEE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5555 N SHERIDAN RD
 APT 1402
 City CHICAGO State IL Zip Code 60640-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A527459DAD6D543E0B52
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 107
	<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. DING, ALEXANDER, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1251 TALBRYN DR

City BELMONT	State CA	Zip Code 94002-3755
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PARTNERS HEALTH CARE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A9EFA4F63C56A4115A09

Amount of Each Receipt this Period
83.33

Memo Item

B. DIONESOTES, KAREN, MARIE, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 509 S DECKER AVE

City BALTIMORE	State MD	Zip Code 21224-3910
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) STUDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : AEF AE525E1C56414B920

Amount of Each Receipt this Period
104.16

Memo Item

C. EARLY, JOHN, STOCKTON, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3921 MARQUETTE ST

City DALLAS	State TX	Zip Code 75225-5432
----------------	-------------	------------------------

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

Name of Employer (for Individual) TEXAS ORTHOPAEDIC ASSOCIATES LLP	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A2306529B23A743EFAC8

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. EGBERT, LISA, BOHMAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5335 FAR HILLS AVE
 STE 112
 City DAYTON State OH Zip Code 45429-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARAGON WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A6EBD49377FBE4E8C9FE
 Amount of Each Receipt this Period 208.33
 Memo Item

B. ELMASSIAN, KENNETH, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2399 PINE HOLLOW DR
 City EAST LANSING State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LANSING ANESTHESIOLOGISTS PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A136D465863A749EDA59
 Amount of Each Receipt this Period 83.33
 Memo Item

C. EPPE, THOMAS, WALTON, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 CORPORATE PARK DR
 City FOREST State VA Zip Code 24551-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AB72BF4425545443B8D4
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 107
	<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. FERGUSON, E, SCOTT, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 S RHODES ST
 STE B
 City WEST MEMPHIS State AR Zip Code 72301-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OUTPATIENT RADIOLOGY CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A6DEB286DEEAA4176AD3
 Amount of Each Receipt this Period 83.33
 Memo Item

B. FLEISCHMAN, STEVEN, JAY, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 RIMMON RD
 City WOODBRIDGE State CT Zip Code 06525-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OB/GYN & MENOPAUSE PHYSICIANS PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.07

Date of Receipt 03 / 06 / 2018
Transaction ID : A4655FAB7AD444BCAA20
 Amount of Each Receipt this Period 208.37
 Memo Item

C. FLORES, JOHN, GERARD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3388 MAIN ST
 STE 100
 City FRISCO State TX Zip Code 75033-4553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A3362579924424409A8C
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. FRANKLIN, DONALD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5335 SUMMERFIELD LN
 City SIGNAL MTN State TN Zip Code 37377-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEPHROLOGY ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AA755D7225C9F4DBBBD9
 Amount of Each Receipt this Period 83.33
 Memo Item

B. FULLER, GREGORY, MICHAEL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9101 NORTHAMPTON DR
 City N RICHLND HLS State TX Zip Code 76182-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH HILLS FAMILY PRACTICE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AA1B6392E7F9D4451B78
 Amount of Each Receipt this Period 83.33
 Memo Item

C. GALLINA, GREGORY, JUDE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 W SPRING VALLEY AVE STE 103
 City MAYWOOD State NJ Zip Code 07607-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLON RECTAL SURGERY PA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A5055C5A5F0D94B4FB7E
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GALPER, BENJAMIN, ZEV, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11833 GAINSBOROUGH RD

City POTOMAC	State MD	Zip Code 20854-3355
-----------------	-------------	------------------------

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

Name of Employer (for Individual) KAISER	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A653F0BBB9B6D4AB48CE

Amount of Each Receipt this Period
208.33

Memo Item

B. GARIKES, MARGARET, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 F ST SE

City WASHINGTON	State DC	Zip Code 20003-2603
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION	Occupation (for Individual) AMA EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A07002B86E2584A2A905

Amount of Each Receipt this Period
83.33

Memo Item

C. GITLOW, STUART, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 153 GASKILL ST

City WOONSOCKET	State RI	Zip Code 02895-1011
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A96C22F2B022D46D5A1E

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GNANADEV, DEV APPANNAGARI, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 670
 City REDLANDS State CA Zip Code 92373-0221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARROWHEAD COMMUNITY SURGICAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : AF3A059C2DB014F36A33
 Amount of Each Receipt this Period 208.33
 Memo Item

B. GOODYEAR, JAMES, ALLAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 MEDICAL CAMPUS DR STE 310
 City LANSDALE State PA Zip Code 19446-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH PENN SURGICAL ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A5ADA50D2C9D746E288D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. GOULD, RANDOLPH, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 WINDY RIDGE PT
 City VIRGINIA BCH State VA Zip Code 23454-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORFOLK SURGICAL GROUP LTD Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AD80440BE1A4949E5933
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 107
	<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. GRANT, JAMES, DAVID, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1574 SODON LAKE DR
 City BLOOMFIELD State MI Zip Code 48302-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUMONT HEALTH SYSTEMS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AB1F9B7717C354CAE9FD
 Amount of Each Receipt this Period 83.33
 Memo Item

B. GUPTILL, WILLIAM, EDWARD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CREEPING JENNY LN
 City TAUNTON State MA Zip Code 02780-7206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARITAS MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A56BDA4CEB7C14DAA811
 Amount of Each Receipt this Period 83.33
 Memo Item

C. HAMIDE, JOHN, PASTEUR, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 CARTHAGE ST
 City METAIRIE State LA Zip Code 70002-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LSUHSC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : AB36EB66F70BF452DBB8
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HANEY, PERRY, LYNN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 6680

City DENVER	State CO	Zip Code 80206-0680
----------------	-------------	------------------------

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

Name of Employer (for Individual) SPINEONE, INC	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A9795B09A09094544916

Amount of Each Receipt this Period
 83.33

Memo Item

B. HARMON, GERALD, EDWARD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 SHEARWATER CT

City GEORGETOWN	State SC	Zip Code 29440-7072
--------------------	-------------	------------------------

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

Name of Employer (for Individual) WACCAMAW MEDICAL CENTER	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A7BDAE4D95ABF40E8A87

Amount of Each Receipt this Period
 83.33

Memo Item

C. HARRIS, PATRICE, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1397 WOOD POND CV

City STONE MTN	State GA	Zip Code 30083-1231
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A0BC35EDB5B844BBB808

Amount of Each Receipt this Period
 208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HARTMAN, JOHN, WILLIAM, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 BELLE PLANE CIR
 City GREEN BAY State WI Zip Code 54313-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAVENPORT SURGICAL GROUP PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A04BD3B6EA0542A9BD9
 Amount of Each Receipt this Period 83.33
 Memo Item

B. HASKINS, RUTH, ELLEN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1611 CREEKSIDE DR STE 103
 City FOLSOM State CA Zip Code 95630-3490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U C DAVIS MEDICAL GROUP ADMIN AT UC DA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A721E2DCB539C4FE5B18
 Amount of Each Receipt this Period 83.33
 Memo Item

C. HAY, JAMES, THOS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14202 RECUERDO DR
 City DEL MAR State CA Zip Code 92014-2956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH COAST FAMILY MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A22BA41B73A2F4D80B2D
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HEALY, THOMAS, P., MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 547 S CLARK ST
 APT 1401
 City CHICAGO State IL Zip Code 60605-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A5042C1821ED74F7E842
 Amount of Each Receipt this Period 83.33
 Memo Item

