

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

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

Signature of Treasurer Electronically Filed by Kevin Walker Date 09 08 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1718643.76
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2035836.29									
(c) Total Receipts (from Line 19)	47745.89	739590.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2083582.18	2458233.93								
7. Total Disbursements (from Line 31)	113449.79	488101.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1970132.39	1970132.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	18199.22	246396.28
(ii) Unitemized	29546.61	475361.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47745.83	721757.57
(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)	47745.83	721757.57
12. Transfers From Affiliated/Other Party Committees	0.00	2000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	15632.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.06	200.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47745.89	739590.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47745.89	739590.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	549.79	8043.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	549.79	8043.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	2100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	112900.00	473000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4958.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4958.34
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113449.79	488101.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113449.79	488101.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	47745.83	721757.57
34. Total Contribution Refunds (from Line 28(d))	0.00	4958.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47745.83	716799.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	549.79	8043.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	15632.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	549.79	-7588.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 89
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Thomas C Crawford, MD

Mailing Address 48415 Binghampton Dr

City State Zip Code
Northville MI 48168-9649

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

Name of Employer UNIVERSITY OF MICHIGAN Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36080060

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Gerald Ratinov, MD

Mailing Address 1315 St Joseph Pkwy Ste 1004

City State Zip Code
Houston TX 77002-8231

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36080070

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Michael Vest, DO

Mailing Address 11 Sarahs Pl

City State Zip Code
Wallingford CT 06492-4757

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

Name of Employer YALE UNIVERSITY Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 10 / 2010

Transaction ID: 36179366

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Alan David Bramowitz, MD</p> <p>Mailing Address PO Box 18285 Jefferson Medical Bldg</p> <p>City Pittsburgh State PA Zip Code 15236-0285</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer JEFFERSON CARDIOLOGY ASSO- CIATION Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 10 / 2010</p> <p>Transaction ID: 36208322</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD</p> <p>Mailing Address 1609 N Medical Dr</p> <p>City Stuttgart State AR Zip Code 72160-3274</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer STUTTGART REGIONAL CLINIC NETWORK Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.70</p>	<p>Date of Receipt 08 / 10 / 2010</p> <p>Transaction ID: 36208344</p> <p>Amount of Each Receipt this Period 291.70</p>
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<p>C. Full Name (Last, First, Middle Initial) Richard Robt Bartkowski, MD</p> <p>Mailing Address 111 S 11th St Dept Of Anes Ste 5480</p> <p>City Philadelphia State PA Zip Code 19107-4824</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer JEFFERSON HEALTH SYSTEM Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 11 / 2010</p> <p>Transaction ID: 36316881</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1041.70
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Suzanne Jean Martens, MD

Mailing Address 38 Lake Breeze Ln

City State Zip Code
Random Lake WI 53075-1679

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36316894

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Donnell Cao, MD

Mailing Address 11021 Campus St Ste 301

City State Zip Code
Loma Linda CA 92350-0001

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

Name of Employer LOMA LINDA UNIV MEDICAL CTR Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36330288

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Paul Ernest Jennings, MD

Mailing Address PO Box 987

City State Zip Code
San Marcos TX 78667-0987

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2010

Transaction ID: 36334759

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Mc Cague Aldrich, MD

Mailing Address PO Box 468

City State Zip Code
Burlington WA 98233-0468

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
FAIRHAVEN FAMILY MEDICINE, PS Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: 36347417

Amount of Each Receipt this Period
333.36

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

Mailing Address 1014 Edgewood Cir

City State Zip Code
Marinette WI 54143-4224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NORTHREACH HEALTHCARE Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 1 0

Transaction ID: 36391749

Amount of Each Receipt this Period
41.66

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

Mailing Address 477 N El Camino Real Ste A306

City State Zip Code
Encinitas CA 92024-1350

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NORTH COAST FAMILY MEDICAL GROUP Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 1 0

Transaction ID: 36391751

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) 416.68

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Craig Alvin Backs, MD
 Mailing Address 800 E Carpenter St
 Chief Med Office
 City Springfield State IL Zip Code 62769-0001
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391752
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST JOHNS HOSPITAL Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

B. Full Name (Last, First, Middle Initial)
 Timothy Michael Beittel, MD
 Mailing Address 612 Cody Dr
 City Thomasville State NC Zip Code 27360-9674
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391753
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACT MEDICAL GROUP PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

C. Full Name (Last, First, Middle Initial)
 James Allan Goodyear, MD FACS
 Mailing Address 2100 N Broad St Ste 100
 North Penn Surgical Assoc
 City Lansdale State PA Zip Code 19446-1052
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391757
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH PENN SURGICAL ASSOC-IATRES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas Lynn Hicks, MD
 Mailing Address 3258 N Monroe St
 City Tallahassee State FL Zip Code 32303-2822
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391758
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PATIENTS FIRST Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

B. Full Name (Last, First, Middle Initial)
Russell C Raphaely, MD
 Mailing Address 1600 Rockland Rd
Dupont Hosp For Child
 City Wilmington State DE Zip Code 19803-3607
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391760
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROF SERVICE FUND ANES Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

C. Full Name (Last, First, Middle Initial)
Walter Anthony Reiling, MD FACS
 Mailing Address 1431 Ridgfield Way
 City Centerville State OH Zip Code 45459-4939
 Date of Receipt 08 / 21 / 2010
Transaction ID: 36391761
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.28

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 89
(check only one)

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

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

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

Mailing Address 108 Deer Grove Ct

City Elizabethtown State KY Zip Code 42701-6986

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

Name of Employer US ARMY Occupation Neuroradiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391762

Amount of Each Receipt this Period 41.66

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

Mailing Address 833 Saint Vincents Dr Ste 401

City Birmingham State AL Zip Code 35205-1613

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

Name of Employer SOUTHVIEW MEDICAL GROUP PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391768

Amount of Each Receipt this Period 41.66

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

Mailing Address 3005 Hedgerow Ln

City Springfield State IL Zip Code 62704-6325

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

Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391769

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Gerald Lee Murphy, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010
Mailing Address 2876 Sycamore Dr Ste 200		Transaction ID: 36391770
City Simi Valley	State CA	Zip Code 93065-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer SIMI VALLEY OB GYN MEDICAL GROUP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

B.