B. HEINE, MARILYN, JOAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 TWINING RD
 City DRESHER State PA Zip Code 19025-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REGIONAL HEMATOLOGY & ONCOLOGY PA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A957FC37681FE4961B9D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. HERTZKA, ROBERT, ERNEST, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1018
 City RCHO SANTA FE State CA Zip Code 92067-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA SERVICE MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A0298A05D89A54272950
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HOLLMANN, PETER, AMBERG, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 FORT AVE
 City CRANSTON State RI Zip Code 02905-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUE CROSS BLUE SHIELD OF RI Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AA214CD229D1D4AF96A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. HOVEN, ARDIS, DEE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2912 SWEET WILLIAM CT
 City LEXINGTON State KY Zip Code 40502-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUEGRASS CARE CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A5BF36A3D0A3F49B29D4
 Amount of Each Receipt this Period 83.33
 Memo Item

C. HOWARD, COREY, LEE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1048 GOODLETTE RD N STE 101
 City NAPLES State FL Zip Code 34102-5491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHYSICIANS LIFE CENTERS, LLC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A48AFE5DFC43C4514BC7
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. IMBEAU, STEPHEN, ALAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 E CHEVES ST
 STE 420
 City FLORENCE State SC Zip Code 29506-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLERGY ASTHMA & SINUS CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A32393921F7BC4708837
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. IRVIN, ELVIN, C, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 MORNINGSIDE DR
 City THOMASVILLE State GA Zip Code 31792-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A1D8621097DEF4E879B3
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. JAFRI, MOKARRAM, HUSAIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 OAKHURST CT
 City CLIFTON PARK State NY Zip Code 12065-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA GROUP OF ALBANY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A6CE5E400CF9741ADBEA
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 107
	<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. JENSON, CYNTHIA, L., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 MAIN ST
 City WATERVILLE State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPECTRUM MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A6F25913B0FE748C2B16
 Amount of Each Receipt this Period 83.33
 Memo Item

B. JOHNSON, JULIA, VIRGINIA, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 BELMONT ST
 UMASS MEMORIAL MEDICAL CENTER
 City WORCESTER State MA Zip Code 01605-2982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMASS MEMORIAL HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A47CA8DEED42B342FD971
 Amount of Each Receipt this Period 83.33
 Memo Item

C. JUMPER, CYNTHIA, ANN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 4TH ST
 DEPT OF
 City LUBBOCK State TX Zip Code 79430-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TTUHSC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 03 / 06 / 2018
Transaction ID : AE190652646244171939
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	374.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KENNEDY, JOHN, JOS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1675 PROVIDENCE AVE
 City SCHENECTADY State NY Zip Code 12309-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KENNEDY OPHTHALMOLOGY ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A4BBFDDDE847D47F38F2
 Amount of Each Receipt this Period 83.33
 Memo Item

B. KOBLER, WILLIAM, ERIC, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6729 MILLBROOK DR
 City ROCKFORD State IL Zip Code 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A6827BA71AE9D4C9B8E2
 Amount of Each Receipt this Period 208.33
 Memo Item

C. KOMOROWSKI, MARK, CHAS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 S TRUMBULL ST
 City BAY CITY State MI Zip Code 48708-7656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : ADDDBB33F6DC749159B7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KORETZ, DANIEL, JOEL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1939 LAKE RD
 City ONTARIO State NY Zip Code 14519-9792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROCHESTER GENERAL HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A83607AA6B85C4D7CBB9
 Amount of Each Receipt this Period 83.33
 Memo Item

B. KRAUS, LOUIS, JAMES, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 SKOKIE BLVD STE 230
 City NORTHBROOK State IL Zip Code 60062-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUSH UNIVERSITY MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 333.32

Date of Receipt 03 / 06 / 2018
Transaction ID : A4E4AA3584A2E4D8F91E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. LIBBY, RUSSELL, CLARK, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 HAMAKER CT STE 200
 City FAIRFAX State VA Zip Code 22031-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRGINIA PEDIATRIC GROUP LTD Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A4776BCBF8B3F43A88DE
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LOMIS, GLENN, ALLEN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1351 ROUTE 55
 STE 200
 City LAGRANGEVILLE State NY Zip Code 12540-5128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPARROW HEALTH SYSTEM Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AF1F32ACA8FCC456CB86
 Amount of Each Receipt this Period 83.33
 Memo Item

B. LUND, PETER, SCOTT, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7538 WILSON DR
 City FAIRVIEW State PA Zip Code 16415-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIED UROLOGY ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : ADBD77185A1BD4F73B46
 Amount of Each Receipt this Period 83.33
 Memo Item

C. MADEJSKI, THOMAS, JAMES, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OHIO ST
 STE C
 City MEDINA State NY Zip Code 14103-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDINA MEMORIAL HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A1C9185FE29C64A00895
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MANSHADI, RAMIN, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2633 PACIFIC AVE
 City STOCKTON State CA Zip Code 95204-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SAN JOAQUIN CARDIOLOGY GROUP ADMIN OFF PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AD678B90426B24ECFA20
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. MAXEY, JOY, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 E PACES FERRY RD NE STE 212
 City ATLANTA State GA Zip Code 30305-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 ATLANTA CHILDRENS CLINICAL CENTER PC PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A20FED89E83124481BCA
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. MC DADE, WILLIAM, ALFRED, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4616 N TURNBULL DR
 City METAIRIE State LA Zip Code 70002-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 OCHSNER HEALTH SYSTEM PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A05616A0173854060A40
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MEDLOCK, MICHAEL, DEAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 TURNING MILL RD
 City LEXINGTON State MA Zip Code 02420-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH SHORE MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : ABB50AD70912A4A169E0
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. MORE, ROBERT, CAMERON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 WESCOTT DR STE 101
 City FLEMINGTON State NJ Zip Code 08822-4671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUNTERDON ORTHOPEDIC INSTITUTE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 333.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A5A1381C9E16A4818B9F
 Amount of Each Receipt this Period
 83.37
 Memo Item

C. MORGAN, ALETHIA, ELLEN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 17540
 City DENVER State CO Zip Code 80217-0540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COPIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AE45036F013E443E6902
 Amount of Each Receipt this Period
 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MOSER, KIMBERLY, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3216 HIGHRIDGE DR

City TAYLOR MILL	State KY	Zip Code 41015-4411
---------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) PHYSICIAN SPOUSE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : AC2D3428399314958B11

Amount of Each Receipt this Period
83.33

Memo Item

B. MOSS, CHARLES, MICHAEL, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 MANOR DR

City RAMSEY	State NJ	Zip Code 07446-1317
----------------	-------------	------------------------

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

Name of Employer (for Individual) HACKENSACK HYPERBARIC MEDICINE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : AB2DD2343F5424F279F3

Amount of Each Receipt this Period
83.33

Memo Item

C. MUELLER, NANCY, LOUISE, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 E PALISADE AVE

City ENGLEWD CLFS	State NJ	Zip Code 07632-1801
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INSTITUTE OF NEUROLOGICAL CARE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : AF9E909B8054540FCA0F

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 107
	(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. MUKKAMALA, SRINIVAS, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1170 CHARTER DR
 STE F
 City FLINT State MI Zip Code 48532-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AED4852606122401A8CE
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. OSBAHR, ALBERT, J, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 D ST
 MEDI
 City GREER State SC Zip Code 29651-6930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPARTANBURG REGIONAL HEALTHCARE SYSTEM Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AC11BD7C2F47C479A865
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. PEVOTO, PATRICK, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 25 RD
 City GRAND JCT State CO Zip Code 81505-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MONUMENT WOMENS HEALTHCARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 349.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A581B2F18185F409DB84
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. PILLERSDORF, ALAN, BARTH, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1620 S CONGRESS AVE
STE 100

City PALM SPRINGS	State FL	Zip Code 33461-2128
----------------------	-------------	------------------------

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

Name of Employer (for Individual) PLASTIC SURGERY OF PALM BEACH PA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018