Full Name (Last, First, Middle Initial) William Wells Simmons, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010
Mailing Address 5204 Box Turtle Cir		Transaction ID: 36391771
City Sarasota	State FL	Zip Code 34232-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer US NAVY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

C.

Full Name (Last, First, Middle Initial) William T Bradley, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010
Mailing Address 811 Interstate 20 W Ste 212		Transaction ID: 36391773
City Arlington	State TX	Zip Code 76017-5873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5503 Rutgers Rd

City State Zip Code
La Jolla CA 92037-7822

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

Name of Employer Occupation
ASMG Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391774

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Juan Manuel Pardo, MD

Mailing Address 2002 Medical Pkwy
Ste 230

City State Zip Code
Annapolis MD 21401-3282

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391775

Amount of Each Receipt this Period
41.66

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

Mailing Address 2002 Medical Pkwy
Ste 230

City State Zip Code
Annapolis MD 21401-3282

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391776

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 89
(check only one)

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

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

A.

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

Mailing Address 4100 Lake Otis Pkwy
Ste 216

City Anchorage State AK Zip Code 99508-5230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391777

Amount of Each Receipt this Period 41.66

B.

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

Mailing Address 3580 Sheridan Dr

City Buffalo State NY Zip Code 14226-1645

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

Name of Employer PEDIATRIC ENT ASSOCIATES Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391778

Amount of Each Receipt this Period 41.66

C.

Full Name (Last, First, Middle Initial)
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill Dr

City Bluffton State SC Zip Code 29910-4720

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

Name of Employer TENET EAST COOPER SPINE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391779

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Carol Jean Ziel, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 2025 Frontis Plaza Blvd Ste 100 Duke Eye Ctr Winston-Salem		Transaction ID: 36391780		
	City Winston Salem	State NC	Zip Code 27103-5663	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer DUKE EYE CENTER		Occupation Physician	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Damon Michael Dietrich, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 1101 Medical Center Blvd		Transaction ID: 36391781		
	City Marrero	State LA	Zip Code 70072-3147	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer WEST JEFFERSON PHYSICIAN SERVICES		Occupation Physician	Aggregate Year-to-Date ▼ 333.28	

C.	Full Name (Last, First, Middle Initial) James Albert Corwin, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 4516 Robin Ln		Transaction ID: 36391782		
	City Midland	State TX	Zip Code 79707-2219	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer US ONCOLOGY		Occupation Physician	Aggregate Year-to-Date ▼ 333.28	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Armstrong, Jr. MD		Date of Receipt	
	Mailing Address 8700 Stony Point Pkwy Ste 110		M M / D D / Y Y Y Y Y 08 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 36391784
	Richmond	VA	23235-1968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
Name of Employer SELF-EMPLOYED		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

B.	Full Name (Last, First, Middle Initial) Masud Iqbal Malik, MD		Date of Receipt	
	Mailing Address 3865 N Mulford Rd		M M / D D / Y Y Y Y Y 08 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 36391785
	Rockford	IL	61114-5603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
Name of Employer SELF-EMPLOYED		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28		

C.	Full Name (Last, First, Middle Initial) Scott Alan Hopkins, MD		Date of Receipt	
	Mailing Address 4252 Highland Dr Ste 200		M M / D D / Y Y Y Y Y 08 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 36391786
	Salt Lake City	UT	84124-2690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
Name of Employer WESTERN UROLOGICAL CLINIC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 433.28		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 89
(check only one)

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

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

A.

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

Mailing Address 5419 N Lovington Hwy
Ste 25

City Hobbs State NM Zip Code 88240-9135

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391788
Amount of Each Receipt this Period 41.66

B.

Full Name (Last, First, Middle Initial)
Willard Stanley Stawski, MD

Mailing Address 1900 Wealthy St SE
Ste 180

City Grand Rapids State MI Zip Code 49506-2972

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

Name of Employer HEALTHQUEST SURGICAL ASSO- CIATES Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391789
Amount of Each Receipt this Period 41.66

C.

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

Mailing Address 9500 Euclid Ave E-31

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer CLEVELAND CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391790
Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD Mailing Address 600 N Fairbanks Ct Apt 2501 City Chicago State IL Zip Code 60611-5856 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 1 0 Transaction ID: 36391791 Amount of Each Receipt this Period 41.66
	Name of Employer NOMC MACNEAL RADIATION TH-ERAPY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	
B.	Full Name (Last, First, Middle Initial) Agueda Lucia Mercado Acevedo, MD Mailing Address 45 Clark St City Yonkers State NY Zip Code 10704-2824 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 1 0 Transaction ID: 36391793 Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28	
C.	Full Name (Last, First, Middle Initial) Jason Michael Goldman, MD Mailing Address 3001 Coral Hills Dr Ste 340 City Coral Springs State FL Zip Code 33065-4172 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 1 0 Transaction ID: 36391795 Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28	

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 20 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4351 Booth Calloway Rd
Ste 311

City State Zip Code
N Richlnd Hls TX 76180-7380

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

Name of Employer Occupation
MEDICAL EDGE HEALTH CARE Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2010

Transaction ID: 36391796

Amount of Each Receipt this Period
41.66

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

Mailing Address 2002 Medical Pkwy
Ste 230

City State Zip Code
Annapolis MD 21401-3282

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

Name of Employer Occupation
ANNAPOLIS ENT Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2010

Transaction ID: 36391797

Amount of Each Receipt this Period
41.66

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

Mailing Address 2002 Medical Pkwy Ste 230

City State Zip Code
Annapolis MD 21401-3282

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2010

Transaction ID: 36391798

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 89
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Charles Franklin Tate, MD

Mailing Address 1090 SW 15th St

City State Zip Code
Boca Raton FL 33486-6858

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

Name of Employer
RADIOLOGIST OF N FT LAUDE-
RDALE PA Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391799

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Richard Allen Dart, MD

Mailing Address 1000 N Oak Ave
Marshfield Clinic

City State Zip Code
Marshfield WI 54449-5702

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

Name of Employer
MARSHFIELD CLINIC Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391800

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Harold A Woodcome, MD

Mailing Address 690 Eddy St
Retina Consultants

City State Zip Code
Providence RI 02903-4928

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

Name of Employer
RETINA CONSULTANTS, INC Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391802

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 89

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Martin G Guerrero, MD
Mailing Address PO Box 780219

City State Zip Code
San Antonio TX 78278-0219

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	0

Transaction ID: 36391803

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)
Theodore A Calianos, MD
Mailing Address 151 Whitmar Rd

City State Zip Code
Cotuit MA 02635-2931

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	0

Transaction ID: 36391804

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)
Kalyan S Krishnan, MD
Mailing Address 100 N Academy Ave

City State Zip Code
Danville PA 17822-9800

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

Name of Employer GEISINGER MEDICAL CENTER Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	0

Transaction ID: 36391805

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional) ▶

124.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ted Louie, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2010
	Mailing Address 44 Buckingham Dr	Transaction ID: 36391806
	City Belle Mead State NJ Zip Code 08502-4022	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer HIGHLAND PARK MEDICAL ASSOCIATES	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

B.	Full Name (Last, First, Middle Initial) Erich Bryan Groos, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2010
	Mailing Address 2400 Patterson St Ste 201	Transaction ID: 36391807
	City Nashville State TN Zip Code 37203-1587	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer CORNEA CONSULTANTS OF NASHVILLE PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

C.	Full Name (Last, First, Middle Initial) Michelle A Berger, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2010
	Mailing Address 4100 Duval Rd Ste 4-205	Transaction ID: 36391808
	City Austin State TX Zip Code 78759-4278	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

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

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

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

FOR LINE NUMBER: PAGE 24 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9301 N Central Expy
Ste 595

City State Zip Code
Dallas TX 75231-0812

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391809

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Ronald Michael Kline, MD

Mailing Address 446 Beardsley Cir

City State Zip Code
Henderson NV 89052-2669

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

Name of Employer COMPREHENSIVE CANCER CTNS OF NV Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391810

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Raj Behari Lal, MD

Mailing Address 2809 Meyers Rd

City State Zip Code
Oak Brook IL 60523-1623

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391811

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 100 Ohio St Ste C

City State Zip Code
Medina NY 14103-1191

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391814

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Patricia J Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code
Fergus Falls MN 56537-2756

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

Name of Employer FERGUS FALLS MEDICAL GROUP PA Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391815

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Jagajan Karmacharya, MD

Mailing Address 405 N Hibiscus Dr Apt 210

City State Zip Code
Miami Beach FL 33139-5170

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

Name of Employer UNIVERSITY OF MIAMI Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	0

Transaction ID: 36391816

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jacqueline Unger

Mailing Address 116 Silver Palm Ave.

City State Zip Code
Melbourne FL 32901-3172

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391817

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Joseph Samuel Valenti, MD

Mailing Address 2805 S Mayhill Rd

City State Zip Code
Denton TX 76208-5910

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

Name of Employer CARING FOR WOMEN, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391818

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Hector R Trevino-Guerra, MD

Mailing Address 2176 E Garrison St
Ste C

City State Zip Code
Eagle Pass TX 78852-5072

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 21 / 2010

Transaction ID: 36391819

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

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

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

FOR LINE NUMBER: PAGE 27 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Isabel Vega, MD
Mailing Address 136 Clubhouse PI
City Elk City State OK Zip Code 73644-7302
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391822
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
David Glen Morrell, MD
Mailing Address 2121 N 1700 W
City Layton State UT Zip Code 84041-8803
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391823
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Tanner Fred Lang, MD
Mailing Address N3292 Feather Ridge Dr
City Appleton State WI Zip Code 54913-9698
FEC ID number of contributing federal political committee. **C**
Name of Employer UNITED ANESTHESIA Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391824
Amount of Each Receipt this Period 41.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Charles Frederick Willson, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds		Transaction ID: 36391825		
	City Greenville	State NC	Zip Code 27834-4300	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer EAST CAROLINA UNIV PHYSIC- IANS	Occupation Physician	Aggregate Year-to-Date ▼ 333.28		

B.	Full Name (Last, First, Middle Initial) Frank Harry Ryan, Jr. MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 9675 Brighton Way Ste 340		Transaction ID: 36391826		
	City Beverly Hills	State CA	Zip Code 90210-5155	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation Physician	Aggregate Year-to-Date ▼ 391.62		

C.	Full Name (Last, First, Middle Initial) Peter Augusto Bernardo, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2010		
	Mailing Address 700 Bellevue St SE Ste 230		Transaction ID: 36391827		
	City Salem	State OR	Zip Code 97301-3855	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation Surgeon	Aggregate Year-to-Date ▼ 333.36		

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

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

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

FOR LINE NUMBER: PAGE 29 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary Lewis Woods, MD
Mailing Address 264 Pleasant St
City Concord State NH Zip Code 03301-2551
FEC ID number of contributing federal political committee. **C**
Name of Employer CONCORD ORTHOPAEDICS PA Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391828
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Richard S Frankenstein, MD
Mailing Address 1202 Castlegate Ln
City Santa Ana State CA Zip Code 92705-2941
FEC ID number of contributing federal political committee. **C**
Name of Employer RIVERSIDE MED CLINIC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391829
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Howard Bradley Chodash, MD
Mailing Address 3804 Indian Lands Ln
City Springfield State IL Zip Code 62711-8214
FEC ID number of contributing federal political committee. **C**
Name of Employer HEALTHCARE NETWORK ASSOCI-ATES Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt 08 / 21 / 2010
Transaction ID: 36391831
Amount of Each Receipt this Period 41.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 89
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Niranjan Marino Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City Oneida State NY Zip Code 13421-1851

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391832

Amount of Each Receipt this Period 41.66

B.