Transaction ID : AFAEB02A26693494FB33

Amount of Each Receipt this Period
83.33

Memo Item

B. POHL, DIETER, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 EAMES ST

City PROVIDENCE	State RI	Zip Code 02906-3304
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RHODE ISLAND SURGEONS	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018

Transaction ID : A8DBA5A58FBE44705B9A

Amount of Each Receipt this Period
83.33

Memo Item

C. POLIFRONI, NICHOLAS, V, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 761 MAIN AVE
STE 115

City NORWALK	State CT	Zip Code 06851-1080
-----------------	-------------	------------------------

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

Name of Employer (for Individual) COASTAL ORTHOPAEDICS	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018

Transaction ID : A97F8354762464262953

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. POOLE, JOHN, WM, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 SUNSET AVE
 City RIDGEWOOD State NJ Zip Code 07450-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH JERSEY SURGICAL SPEC. Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A5C90901509C44A85B41
 Amount of Each Receipt this Period 208.33
 Memo Item

B. PRICE, GARY, JOE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 368
 City GUILFORD State CT Zip Code 06437-0368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GARY PRICE, MD, PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A18CDDACF3BCF420381C
 Amount of Each Receipt this Period 83.33
 Memo Item

C. PRYBLICK, JUDITH, RICHMOND, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5422 HOLIDAY DR
 City ALLENTOWN State PA Zip Code 18104-9439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST LUKES PHYSICIAN GROUP INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AA619C1D7CD5B42549D7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PUCHALSKI, ROBERT, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 520

City LUGOFF State SC Zip Code 29078-0520

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

Name of Employer (for Individual) SOUTH CAROLINA ENT Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A42572277F99247E1BD9

Amount of Each Receipt this Period 208.33

Memo Item

B. RAY, ALBERT, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7035 CONVOY CT SOUT

City SAN DIEGO State CA Zip Code 92111-1016

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

Name of Employer (for Individual) KAISER FDN HEALTH PLAN NATION HQ Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A4D3C956020D0428AAE5

Amount of Each Receipt this Period 83.33

Memo Item

C. REGE, SHEILA, DATTATRAYA, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7379 W DESCHUTES AVE STE 100

City KENNEWICK State WA Zip Code 99336-7900

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

Name of Employer (for Individual) NORTHWEST CANCER CLINIC Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A2C28B638E0C44E2A8AC

Amount of Each Receipt this Period 208.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. REILLY, KEVIN, CHRISTOPHER, , SR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 DEER GROVE CT
 City ELIZABETHTOWN State KY Zip Code 42701-6986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US ARMY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AAE4BC094A40A46549A4
 Amount of Each Receipt this Period 83.33
 Memo Item

B. RICE, RANDY, JEROLD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93669 VIKING WAY
 City STURGEON LAKE State MN Zip Code 55783-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GATEWAY FAMILY HEALTH CLINIC LTD Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A214508C113444147ABF
 Amount of Each Receipt this Period 83.33
 Memo Item

C. RICHTER, GARY, CULP, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 PEACHTREE ST NE STE 1750
 City ATLANTA State GA Zip Code 30308-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMORY CLINIC GASTROENTEROLOGY AND DIGE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AC59DABE8C3FF48ECBD0
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. RIDGE, FREDERICK, RAY, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 9TH ST NE
 City LINTON State IN Zip Code 47441-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREENE COUNTY HEALTH, INC. Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AE632CC71C4FB4896A59
 Amount of Each Receipt this Period 83.33
 Memo Item

B. RORICK, MARVIN, H, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 MONTGOMERY RD
 City CINCINNATI State OH Zip Code 45212-2198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIVER HILLS HEALTH CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A57DB62EECFEC4073976
 Amount of Each Receipt this Period 208.33
 Memo Item

C. SCHLECHTER, BENJAMIN, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 KEISER BLVD STE 207
 City WYOMISSING State PA Zip Code 19610-3341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPRING RIDGE PLASTIC SURGERY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 06 / 2018
Transaction ID : A8D34F5FFD19D4DDAB50
 Amount of Each Receipt this Period 208.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SCHMIEDER, GEORGE, JOS, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 PARK AVE
 City ORANGE PARK State FL Zip Code 32073-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARK AVENUE DERMATOLOGY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A26CCA655B9204767B0C
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. SEXTON, MICHAEL, JOS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 ERICA CT
 City NOVATO State CA Zip Code 94947-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAISER PERMANENTE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A4A012CB0306243E2966
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. SHAH, TINA, RASHMI, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 HIGHLAND AVE NE APT 407
 City ATLANTA State GA Zip Code 30312-1478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDSTAR MEMORIAL UNION HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AC51F828ED3294B6380B
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SIMON, MICHAEL, BRADLEY, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 GELLATLY DR
 City WAPPINGERS FL State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAPA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A80053507D475401E9D5
 Amount of Each Receipt this Period 83.33
 Memo Item

B. SIRIO, CARL, ALEXANDER, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 QUAIL HILL RD
 City PITTSBURGH State PA Zip Code 15238-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A86ACAF415E164FB394B
 Amount of Each Receipt this Period 83.33
 Memo Item

C. SKOCHELAK, SUSAN, EVA, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 N WABASH AVE UNIT 48J
 City CHICAGO State IL Zip Code 60611-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : ABA7DC6E129F84F12B08
 Amount of Each Receipt this Period 83.33
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SNOOK, LEE, THOS, , JR MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2288 AUBURN BLVD
 STE 106
 City SACRAMENTO State CA Zip Code 95821-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METROPOLITAN PAIN MANAGEMENT CONSULTAN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A83342070AD0C49ACB52
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. STERNFELD, WILLIAM, CHAS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4235 SECOR RD
 BLDG 1
 City TOLEDO State OH Zip Code 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOLEDO CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AE2129A7721D84322815
 Amount of Each Receipt this Period
 208.37
 Memo Item

C. STERNSTEIN, MICHAELA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 N WABASH AVE
 STE 39300
 City CHICAGO State IL Zip Code 60611-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A61DC3D4E0B2843EABDB
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SUBLETT, JAMES, LEE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W JEFFERSON ST
 STE 160
 City LOUISVILLE State KY Zip Code 40202-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY ALLERGY & ASTHMA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A6E997755DEC84A6A943
 Amount of Each Receipt this Period 83.33
 Memo Item

B. SWEE, DAVID, ETHAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 GEORGE ST
 RUTG
 City NEW BRUNSWICK State NJ Zip Code 08901-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : AB8E4CBCC2AEC4C88A92
 Amount of Each Receipt this Period 83.33
 Memo Item

C. SWIKERT, DONALD, JOSEPH, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 S LOOP RD
 City EDGEWOOD State KY Zip Code 41017-5446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST ELIZABETH HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : A9EF11E6A97D8470C992
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SWIKERT, NANCY, JEWELL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10003 COUNTRY HILLS CT
 City UNION State KY Zip Code 41091-9774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATIENT FIRST PHYSICIANS GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A220905F3A5E54C6B83B
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. TAUBMAN, KEVIN, EDWARD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4134 S FLORENCE PL
 City TULSA State OK Zip Code 74105-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OU PHYSICIANS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AADC2E400E7A047E88DB
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. TENNER, SCOTT, MITCHEL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 TRENTON AVE
 City EAST ATLANTIC BEACH State NY Zip Code 11561-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AC5375C66D57E4D0ABBE
 Amount of Each Receipt this Period
 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 107
	<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. TOMEI, KRYSTAL, LYNNE, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5245 RIVER CREEK RD

City LYNDHURST	State OH	Zip Code 44124-3762
-------------------	-------------	------------------------

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

Name of Employer (for Individual) UH CHILDREN'S HOSPITAL	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A2B7E96D766564ECA81C