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

Mailing Address 402 Youens Dr

City Weimar State TX Zip Code 78962-3680

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

Name of Employer YOUENS AND DUCHICELA CLIN-IC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391833

Amount of Each Receipt this Period 41.66

C.

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

Mailing Address 3771 Katella Ave Ste 108

City Los Alamitos State CA Zip Code 90720-3111

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2010

Transaction ID: 36391835

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Best

Mailing Address 119 Belmont St

City Worcester State MA Zip Code 01605-2903

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.04

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391836
 Amount of Each Receipt this Period 41.66

B.

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

Mailing Address 6554 Lake Burden View Dr

City Windermere State FL Zip Code 34786-5652

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

Name of Employer VASCULAR CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391837
 Amount of Each Receipt this Period 41.66

C.

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

Mailing Address 163 N Date St

City Escondido State CA Zip Code 92025-3405

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 21 / 2010
Transaction ID: 36391838
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **124.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Gary Robert Katz, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2010
	Mailing Address 7918 Wisteria Ct	Transaction ID: 36391839
	City State Zip Code Dublin OH 43016-8531	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer PREMIER HEALTHCARE SERVICES, INC.	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD	Date of Receipt MM / DD / YYYY 08 / 21 / 2010
	Mailing Address 1609 N Medical Dr	Transaction ID: 36391842
	City State Zip Code Stuttgart AR 72160-3274	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer STUTTGART REGIONAL CLINIC NETWORK	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) John Michael Van Etta, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 1535 Skywood Ln	Transaction ID: 36391854
	City State Zip Code Duluth MN 55805-1153	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Linda Lee Van Etta, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 1001 E Superior St Assoc/St Lukes Lakeview 201		Transaction ID: 36391855
City Duluth	State MN Zip Code 55802-2207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES	Occupation Physician	Aggregate Year-to-Date 666.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mr. Mike R. Cys		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 7307 Laketree Dr.		Transaction ID: 36391856
City Fairfax Station	State VA Zip Code 22039-2926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation AMA Executive	Aggregate Year-to-Date 666.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Nestor A Ramirez-Lopez, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 1319 Grandview Dr		Transaction ID: 36391857
City Champaign	State IL Zip Code 61820-6824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer NORTHSIDE NEONATAL & INFANT CARE	Occupation Physician	Aggregate Year-to-Date 666.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joy Ann Maxey, MD
Mailing Address 3091 Maple Dr NE Ste 315
City Atlanta State GA Zip Code 30305-2613
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391858
Amount of Each Receipt this Period: 83.33

Name of Employer: ATLANTA CHILDRENS CLINICAL CENTER PC
Occupation: Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 666.64

B. Full Name (Last, First, Middle Initial)
Roy Wesley Vandiver, MD
Mailing Address 3525 Piedmont Rd NE Ste 600
City Atlanta State GA Zip Code 30305-1578
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391859
Amount of Each Receipt this Period: 83.33

Name of Employer: MAG MUTUAL INSURANCE CO
Occupation: Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 666.64

C. Full Name (Last, First, Middle Initial)
Elvin C Irvin, MD
Mailing Address 555 E Cheves St
City Florence State SC Zip Code 29506-2617
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391860
Amount of Each Receipt this Period: 83.33

Name of Employer: SELF-EMPLOYED
Occupation: Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 666.64

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 / 89
(check only one)

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

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

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

Mailing Address 555 Dr Michael Debakey Dr

City State Zip Code
Lake Charles LA 70601-5700

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391861

Amount of Each Receipt this Period
83.33

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

Mailing Address 900 Scioto St
Family Physician of Urbana

City State Zip Code
Urbana OH 43078-2251

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

Name of Employer FAMILY PHYSICIANS OF URBA-NA INC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391862

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
William Lee Hamilton, MD

Mailing Address 5171 Cottonwood St
Ste 750

City State Zip Code
Salt Lake Cty UT 84107-5705

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

Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 729.18

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391863

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

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

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

FOR LINE NUMBER: PAGE 36 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10308 Fleming Ave.

City State Zip Code
Bethesda MD 20814-2136

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

Name of Employer AMERICAN MEDICAL ASSOCIATION
Occupation AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391864

Amount of Each Receipt this Period
83.33

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

Mailing Address 610 E Palisade Ave

City State Zip Code
Englewood NJ 07632-1801

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

Name of Employer SELF-EMPLOYED
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391866

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth D. Lancin

Mailing Address 610 East Plaisade Avenue

City State Zip Code
Englewood Cliffs NJ 07632-1801

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

Name of Employer SELF-EMPLOYED
Occupation Management Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391867

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Keith Irvin Adams, MD		Date of Receipt	
	Mailing Address 416 Munro Rd		M M / D D / Y Y Y Y Y 08 / 23 / 2010	
	City	State	Zip Code	Transaction ID: 36391868
	Mill Hall	PA	17751-8463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer HEALTH SERVICES OF CLARION INC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

B.	Full Name (Last, First, Middle Initial) Lisa Bohman Egbert, MD		Date of Receipt	
	Mailing Address 7720 Paragon Rd Paragon Women's Care		M M / D D / Y Y Y Y Y 08 / 23 / 2010	
	City	State	Zip Code	Transaction ID: 36391869
	Dayton	OH	45459-4053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer PARAGON WOMEN'S CARE		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

C.	Full Name (Last, First, Middle Initial) Gregory Jude Gallina, MD		Date of Receipt	
	Mailing Address 20 Prospect Ave Ste 811		M M / D D / Y Y Y Y Y 08 / 23 / 2010	
	City	State	Zip Code	Transaction ID: 36391870
	Hackensack	NJ	07601-1989	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer COLON RECTAL SURGERY PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Nancy Kyler		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 675 Sherwood Ln.		Transaction ID: 36391871		
	City Staunton	State VA	Zip Code 24401-4425	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.64		
	Name of Employer N/A		Occupation Physician Spouse		