Amount of Each Receipt this Period
208.33

Memo Item

B. TUTTLE, GEORGIA, ANNE, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 MECHANIC ST
THE SKIN CARE CTR

City LEBANON	State NH	Zip Code 03766-1522
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ALICE PECK DAY MEMORIAL HOSPITAL	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : AD31CAA13FB864AE699D

Amount of Each Receipt this Period
208.33

Memo Item

C. VARNUM, CORLISS, ADAM, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 79 REGAN DR

City OSWEGO	State NY	Zip Code 13126-5602
----------------	-------------	------------------------

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

Name of Employer (for Individual) PORT CITY FAMILY MEDICINE PC	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A89AFF1B3D6A54638890

Amount of Each Receipt this Period
83.37

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 107
	<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. WALSH, STEVEN, MICHAEL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 FOWLER AVE
 City ROSWELL State GA Zip Code 30075-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH FULTON ANESTHESIA ASSOCIATES PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A194AB094F22C4340A97
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. WELLS, WENDELL, BYARS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 DARNELL LAKE DR
 City MISHAWAKA State IN Zip Code 46545-7277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : AE12BF5C0A784430D9D3
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. WILLIAMS, JOHN, PHILLIP, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5004 W GROVE LN
 City GIBSONIA State PA Zip Code 15044-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : A9A2826D9A2994893916
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 107
	<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. WU, ELIZABETH, FAY, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18871 BELLGROVE CIR

City SARATOGA	State CA	Zip Code 95070-4566
------------------	-------------	------------------------

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

Name of Employer (for Individual) SAN JOSE WOMEN'S MEDICAL GROUP	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A0C925803BA1948BA94E

Amount of Each Receipt this Period
83.33

Memo Item

B. YU, SHERMAN, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 BINZ ST
STE 950

City HOUSTON	State TX	Zip Code 77004-6943
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TEXAS LAPAROSCOPIC CONSULTANTS	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A838D833310E9420AA4B

Amount of Each Receipt this Period
83.33

Memo Item

C. ZAAFRAN, SHERIF, Z, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1225 TURNBURY OAK ST

City HOUSTON	State TX	Zip Code 77055-7016
-----------------	-------------	------------------------

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

Name of Employer (for Individual) GREATER HOUSTON ANESTHESIOLOGY	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

Transaction ID : A40E0A6040DEA4371A00

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BAIR, MARK, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6048 W DRY CREEK CIR
 City HIGHLAND State UT Zip Code 84003-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMERGENCY MEDICAL BILLING LLC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2018
Transaction ID : AD5945B2C97F142CCBB1
 Amount of Each Receipt this Period 83.33
 Memo Item

B. FLAGG, SETH, YAWKI, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9129 BRADFORD RD
 City SILVER SPRING State MD Zip Code 20901-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLY CROSS HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 07 / 2018
Transaction ID : A6816232267FC4BC0881
 Amount of Each Receipt this Period 416.66
 Memo Item

C. PARRY, LYNN, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4591 TULE LAKE DR
 City LITTLETON State CO Zip Code 80123-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LYNN PARRY, MD, PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2018
Transaction ID : A167BE435CBC5440BA60
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 549.99
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ACEVEDO, ALBERTO, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 GARCES HWY
 STE 102
 City DELANO State CA Zip Code 93215-3657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2018
Transaction ID : A738CCD17AE9B44C69A9
 Amount of Each Receipt this Period 500.00
 Memo Item

B. BAILEY, LINDA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 E CYPRESS AVE
 City LOMPOC State CA Zip Code 93436-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) PHYSICIAN SPOUSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018
Transaction ID : A2801332B09E34F648A2
 Amount of Each Receipt this Period 250.00
 Memo Item

C. CARY, JOHN, FRANCIS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9303 FOREST POINT CIR
 City MANASSAS State VA Zip Code 20110-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MANASSAS INTERNAL MEDICINE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2018
Transaction ID : ABA8DA5C5A6444C41BE6
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. COHEN, JASON, DAVID, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 776 SHREWSBURY AVE
STE 201

City TINTON FALLS State NJ Zip Code 07724-4507

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

Name of Employer (for Individual) PROFESSIONAL ORTHOPAEDIC ASSOCIATES Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2018
Transaction ID : A566C3229B8FC4F4FA92

Amount of Each Receipt this Period 1000.00

Memo Item

B. COHEN, JEROME, CRAIG, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1003

City LOCH SHELDRKE State NY Zip Code 12759-1003

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

Name of Employer (for Individual) GASTROENTEROLOGY ASSOCIATES Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2018
Transaction ID : AB6160ECED13347FD9E2

Amount of Each Receipt this Period 1000.00

Memo Item

C. COHENOUR, ROBERT, CHAS, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6950 CALLE DIA

City CAMARILLO State CA Zip Code 93012-9033

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018
Transaction ID : AF5727F35600D4291A44

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 107
	<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. COMPTON, KATHERINE, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3005 RIVERSIDE CT

City STOCKTON	State CA	Zip Code 95204-4625
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) PHYSICIAN SPOUSE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : ABFFCD9E01A92412880D

Amount of Each Receipt this Period
250.00

Memo Item

B. DEVENNY, MICHAEL, F, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 MCFARLAND CIR N

City TUSCALOOSA	State AL	Zip Code 35406-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RADIOLOGY CLINIC LLC	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : A38CAF7FC3FD74EE2AAB

Amount of Each Receipt this Period
500.00

Memo Item

C. HARRIS, DAVID, JOS, , JR MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1932 ALCOA HWY
STE 255

City KNOXVILLE	State TN	Zip Code 37920-1508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY EYE SURGEONS	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : AA83A8A6C033B40DA80B

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HOFFMANN, DAVID, MARTIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W7876 COUNTY ROAD O
 City MAUSTON State WI Zip Code 53948-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILE BLUFF CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018
Transaction ID : A35398A18958A4D1985E
 Amount of Each Receipt this Period 250.00
 Memo Item

B. LEONARD, DEBRA, GAILBEIL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 TABOR PL
 City S BURLINGTON State VT Zip Code 05403-5609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE UNIVERSITY OF VERMONT MEDICAL CENT Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 09 / 2018
Transaction ID : A0C8DD94643C44FDC96C
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. MC LOUD, THERESA, CLAIRE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 FRUIT ST DEPT RADMAG
 City BOSTON State MA Zip Code 02114-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS GENERAL HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2018
Transaction ID : AD32403AF705B4EE19E8
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MICHAEL, DANIEL, BERNARD, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 CRESTWOOD DR
 City GROSSE POINTE SHORES State MI Zip Code 48236-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHIGAN HEAD & SPINE INSTITUTE PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2018
Transaction ID : A2AB1563AD94D43C4B47
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. MOHR, WILLIAM, HALL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 6753
 City KOKOMO State IN Zip Code 46904-6753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN HEALTH NETWORK OF INDIANA LLC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2018
Transaction ID : ACD9AF9E8B3F04C2897C
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. SHERMAN, STEVEN, ANTHONY, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 KIMOLE LN STE 210
 City ADRIAN State MI Zip Code 49221-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADRIAN CLINIC OF NEUROLOGY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2018
Transaction ID : A2C0AA84C4FB4481BA59
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STEWART, JOHN, DOWLING, , II MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4200 LAWRENCEBURG RD

City FRANKFORT	State KY	Zip Code 40601-8415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNITED SURGICAL ASSOCIATES PSC UNITED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

Transaction ID : AB91C6D72CF694A72B47

Amount of Each Receipt this Period
500.00

Memo Item

B. COLONE, PINO, DOMENICO, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8732 GLEN VIEW DR

City HOWELL	State MI	Zip Code 48843-8112
----------------	-------------	------------------------

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

Name of Employer (for Individual) HENRY FORD HEALTH SYSTEM	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2018