B.	Full Name (Last, First, Middle Initial) Mary Susan Carpenter, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address PO Box 769		Transaction ID: 36391872		
	City Winner	State SD	Zip Code 57580-0769	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.64		
	Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC		Occupation Physician		

C.	Full Name (Last, First, Middle Initial) Gary Lee Dillehay, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 251 E Huron St		Transaction ID: 36391873		
	City Chicago	State IL	Zip Code 60611-2908	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.64		
	Name of Employer LOYOLA UNIVERSITY PHYSICIAN FOUNDATION		Occupation Physician		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Randolph J Gould, MD FACS

Mailing Address 1801 Windy Ridge Pt

City State Zip Code
Virginia Bch VA 23454-1534

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

Name of Employer Occupation
NORFOLK SURGICAL GROUP LTD Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391876

Amount of Each Receipt this Period
83.33

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

Mailing Address PO Box 1018

City State Zip Code
Rcho Santa Fe CA 92067-1018

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

Name of Employer Occupation
ANESTHESIA SERVICE MEDICAL GROUP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391877

Amount of Each Receipt this Period
83.33

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

Mailing Address 1675 Providence Ave

City State Zip Code
Schenectady NY 12309-3919

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391878

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mark Chas Komorowski, MD

Mailing Address 610 S Trumbull St

City State Zip Code
Bay City MI 48708-7656

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.68**

Date of Receipt
M M / D D / Y Y Y Y
08 23 2010

Transaction ID: 36391879

Amount of Each Receipt this Period
83.33

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

Mailing Address 6200 Slocum Rd

City State Zip Code
Ontario NY 14519-9142

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt
M M / D D / Y Y Y Y
08 23 2010

Transaction ID: 36391880

Amount of Each Receipt this Period
83.33

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

Mailing Address 1600 Albany St
St Francis Medical Group

City State Zip Code
Beech Grove IN 46107-1541

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

Name of Employer SPARROW HEALTH SYSTEM Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt
M M / D D / Y Y Y Y
08 23 2010

Transaction ID: 36391881

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 89
(check only one)

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

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

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

Mailing Address 2222 Cherry St # 2-M200

City Toledo State OH Zip Code 43608-2673

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

Name of Employer NEUROSURGICAL NETWORK INC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391882

Amount of Each Receipt this Period 83.33

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

Mailing Address 120 Dudley St Ste 301

City Providence State RI Zip Code 02905-2429

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391883

Amount of Each Receipt this Period 83.33

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

Mailing Address 22 S 900 E

City Salt Lake City State UT Zip Code 84102-1307

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391884

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 249.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 89
(check only one)

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

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

Mailing Address 45 Exmoor

City State Zip Code
Ottawa Hills OH 43615-2174

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

Name of Employer PROMEDICA PHYSICIAN GROUP Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391885

Amount of Each Receipt this Period
83.33

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

Mailing Address 10635 Canterbury Rd.

City State Zip Code
Fairfax Station VA 22039-1927

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation AMA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391886

Amount of Each Receipt this Period
83.33

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

Mailing Address 35 Gellatly Dr

City State Zip Code
Wappingers Fl NY 12590-6452

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

Name of Employer NAPA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391887

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Thos Hannan, MD		Date of Receipt
	Mailing Address 3669 Countryside Ln Box 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Marion	NY	14505-9781
	FEC ID number of contributing federal political committee. C		Transaction ID: 36391888
Name of Employer ARCADIA FAMILY PRACTICE PC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64	<input type="text"/> 83.33

B.	Full Name (Last, First, Middle Initial) Robert Cameron More, MD		Date of Receipt
	Mailing Address 6 Sand Hill Rd Ste 102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Flemington	NJ	08822-4946
	FEC ID number of contributing federal political committee. C		Transaction ID: 36391889
Name of Employer HUNTERDON ORTHOPEDIC INST-ITUTE		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64	<input type="text"/> 83.33

C.	Full Name (Last, First, Middle Initial) Stephen Alan Imbeau, MD		Date of Receipt
	Mailing Address 800 E Cheves St Ste 420		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Florence	SC	29506-2649
	FEC ID number of contributing federal political committee. C		Transaction ID: 36391890
Name of Employer ALLERGY ASTHMA & SINUS CENTER		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64	<input type="text"/> 83.33

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 249.99
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 89

(check only one)

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

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

A.

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

Mailing Address G3317 Beecher Rd

City State Zip Code
Flint MI 48532-3615

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391891

Amount of Each Receipt this Period

83.33

B.

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

Mailing Address 880 Westfall Rd
Ste A

City State Zip Code
Rochester NY 14618-2611

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

Name of Employer Occupation
GENESEE VALLEY ORTHOPAEDIC CENTER Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391892

Amount of Each Receipt this Period

83.33

C.

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

Mailing Address 169 Santa Fe Ln

City State Zip Code
Willow Spgs IL 60480-1624

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

Name of Employer Occupation
ACCESS COMMUNITY HEALTH NETWORK ADMIN Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391893

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

249.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 89
(check only one)

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

A.

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

Mailing Address 811 Blue Hills Ave

City State Zip Code
Bloomfield CT 06002-3709

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391894

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Diana Reiko Shiba, MD

Mailing Address 8950 Costa Verde Blvd
No 4137

City State Zip Code
San Diego CA 92122-1176

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

Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391895

Amount of Each Receipt this Period
41.66

C.

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

Mailing Address 2000 Winton Rd S
Ste 303

City State Zip Code
Rochester NY 14618-3970

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

Name of Employer UNITY MENTAL HEALTH Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391896

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **208.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 89
(check only one)

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

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

Mailing Address 708 Oxboro Cir

City State Zip Code
Durham NC 27713-8298

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

Name of Employer Occupation
DUKE UNIVERSITY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391897

Amount of Each Receipt this Period
83.33

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

Mailing Address 2300 Lakemoor Dr

City State Zip Code
Knoxville TN 37920-2815

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391898

Amount of Each Receipt this Period
83.33

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

Mailing Address 540 W Belmont Ave
Unit 2B

City State Zip Code
Chicago IL 60657-4678

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

Name of Employer Occupation
N/A Medical Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391899

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **208.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 89
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Judson J Somerville, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 6801 McPherson Rd Ste 334		Transaction ID: 36391900
City Laredo	State TX	Zip Code 78041-6417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

B.