Transaction ID : A7A959BE056DE4EC8B7E

Amount of Each Receipt this Period
500.00

Memo Item

C. INGRAM, JOHN, JACKSON, , III MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 266 JOULE ST

City ALCOA	State TN	Zip Code 37701-2422
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EAST TENNESSEE MEDICAL GROUP	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2018

Transaction ID : AEECE62C0C09044B595F

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JENEY, ASHTIN, BROOKE, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 FAIRFAX DR
 UNIT 613
 City ARLINGTON State VA Zip Code 22203-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.48

Date of Receipt 03 / 11 / 2018
Transaction ID : A0E7431ADA25B46D59DA
 Amount of Each Receipt this Period 104.16
 Memo Item

B. LUCAS, MARSHALL, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8701 NEW TRAILS DR
 STE 150
 City SPRING State TX Zip Code 77381-4546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JASON D BARON MD PA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : AD3EC4A4CB2064294B7F
 Amount of Each Receipt this Period 83.33
 Memo Item

C. WALKER, KEVIN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10635 CANTERBERRY RD
 City FAIRFAX STATION State VA Zip Code 22039-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.03

Date of Receipt 03 / 11 / 2018
Transaction ID : A0CF81C6B77B64ABCAF3
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	395.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FLOYD, GARY, WARREN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 MANOR WAY

City KELLER	State TX	Zip Code 76262-9318
----------------	-------------	------------------------

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

Name of Employer (for Individual) COOK CHILDRENS HEALTHCARE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2018

Transaction ID : AF84DCE88C6234D398C4

Amount of Each Receipt this Period
83.33

Memo Item

B. NEPOMUCENO, HELENE, MIRANDA LEODONES, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 NIAGARA WAY

City COSTA MESA	State CA	Zip Code 92626-6537
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) STUDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
636.36

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2018

Transaction ID : AE37A582D01C04035B23

Amount of Each Receipt this Period
68.18

Memo Item

C. UNDERWOOD, WILLIE, , , III MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ELM & CARLTON STS ROSWELL PARK CAN

City BUFFALO	State NY	Zip Code 14263-0001
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ROSWELL PARK CANCER INSTITUTE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
624.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2018

Transaction ID : A62B376922F4946B59DE

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	359.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. RHOADS, BARBARA, BOGOLIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1229 W HILL DR
 City GATES MILLS State OH Zip Code 44040-9636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METROHEALTH LEE-HARVARD HEALTH CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 15 / 2018
Transaction ID : A1B38BDE6E48D45F1B9A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ROBERTS, JOHN, LEE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 E CHESTNUT ST STE 518
 City LOUISVILLE State KY Zip Code 40202-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEONATAL ASSOCIATES PSC ADMINISTRATIVE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 583.31

Date of Receipt 03 / 15 / 2018
Transaction ID : A86458F8DF4EB4A738BA
 Amount of Each Receipt this Period 83.33
 Memo Item

C. ABRAHAM, RICARDO, ABDON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 RIDGELINE DR
 City BROWNSVILLE State TX Zip Code 78526-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A92FB413557944D1BA89
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ABRAHAM, RICARDO, ABDON, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 RIDGELINE DR
 City BROWNSVILLE State TX Zip Code 78526-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A0964C0D69D394F3F986
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CALLEWART, CRAIG, CARTER, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9101 N CENTRAL EXPY STE 360
 City DALLAS State TX Zip Code 75231-5949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH TEXAS SPINECARE LLP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AF5C192D84FA34449A1B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. CAMERON, ROBERT, BRUCE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8185 WASHINGTON ST STE 2
 City CHAGRIN FALLS State OH Zip Code 44023-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USHC PHYSICIANS INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : ABC257DBB9E1844B3A78
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CARPENTER, MARY, SUSAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 769
 City WINNER State SD Zip Code 57580-0769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2018
Transaction ID : ABBA1D18E6B3A457CBD
 Amount of Each Receipt this Period 83.33
 Memo Item

B. COX, GEORGE, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10308 FLEMING AVE
 City BETHESDA State MD Zip Code 20814-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2018
Transaction ID : A4513821E11D6403FB5D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. DAVISON, JAMES, ARTHUR, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 E CHURCH ST
 City MARSHALLTOWN State IA Zip Code 50158-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOLFE CLINIC PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AE3F7DD78265743C0921
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. EHRENFELD, JESSE, MENACHEM, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2223 WOODMONT BLVD

City NASHVILLE	State TN	Zip Code 37215-1417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VANDERBILT UNIVERSITY	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A6F69FE00EF364BAEB7F

Amount of Each Receipt this Period
208.33

Memo Item

B. GIEVER, RICHARD, JOS, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1762 SILVER CT

City RICHLAND	State WA	Zip Code 99352-4903
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : ACE35B2B5BA4F4501A5E

Amount of Each Receipt this Period
100.00

Memo Item

C. JORDAN, JOHN, ROBERT, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5100 WILLIAMSBURG BLVD

City ARLINGTON	State VA	Zip Code 22207-1813
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION	Occupation (for Individual) AMA EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A20536A26AA1F4B7A893

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KRAUTER, SUSAN, ELAINE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19324 LA SERENA DR
 City ESTERO State FL Zip Code 33967-0525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AF0C6F39847C64ECE807
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MASSINGALE, HAROLD, LYNN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 BROOKVIEW CENTRE WAY STE 400
 City KNOXVILLE State TN Zip Code 37919-4052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TEAMHEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A8D2C67038C88422CA45
 Amount of Each Receipt this Period 250.00
 Memo Item

C. PRENTICE, ROBERT, CRAIG, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13343 EDINBURGH DR
 City PALOS HEIGHTS State IL Zip Code 60463-2749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEART CARE CENTERS OF ILLINOIS SC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AEC32A1D3C9BD4C9A9C1
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SCHLEICHER, STEPHEN, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2100

City HAZLETON	State PA	Zip Code 18201-0810
------------------	-------------	------------------------

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

Name of Employer (for Individual) ACCELERATED CARE OF MICHIGAN PC	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2018
Transaction ID : A6836CCCC28FC4FFF9B9

Amount of Each Receipt this Period
 250.00

Memo Item

B. SCHNIEGENBERG, GARY, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2474 ALEXANDRIA DR

City LIMA	State OH	Zip Code 45805-3698
--------------	-------------	------------------------

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

Name of Employer (for Individual) ORTHOPAEDIC INSTITUTE OF OHIO INC	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2018
Transaction ID : A5747592B2B6B4D2C881

Amount of Each Receipt this Period
 100.00

Memo Item

C. SEABROOK, MARCH, EDINGS, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 SUMMERPLACE DR

City WEST COLUMBIA	State SC	Zip Code 29169-3058
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSULTANTS IN GASTROENTEROLOGY	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2018
Transaction ID : A71E9FCAA40904593A79

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STROINK, ANN, ROSEMARIE, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 S MERCER AVE
 City BLOOMINGTON State IL Zip Code 61701-7107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL ILLINOIS NEURO HEALTH SCIENCES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A2466977079BC4CDA9D0
 Amount of Each Receipt this Period 500.00
 Memo Item

B. VENABLE, HENRY, DONN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19324 LA SERENA DR
 City ESTERO State FL Zip Code 33967-0525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA AND PAIN CONSULTANTS OF SW Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AFDD725331702471A958
 Amount of Each Receipt this Period 500.00
 Memo Item

C. DREIER, MARC, MAX, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 RICHARDS RD
 City RIDGEWOOD State NJ Zip Code 07450-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VALLEY EMERGENCY ROOM ASSOCIATES P A Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2018
Transaction ID : A1E56209C282A447ABA5
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KARIMZADA, MOHAMMAD, MOSTAFAH, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 612
 City FREMONT State CA Zip Code 94537-0612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2018
Transaction ID : A161DB6C39AA1407A8DC
 Amount of Each Receipt this Period 250.00
 Memo Item