Full Name (Last, First, Middle Initial) Donald Franklin, Jr. MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 5335 Summerfield Ln		Transaction ID: 36391901
City Signal Mtn	State TN	Zip Code 37377-2861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer NEPHROLOGY ASSOCIATES	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

C.

Full Name (Last, First, Middle Initial) Janice Tildon-Burton, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 2600 Glasgow Ave Ste 207		Transaction ID: 36391903
City Newark	State DE	Zip Code 19702-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 89

(check only one)

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

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

A.

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

Mailing Address 15 Charles Plz
Apt 1402

City State Zip Code
Baltimore MD 21201-3941

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

Name of Employer
NEW MEXICO HEART INSTITUT-
E-ALBUQUERQUE

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391905

Amount of Each Receipt this Period

83.33

B.

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

Mailing Address 254 Easton Ave
St Peters Med Ctr

City State Zip Code
New Brunswick NJ 08901-1780

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

Name of Employer
ANESTHESIA CONSULTANTS OF
NEW JERSEY

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391906

Amount of Each Receipt this Period

83.33

C.

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

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 31501-3638

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

Name of Employer
EMORY HEALTHCARE

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391907

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

249.99

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

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

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

FOR LINE NUMBER: PAGE 49 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Vito Nenna, MD
 Mailing Address 1465 Route 31 S
 City Annandale State NJ Zip Code 08801-3129
 Date of Receipt 08 / 23 / 2010
Transaction ID: 36391908
 Amount of Each Receipt this Period 83.33
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF-EMPLOYED Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

B. Full Name (Last, First, Middle Initial)
You Sung Sang, MD
 Mailing Address 79 Wawecus St Ste 101
 City Norwich State CT Zip Code 06360-2173
 Date of Receipt 08 / 23 / 2010
Transaction ID: 36391909
 Amount of Each Receipt this Period 83.33
 FEC ID number of contributing federal political committee. C
 Name of Employer NORWICH GI ASSOCIATES PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

C. Full Name (Last, First, Middle Initial)
Dieter Pohl, MD
 Mailing Address 34 Eames St
 City Providence State RI Zip Code 02906-3304
 Date of Receipt 08 / 23 / 2010
Transaction ID: 36391910
 Amount of Each Receipt this Period 83.33
 FEC ID number of contributing federal political committee. C
 Name of Employer RHODE ISLAND SURGEONS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.64

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 89
(check only one)

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

A.

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

Mailing Address 6127 Seacrest View Rd

City State Zip Code
San Diego CA 92121-4123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391911

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 1001 Tower Way Ste 150

City State Zip Code
Bakersfield CA 93309-1586

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

Name of Employer SELF-EMPLOYED
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391912

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 5639 Longford Ter Apt 203

City State Zip Code
Fitchburg WI 53711-6973

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

Name of Employer UW-MADISON
Occupation Plastic Surgery Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391913

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **208.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 89
(check only one)

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

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

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

Mailing Address 4 Longfellow Pl Apt 2910

City State Zip Code
Boston MA 02114-2826

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

Name of Employer PARTNERS HEALTH CARE Occupation Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391914
Amount of Each Receipt this Period: 41.66

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

Mailing Address 3 Sundown Pkwy

City State Zip Code
Austin TX 78746-5201

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

Name of Employer UT PHYSICIANS-ADMINISTRAT-ION Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391915
Amount of Each Receipt this Period: 83.33

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

Mailing Address PO Box 389

City State Zip Code
Forest VA 24551-0389

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

Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 766.64

Date of Receipt: 08 / 23 / 2010
Transaction ID: 36391916
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 208.32

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Srinivas B Mukkamala, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 1170 Charter Dr Ste F		Transaction ID: 36391917		
	City Flint	State MI	Zip Code 48532-3587	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation Physician	Aggregate Year-to-Date 666.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 1620 S Congress Ave Ste 100		Transaction ID: 36391919		
	City Palm Springs	State FL	Zip Code 33461-2128	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PLASTIC SURGERY OF PALM BEACH PA	Occupation Physician	Aggregate Year-to-Date 666.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Erick Allen Eiting, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 15 W 107th St Apt 24		Transaction ID: 36391920		
	City New York	State NY	Zip Code 10025-3308	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JACOBI MEDICAL CENTER	Occupation Resident	Aggregate Year-to-Date 333.28		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

208.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Chas Sternfeld, MD FACS	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 4235 Secor Rd	Transaction ID: 36391921
	City Toledo State OH Zip Code 43623-4231	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer TOLEDO CLINIC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 666.64	

B.	Full Name (Last, First, Middle Initial) Joseph Snyder, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 8630 Fenton St Ste 608	Transaction ID: 36391922
	City Silver Spring State MD Zip Code 20910-3830	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 666.64	

C.	Full Name (Last, First, Middle Initial) Carl Alexander Sirio, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 50 Quail Hill Rd	Transaction ID: 36391923
	City Blawnox State PA Zip Code 15238-1834	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 666.64	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD		Date of Receipt																					
	Mailing Address 21 Ravona St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	3		2	0	1	0														
	City State Zip Code Clifton NJ 07012-1521		Transaction ID: 36391924																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: SELF-EMPLOYED Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		<table border="1"> <tr> <td colspan="10">83.33</td> </tr> </table>		83.33																				
83.33																								

B.	Full Name (Last, First, Middle Initial) William Eric Kobler, MD		Date of Receipt																					
	Mailing Address 6729 Mill Brook Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	3		2	0	1	0														
	City State Zip Code Rockford IL 61108-4310		Transaction ID: 36391925																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: OSF MEDICAL GROUP Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		<table border="1"> <tr> <td colspan="10">83.33</td> </tr> </table>		83.33																				
83.33																								

C.	Full Name (Last, First, Middle Initial) Peter Scott Lund, MD FACS		Date of Receipt																					
	Mailing Address 311 W 24th St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	3		2	0	1	0														
	City State Zip Code Erie PA 16502-2665		Transaction ID: 36391926																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: ALLIED UROLOGY ASSOCIATES Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		<table border="1"> <tr> <td colspan="10">83.33</td> </tr> </table>		83.33																				
83.33																								

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 89
(check only one)

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

A.