B. QUADRI, SYED, M, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6521 N KENTON AVE
 City LINCOLNWOOD State IL Zip Code 60712-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE VANGUARD MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2018
Transaction ID : AE92518E2435F4324B28
 Amount of Each Receipt this Period 500.00
 Memo Item

C. BERGQUIST, JOANNE, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W TACOMA AVE
 City LATROBE State PA Zip Code 15650-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) PHYSICIAN SPOUSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2018
Transaction ID : A500DD7EF5C1E4E099B7
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BISHOP, MICHAEL, DARYL, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 E VILLA GLEN CT
 City BLOOMINGTON State IN Zip Code 47401-4697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : AF0AEFF3EB64F44D08DE
 Amount of Each Receipt this Period 500.00
 Memo Item

B. CSISZAR, JEFFREY, WM, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 W 7TH ST
 City HANFORD State CA Zip Code 93230-4926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A7FD07B8D02B8452196C
 Amount of Each Receipt this Period 500.00
 Memo Item

C. DEAN, LESLIE, PATRICIA, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3831 PIPER ST STE 220
 City ANCHORAGE State AK Zip Code 99508-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANCHORAGE FRACTURE & ORTHOPEDIC CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A6789A8B15CC84A92AAB
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. FIGGE, GARY, ROBT, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8039 N TUSCANY DR
 City TUCSON State AZ Zip Code 85742-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A0F99E5B7C3364DF8BD7
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. MOORE, JEFFREY, ALAN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 S MAIN ST
 City WATKINSVILLE State GA Zip Code 30677-2467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATHENS REGIONAL MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : ADED28403829B415E97B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. VAN WAY, CHARLES, WARD, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 HOLMES ST DEPT OF
 City KANSAS CITY State MO Zip Code 64108-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF KANSAS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A461AD311684F492FB78
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BARTKOWSKI, RICHARD, ROBT, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 ROGERS LN

City WALLINGFORD	State PA	Zip Code 19086-6029
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2018

Transaction ID : A8B3A275221714A109C6

Amount of Each Receipt this Period
500.00

Memo Item

B. RANSONE, STERLING, N, , JR MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 711

City COBBS CREEK	State VA	Zip Code 23035-0711
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RIVERSIDE HEALTH SYSTEM	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : A0DDB212C80DFE4B929FC

Amount of Each Receipt this Period
500.00

Memo Item

C. VAN BEEK, MARTA, JANE, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 HAWKINS DR
RM 40038P

City IOWA CITY	State IA	Zip Code 52242-1009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF IOWA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : A389A3C8DF6374A57974

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KANT, PATRICIA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10503 E WILDWIND CIR

City THE WOODLANDS	State TX	Zip Code 77380-4055
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) PHYSICIAN SPOUSE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

Transaction ID : A2280481E17F84630BA1

Amount of Each Receipt this Period
1000.00

Memo Item

B. SHARIFF, ANJUM, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12666 MASON FOREST DR

City SAINT LOUIS	State MO	Zip Code 63141-7453
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MIDWEST RADIOLOGICAL ASSOCIATES PC	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

Transaction ID : A47C7F2FCB6D746F7932

Amount of Each Receipt this Period
300.00

Memo Item

C. ANDERSON, CHAD, WAREING, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1811 W ROYAL HUNTE DR
STE 1

City CEDAR CITY	State UT	Zip Code 84720-8174
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MOUNTAIN EYE INSTITUTE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : A03F59BA5AB04472092B

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HOWE, RUTH, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1492 SMITHFIELD DR
 City BLACKSBURG State VA Zip Code 24060-8664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2018
Transaction ID : AB78A066287344F239E5
 Amount of Each Receipt this Period 250.00
 Memo Item

B. HUGHES, ROBERT, JOHN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 MANNIS RD
 City QUEENSBURY State NY Zip Code 12804-1365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH COUNTRY ENT, PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2018
Transaction ID : AD00A687B2D1C4CD9A94
 Amount of Each Receipt this Period 500.00
 Memo Item

C. MADDEN, RICHARD, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 CHRISTOPHER DR
 City BELEN State NM Zip Code 87002-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRESBYTERIAN MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A252D7012B5604A29B2D
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARGILETH, DAVID, ANDREW, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 MONTERO ST
 City NEWPORT BEACH State CA Zip Code 92661-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BREAST CARE CNTR OF ORANGE CO Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : A506A8A1FEBFC4382AEB
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MCAVOY, KIERAN, ELIZABETH, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 POST RD
 City BROOKFIELD State WI Zip Code 53005-6880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) STUDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : ACCA41953D7C24C81B59
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MILAM, JAMES, LOWRY, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 ASHBURY LN
 City LIBERTYVILLE State IL Zip Code 60048-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIDWEST CTR FOR WOMENS HEALTHCARE LTD Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : A74C2837B7D924E9784E
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NEHRING, JENNIFER, CHI, , MD

Mailing Address **96 NW DRAKE RD**

City BEND	State OR	Zip Code 97703-2346
---------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2018

Transaction ID : AD16F169A2D5743A684B

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	58492.87

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 107
<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. PNC ADVISORS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 96211

City WASHINGTON	State DC	Zip Code 20090-6211
--------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3476.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2018

Transaction ID : A3E42173D62A54DDA9C5

Amount of Each Receipt this Period
1204.25

Memo Item
INTEREST

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1204.25
TOTAL This Period (last page this line number only).....	1204.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE PAYMENTECH

Mailing Address 4 NORTHEASTERN BLVD

City
SALEM

State
NH

Zip Code
03079-5916

Purpose of Disbursement
CREDIT CARD BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2018

FEC Identification Number

C

Transaction ID : B54BEE6AF7

Amount of Each Disbursement this Period

1585.17

Memo Item

Full Name (Last, First, Middle Initial)

B. RAZ MOBILE

Mailing Address 2525 MAIN ST

City
KANSAS CITY

State
MO

Zip Code
64108-2673

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2018

FEC Identification Number

C

Transaction ID : B5A13C37D1

Amount of Each Disbursement this Period

53.96

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1639.13

1639.13

**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"/> 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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005-5998

Purpose of Disbursement
2018 CONTRIBUTION

FEC Identification Number

C C00271338

Transaction ID : BC5CC9F6F3

Amount of Each Disbursement this Period

5000.00

Candidate Name

AMERIPAC: THE FUND FOR A GREATER AMERICA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **OTHER**

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUE DOG POLITICAL ACTION COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

Mailing Address 6849 OLD DOMINION DRIVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
2018 CONTRIBUTION

FEC Identification Number

C C00305318

Transaction ID : B2C0CF54BD

Amount of Each Disbursement this Period

5000.00

Candidate Name

BLUE DOG POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **OTHER**

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHERI BUSTOS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

Mailing Address PO BOX 65322

City WASHINGTON State DC Zip Code 20035-5322

Purpose of Disbursement
2018 PRIMARY-IL/D/CD17

FEC Identification Number

C C00498568

Transaction ID : B1E77C4B28

Amount of Each Disbursement this Period

1000.00

Candidate Name

BUSTOS, CHERI, L., REP.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **OTHER**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE S
ROOM 428

City
LA CROSSE

State
WI

Zip Code
54601-4059

Purpose of Disbursement
2018 PRIMARY-WI/D/CD03

Candidate Name

KIND, RON, J., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00312017

Transaction ID : B8747AA487I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City
OTTAWA

State
IL

Zip Code
61350

Purpose of Disbursement
2018 PRIMARY-IL/R/CD16

Candidate Name

KINZINGER, ADAM, D., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00458877

Transaction ID : B1E093ED72I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LANGEVIN FOR CONGRESS