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

Mailing Address 129 Mechanic St
The Skin Care Ctr

City Lebanon State NH Zip Code 03766-1522

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2010
Transaction ID: 36391927
Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
David John Schifeling, MD

Mailing Address 900 W Clairemont Ave

City Eau Claire State WI Zip Code 54701-6122

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

Name of Employer MARSHFIELD CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2010
Transaction ID: 36391928
Amount of Each Receipt this Period 83.33

C.

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

Mailing Address 1 Riverview Plz
Riverview Med Ctr

City Red Bank State NJ Zip Code 07701-1872

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

Name of Employer MERIDIAN HEALTH Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 23 / 2010
Transaction ID: 36391929
Amount of Each Receipt this Period 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ruth Jean Schulze, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 577 Chestnut Ridge Rd Ste 2	Transaction ID: 36391930
	City State Zip Code Woodcliff Lk NJ 07677-8400	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF LAKE Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	

B.	Full Name (Last, First, Middle Initial) John Robt Mc Gill, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 436A State St	Transaction ID: 36391931
	City State Zip Code Bangor ME 04401-6606	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	

C.	Full Name (Last, First, Middle Initial) Perry Lynn Haney, MD	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address PO Box 6680	Transaction ID: 36391932
	City State Zip Code Denver CO 80206-0680	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer SPINEONE, INC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	

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 57 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Suma Anna Thomas, MD

Mailing Address 388 Norfolk St
1

City State Zip Code
Cambridge MA 02139-1417

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

Name of Employer Occupation
LAHEY CLINIC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391933

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Roni Ephrat, MD

Mailing Address 116 Broadway

City State Zip Code
Norwood NJ 07648-1401

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

Name of Employer Occupation
BERGEN ANESTHESIA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391934

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Gerald Robert Stephenson, Jr. MD

Mailing Address 1000 9th Ave

City State Zip Code
Fort Worth TX 76104-3906

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

Name of Employer Occupation
TEXAS HEALTH CARE PLLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391935

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 89

(check only one)

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

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

A.

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

Mailing Address 2 Dudley St
Ste 470

City State Zip Code
Providence RI 02905-3248

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

Name of Employer Occupation
UNIVERSITY SURGICAL ASSOC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391936

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Abrams

Mailing Address 155 Ash St.

City State Zip Code
Saratoga Springs NY 12866-3826

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

Name of Employer Occupation
MEDICAL SOCIETY OF THE STATE OF NY Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391937

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Fay Wu, MD

Mailing Address 2504 Samaritan Dr
Ste 20

City State Zip Code
San Jose CA 95124-4005

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

Name of Employer Occupation
SELF-EMPLOYED Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36391938

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

266.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Janne Lynch

Mailing Address 24184 N 74th St.

City State Zip Code
Scottsdale AZ 85255-3488

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

Name of Employer N/A Occupation Physician Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391940

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Michael Allan Sandler, MD

Mailing Address 4270 Barcroft Way

City State Zip Code
Orchard Lake MI 48323-1804

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

Name of Employer HENRY FORD MEDICAL CENTER Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391941

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 1165 Highway 1 S
Sutie 300

City State Zip Code
Lugoff SC 29078-8966

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

Name of Employer SOUTH CAROLINA ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391942

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Rebecca J Patchin, MD

Mailing Address 18195 Kross Rd

City State Zip Code
Riverside CA 92508-8897

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

Name of Employer Occupation
LOMA LINDA UNIVERSITY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391943

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 9129 Bradford Rd

City State Zip Code
Silver Spring MD 20901-4917

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

Name of Employer Occupation
US NAVY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391944

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
David Andrew Rosman, MD

Mailing Address 39A Danforth St

City State Zip Code
Jamaica Plain MA 02130-1847

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

Name of Employer Occupation
MGH Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391945

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **166.65**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Samantha Leona Rosman, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 39A Danforth St		Transaction ID: 36391946		
	City Jamaica Plain	State MA	Zip Code 02130-1847	Amount of Each Receipt this Period 41.66	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 333.28		
Name of Employer BOSTON MEDICAL CENTER		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Betty Shuwein Chu, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 233 Warrington Rd		Transaction ID: 36391947		
	City Bloomfield	State MI	Zip Code 48304-2952	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.64		
Name of Employer SELF-EMPLOYED		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dale Clifford Moquist, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 14023 Southwest Fwy Physicians at Sugarcreek		Transaction ID: 36391948		
	City Sugar Land	State TX	Zip Code 77478-3550	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.01		
Name of Employer MEMORIAL HERMANN		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

208.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas P. Healy, Jr.
Mailing Address 547 S Clark St Apt 1401

City State Zip Code
Chicago IL 60605-1548

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

Name of Employer AMERICAN MEDICAL ASSOCIATION
Occupation AMA Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391949

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Mokarram Husain Jafri, Jr. MD
Mailing Address 6 Oakhurst Ct

City State Zip Code
Clifton Park NY 12065-8719

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

Name of Employer ANESTHESIA GROUP OF ALBANY
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391950

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Gerald Edward Harmon, MD
Mailing Address 9699 Ocean Hwy
PO Box 289

City State Zip Code
Pawleys Isl SC 29585-7425

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

Name of Employer SELF-EMPLOYED
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391951

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. William Butler		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 5206 Bayshore Blvd.		Transaction ID: 36391952		
	City Tampa	State FL	Zip Code 33611-4110	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer SELF-EMPLOYED		Occupation Physician Spouse	Aggregate Year-to-Date ▼ 666.68	