Mailing Address 181A KNIGHT ST

City
WARWICK

State
RI

Zip Code
02886

Purpose of Disbursement
2018 PRIMARY-RI/D/CD2

Candidate Name

LANGEVIN, JIM, R., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00344697

Transaction ID : B3ED90B78I

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MIKE BOST FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address PO BOX 1212

FEC Identification Number

C	C00546499
---	-----------

City MURPHYSBORO State IL Zip Code 62966

Transaction ID : B23C9916D0I

Purpose of Disbursement 2018 PRIMARY-IL/R/CD12

Amount of Each Disbursement this Period

Candidate Name BOST, MIKE, , REP.,

1000.00

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 12

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE GALLAGHER FOR WISCONSIN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address PO BOX 1027

FEC Identification Number

C	C00610212
---	-----------

City GREEN BAY State WI Zip Code 54305

Transaction ID : BD21FC7E68I

Purpose of Disbursement 2018 PRIMARY-WI/R/CD08

Amount of Each Disbursement this Period

Candidate Name GALLAGHER, MICHAEL, J., REP.,

2000.00

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: WI District: 08

Memo Item

Full Name (Last, First, Middle Initial)

C. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address 700 13TH STREET, NW
SUITE 600

FEC Identification Number

C	C00409730
---	-----------

City WASHINGTON State DC Zip Code 20005-5998

Transaction ID : BAADFC4E9

Purpose of Disbursement 2018 CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

5000.00

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼ OTHER

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name
NEW PIONEERS PAC

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00459123

Transaction ID : B88EDD088F

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
2018 PRIMARY-IL/D/CD02

Candidate Name
KELLY, ROBIN, L., REP.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00539866

Transaction ID : B9A1602E223

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement
2018 PRIMARY-IL/R/CD13

Candidate Name
DAVIS, RODNEY, L., REP.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00521948

Transaction ID : BF3335C9DE

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State
IL

Zip Code
62234

Purpose of Disbursement
2018 PRIMARY-IL/R/CD15

Candidate Name

SHIMKUS, JOHN, M., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00258855

Transaction ID : BF3F9D7D26

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City
BURLINGTON

State
VT

Zip Code
05402

Purpose of Disbursement
2018 PRIMARY-VT/D/AT LARGE

Candidate Name

WELCH, PETER, F., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00413179

Transaction ID : B6AD61A792I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAJORITY COMMITTEE PAC -- MC PAC

Mailing Address PO BOX 10134

City
BAKERSFIELD

State
CA

Zip Code
93389-0134

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name

MAJORITY COMMITTEE PAC -- MC PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: OTHER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	8

FEC Identification Number

C C00428052

Transaction ID : B3D2EA2A2I

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. EMMER FOR CONGRESS

Mailing Address PO BOX 998

City
ANOKA

State
MN

Zip Code
55303

Purpose of Disbursement
2018 PRIMARY-MN/R/CD6

Candidate Name

EMMER, THOMAS, E., REP., JR.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2018

FEC Identification Number

C C00545749

Transaction ID : B7F7D2855A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAKING AMERICA PROSPEROUS PAC

Mailing Address PO BOX 2485

City
SPRINGFIELD

State
VA

Zip Code
22152-0485

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name

MAKING AMERICA PROSPEROUS PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) OTHER

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2018

FEC Identification Number

C C00445379

Transaction ID : BA64BD607B

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL FOSTER FOR CONGRESS

Mailing Address P.O. BOX 9104

City
AURORA

State
IL

Zip Code
60598

Purpose of Disbursement
2018 PRIMARY-IL/D/CD11

Candidate Name

FOSTER, BILL, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C C00435099

Transaction ID : B3565AC0D3

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ALAMO PAC

Mailing Address 919 CONGRESS AVENUE
SUITE 1400

City AUSTIN State TX Zip Code 78701-2114

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name
ALAMO PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00387464
Transaction ID : B77A4AEB6E
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ALMA ADAMS FOR CONGRESS

Mailing Address P.O. BOX 31473

City CHARLOTTE State NC Zip Code 28231

Purpose of Disbursement
2018 PRIMARY-NC/D/CD12

Candidate Name
ADAMS, ALMA, S., REP.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 12

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00546358
Transaction ID : BBB93FEC2D
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BEN CARDIN FOR SENATE, INC.

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement
2018 PRIMARY-MD/D

Candidate Name
CARDIN, BEN, L., SEN.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: MD District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00411587
Transaction ID : BB1EA6FCA
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BLUMENAUER FOR CONGRESS

Mailing Address 901 SE OAK STREET
SUITE 105

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement
2018 PRIMARY-OR/D/CD03

Candidate Name
BLUMENAUER, EARL, , REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00307314

Transaction ID : B175BB2847I

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CARLA NELSON FOR CONGRESS

Mailing Address 931 22ND AVENUE SW

City ROCHESTER State MN Zip Code 55902

Purpose of Disbursement
2018 PRIMARY-MN/R/CD01

Candidate Name
NELSON, CARLA, JEAN, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 01

Date of Disbursement

/ /

FEC Identification Number

C C00657056

Transaction ID : B58425BFF8E

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement
2018 PRIMARY-OK/R/CD04

Candidate Name
COLE, TOM, J., REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OK District: 04

Date of Disbursement

/ /

FEC Identification Number

C C00379735

Transaction ID : B74B42F89F

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address 410 1 ST, SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2018 CONTRIBUTION

FEC Identification Number

C C00423079

Transaction ID : BB39CBC2DI

Amount of Each Disbursement this Period

2500.00

Candidate Name

DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Category/Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **OTHER**

Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2018 PRIMARY-NC/R/CD2

FEC Identification Number

C C00499236

Transaction ID : B1BF1BEA24

Amount of Each Disbursement this Period

2500.00

Candidate Name

HOLDING, GEORGE, E.B., REP.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2018 PRIMARY-NC/R/CD2

FEC Identification Number

C C00499236

Transaction ID : BBBBA48DF

Amount of Each Disbursement this Period

2500.00

Candidate Name

HOLDING, GEORGE, E.B., REP.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7500.00

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

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. HEARTLAND VALUES PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address PO BOX 505

FEC Identification Number

C	C00409003
---	-----------

City SIOUX FALLS State SD Zip Code 57101-0505

Transaction ID : B15833FC2B
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 CONTRIBUTION

5000.00

Candidate Name
HEARTLAND VALUES PAC

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ OTHER

Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY PANETTA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address PO BOX 1579

FEC Identification Number

C	C00592154
---	-----------

City CARMEL VALLEY State CA Zip Code 93924

Transaction ID : B63A293D791
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 PRIMARY-CA/D/CD20

1000.00

Candidate Name
PANETTA, JIMMY, , REP.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. LANCE GOODEN FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address 215 ELM DRIVE

FEC Identification Number

C	C00662601
---	-----------

City TERRELL State TX Zip Code 75160

Transaction ID : B22F1866271
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 PRIMARY RUNOFF-TX/R/CD05

2500.00

Candidate Name
GOODEN, LANCE, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ PRIMARY RUN-OFF

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. MCHENRY FOR CONGRESS

Mailing Address PO BOX 2165

City
GASTONIA

State
NC

Zip Code
28053

Purpose of Disbursement
2018 PRIMARY-NC/R/CD10

Candidate Name

MCHENRY, PATRICK, T., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	8

FEC Identification Number

C C00393629

Transaction ID : B6DA526714I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCNERNEY FOR CONGRESS

Mailing Address P.O. BOX 690371

City
STOCKTON

State
CA

Zip Code
95269

Purpose of Disbursement
2018 PRIMARY-CA/D/CD9

Candidate Name

MCNERNEY, JERRY, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	8

FEC Identification Number

C C00398644

Transaction ID : B62F389A8D!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City
SANTA BARBARA

State
CA

Zip Code
93102

Purpose of Disbursement
2018 PRIMARY-CA/D/CD24

Candidate Name

CARBAJAL, SALUD, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	8

FEC Identification Number

C C00576041

Transaction ID : BAC954635C

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 75357

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
2018 PRIMARY-CA/D/CD52

Candidate Name

PETERS, SCOTT, H., REP.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CA

District: 52

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00503110

Transaction ID : BE3DC73DBI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City
ROCHESTER

State
NY

Zip Code
14610

Purpose of Disbursement
2018 PRIMARY-NY/R/CD23

Candidate Name

REED, TOM, W., REP., II

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: NY

District: 23

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00464032

Transaction ID : B762084F156

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PROSPERITY ACTION INC

Mailing Address 320 1ST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003-1838

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name

PROSPERITY ACTION INC

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State:

District:

OTHER

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C C00377689

Transaction ID : BF57CB8A2I

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
2018 PRIMARY-CA/D/CD44

Candidate Name
BARRAGAN, NANETTE, DIAZ, REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2018

FEC Identification Number

C C00577353

Transaction ID : B240F7ECA8

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement
2018 PRIMARY-NC/R/CD7

Candidate Name
ROUZER, DAVID, C., REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 07

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2018

FEC Identification Number

C C00501643

Transaction ID : BD9BBE468D

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement
2018 PRIMARY-CO/D/CD1

Candidate Name
DEGETTE, DIANA, L., REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CO District: 01

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2018

FEC Identification Number

C C00311639

Transaction ID : B02EC1C968

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
CONCORD

State
NC

Zip Code
28027

Purpose of Disbursement
2018 PRIMARY-NC/R/CD8

Candidate Name

HUDSON, RICHARD, L., REP., JR.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00504522

Transaction ID : B6E1A1DE19

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City
LAURENS

State
SC

Zip Code
29360

Purpose of Disbursement
2018 PRIMARY-SC/R/CD3

Candidate Name

DUNCAN, JEFF, D., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00460550

Transaction ID : B94AAE52C1

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
THOUSAND OAKS

State
CA

Zip Code
91358

Purpose of Disbursement
2018 PRIMARY-CA/D/CD26

Candidate Name

BROWNLEY, JULIA, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00513077

Transaction ID : B31932B799I

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. LAMBORN FOR CONGRESS

Mailing Address P.O. BOX 64107

City
COLORADO SPRINGS

State
CO

Zip Code
80962

Purpose of Disbursement
2018 PRIMARY-CO/R/CD5

Candidate Name

LAMBORN, DOUG, L., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00420745

Transaction ID : BB2F66A1E6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City
COVINA

State
CA

Zip Code
91722

Purpose of Disbursement
2018 PRIMARY-CA/D/CD35

Candidate Name

TORRES, NORMA, J., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00557652

Transaction ID : BDABCB4AE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR DEREK KILMER

Mailing Address PO BOX 1381

City
TACOMA

State
WA

Zip Code
98402

Purpose of Disbursement
2018 PRIMARY-WA/D/CD6

Candidate Name

KILMER, DEREK, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

C C00514893

Transaction ID : B2A98B6F8C

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999

City
MONTROSS

State
VA

Zip Code
22520

Purpose of Disbursement
2018 PRIMARY-VA/R/CD1

Candidate Name

WITTMAN, ROB, J., REP.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2018

FEC Identification Number

C C00441014

Transaction ID : B9AE991462

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VIRGINIA FOXX FOR CONGRESS

Mailing Address PO BOX 2676

City
BOONE

State
NC

Zip Code
28607

Purpose of Disbursement
2018 PRIMARY-NC/R/CD5

Candidate Name

FOXX, VIRGINIA, A., REP.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 05

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2018

FEC Identification Number

C C00386748

Transaction ID : B11446AF93E

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City
CLARENCE

State
NY

Zip Code
14031

Purpose of Disbursement
2018 PRIMARY-NY/R/CD27

Candidate Name

COLLINS, CHRIS, C., REP.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C C00520379

Transaction ID : BE40BAE5C

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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"/> 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. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
2018 PRIMARY-CA/R/CD10

Candidate Name
DENHAM, JEFF, , REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C C00473272

Transaction ID : B796AED0D7
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410-0127

Purpose of Disbursement
2018 PRIMARY-CT/D

Candidate Name
MURPHY, CHRIS, S., SEN.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CT District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C C00492645

Transaction ID : B1873853A27
Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement
2018 PRIMARY-VA/R/CD9

Candidate Name
GRIFFITH, MORGAN, , REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C C00477240

Transaction ID : B8737AB90E
Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City
DALLAS

State
TX

Zip Code
75382

Purpose of Disbursement
2018 PRIMARY-VOID 2/23/18 CHK.

Candidate Name

SESSIONS, PETE, A., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	8

FEC Identification Number

C H2TX03126

Transaction ID : B4A72B7979!

Amount of Each Disbursement this Period

- 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City
CHESHIRE

State
CT

Zip Code
06410

Purpose of Disbursement
2018 PRIMARY-CT/D/CD5

Candidate Name

ESTY, ELIZABETH, H., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	8

FEC Identification Number

C C00494203

Transaction ID : B8C604DA79!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOE-PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005-5998

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name

JOE-PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: OTHER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	8

FEC Identification Number

C C00362384

Transaction ID : BC30D64603

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2018 CONTRIBUTION

Candidate Name
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) **OTHER**

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 20 / 2018

FEC Identification Number
C C00027466
Transaction ID : B0957C64A6I
Amount of Each Disbursement this Period
15000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement
2018 PRIMARY-WA/D/CD02

Candidate Name
LARSEN, RICK, R., REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: WA District: 02

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number
C C00345546
Transaction ID : B49C67CC12I
Amount of Each Disbursement this Period
2000.00

Memo Item

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

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
2018 PRIMARY-MD/D/CD07

Candidate Name
CUMMINGS, ELIJAH, E., REP.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: MD District: 07

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number
C C00310318
Transaction ID : BB0A32FC5I
Amount of Each Disbursement this Period
1000.00

Memo Item

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"/> 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. GREG PENCE FOR CONGRESS

Mailing Address PO BOX 218

City
SHELBYVILLE

State
IN

Zip Code
46176

Purpose of Disbursement
2018 PRIMARY-IN/R/CD06

Candidate Name

PENCE, GREGORY, J, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	8		

FEC Identification Number

C C00658401

Transaction ID : BA34A7D154

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City
MORGANTOWN

State
WV

Zip Code
26507

Purpose of Disbursement
2018 PRIMARY-WV/R/CD01

Candidate Name

MCKINLEY, DAVID, B., REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	8		

FEC Identification Number

C C00473132

Transaction ID : B73838E3A1C

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR DEREK KILMER

Mailing Address PO BOX 1381

City
TACOMA

State
WA

Zip Code
98402

Purpose of Disbursement
2018 PRIMARY-WA/D/CD06

Candidate Name

KILMER, DEREK, , REP.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	8		

FEC Identification Number

C C00514893

Transaction ID : B4C4F8CFF7

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2018

Mailing Address PO BOX 426

FEC Identification Number

C C00435974

City STEVENSVILLE State MD Zip Code 21666

Transaction ID : B9F1DC1969!
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 PRIMARY/MD/REPUBLICAN/CD#01

1000.00

Candidate Name

HARRIS, ANDY, P., REP.,

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MD District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B. MALONEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2018

Mailing Address 49 EAST 92ND ST

FEC Identification Number

C C00273169

City NEW YORK State NY Zip Code 10128

Transaction ID : B97037E1C9C
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 PRIMARY/NY/DEMOCRAT/CD#12

2000.00

Candidate Name

MALONEY, CAROLYN, B., REP.,

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 12

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

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

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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

156000.00