B.	Full Name (Last, First, Middle Initial) Louis James Kraus, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 456 Woodland Rd		Transaction ID: 36391953		
	City Highland Park	State IL	Zip Code 60035-5057	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer SELF-EMPLOYED		Occupation Physician	Aggregate Year-to-Date ▼ 666.68	

C.	Full Name (Last, First, Middle Initial) Michael Jos Sexton, MD		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 12 Erica Ct		Transaction ID: 36391954		
	City Novato	State CA	Zip Code 94947-1900	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer SELF-EMPLOYED		Occupation Physician	Aggregate Year-to-Date ▼ 666.68	

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 64 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mutaz Billah Habal, MD FRCSC

Mailing Address 205 W Martin Luther King Blvd

City Tampa State FL Zip Code 33603-3600

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391955

Amount of Each Receipt this Period 83.33

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

Mailing Address 5929 Lovell Ave
Fwaa

City Fort Worth State TX Zip Code 76107-5029

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

Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391956

Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Maureen Rose Lannan, MD

Mailing Address 622 Cypress St

City Sulphur State LA Zip Code 70663-5052

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt 08 / 23 / 2010

Transaction ID: 36391957

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► **249.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 89
(check only one)

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

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

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

Mailing Address 79 Regan Dr

City State Zip Code
Oswego NY 13126-5602

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391959

Amount of Each Receipt this Period
83.33

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

Mailing Address 275 E 28th St

City State Zip Code
Yuma AZ 85364-8206

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

Name of Employer AIELLO EYE INSTITUTE Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391960

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Christopher Eric Bucciarelli

Mailing Address 2360 SW Archer Rd
Apt 311

City State Zip Code
Gainesville FL 32608-1010

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

Name of Employer N/A Occupation Medical Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391961

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **208.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 89
(check only one)

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

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

A.

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

Mailing Address 330 Mt Auburn St
Mount Auburn Hosp

City State Zip Code
Cambridge MA 02138-5597

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.35

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391962

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 10410 Cliffwood Dr

City State Zip Code
Houston TX 77035-3702

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

Name of Employer Occupation
PRK PLZA ANESTHESIOLOGY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36391963

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
David Vincent Hamilton, MD

Mailing Address 2028 N Honore St

City State Zip Code
Chicago IL 60614-3911

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

Name of Employer Occupation
N/A Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36393593

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **416.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Fernando Castro, MD

Mailing Address 8214 SW 52nd Ln

City State Zip Code
Gainesville FL 32608-7433

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

Name of Employer
MERIDIAN BEHAVIORAL HEALTH-CARE, INC

Occupation
Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36393599

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Malcolm B Loudon, MD

Mailing Address PO Box 4179

City State Zip Code
Parkersburg WV 26104-4179

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

Name of Employer
PARKERSBURG NEUROLOGICAL ASSOCIATES

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36395467

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Steven Anthony Severyn, MD

Mailing Address 1231 Granville Rd

City State Zip Code
Newark OH 43055-2148

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

Name of Employer
OHIO STATE SPINE CENTER

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36395479

Amount of Each Receipt this Period
333.36

SUBTOTAL of Receipts This Page (optional) ► **1083.36**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 89
(check only one)

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

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

A.

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

Mailing Address 619 19th St S
UAB Dept of Anesthesiology

City Birmingham State AL Zip Code 35249-1900

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

Name of Employer UAHSF PSYCHIATRY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 24 / 2010
Transaction ID: 36397033
Amount of Each Receipt this Period 41.66

B.

Full Name (Last, First, Middle Initial)
Paul Erik Houmann, MD

Mailing Address 1809 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3029

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 24 / 2010
Transaction ID: 36397034
Amount of Each Receipt this Period 41.66

C.

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

Mailing Address 5503 S Congress Ave
Ste 103

City Atlantis State FL Zip Code 33462-6614

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

Name of Employer SOUTH PALM BEACH NEPHROLOGY PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 24 / 2010
Transaction ID: 36397035
Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► 124.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Roy Gilbert Soto, MD		Date of Receipt	
	Mailing Address 355 Sycamore Ct		M M / D D / Y Y Y Y 08 / 24 / 2010	
	City	State	Zip Code	Transaction ID: 36397036
	Bloomfield	MI	48302-1173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.66	
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES PC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		541.63		

B.	Full Name (Last, First, Middle Initial) Domenic Russel Federico, MD		Date of Receipt	
	Mailing Address 3800 Lake Michigan Dr NW		M M / D D / Y Y Y Y 08 / 24 / 2010	
	City	State	Zip Code	Transaction ID: 36397066
	Grand Rapids	MI	49534-4583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer MICHIGAN MEDICAL PC ADMINISTRATION		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		666.64		

C.	Full Name (Last, First, Middle Initial) Stuart Gitlow, MD		Date of Receipt	
	Mailing Address 153 Gaskill St		M M / D D / Y Y Y Y 08 / 24 / 2010	
	City	State	Zip Code	Transaction ID: 36397067
	Woonsocket	RI	02895-1011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
Name of Employer SELF-EMPLOYED		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		666.64		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 89
(check only one)

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

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

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

Mailing Address 2800 N Tenaya Way
Ste 102

City Las Vegas State NV Zip Code 89128-1100

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 36516356
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Charles Joseph Nivens, MD

Mailing Address 19 Rosehill Dr

City Bluffton State SC Zip Code 29910-4720

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

Name of Employer TENET EAST COOPER SPINE Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.28

Date of Receipt 08 / 25 / 2010
Transaction ID: 36516359
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Julie Madejski Donohue, MD

Mailing Address 7340 Salt Rd

City Clarence Ctr State NY Zip Code 14032-9609

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

Name of Employer SELF-EMPLOYED Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 36516383
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 89
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Louis Seymour Zeiger, MD		Date of Receipt MM / DD / YYYY 08 / 25 / 2010	
Mailing Address 452 Windrow Clusters Dr		Transaction ID: 36516394	
City Moorestown	State NJ	Zip Code 08057-4306	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer COOPER UNIVERSITY HOSPITAL	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Elleda C Ziemer, DO		Date of Receipt MM / DD / YYYY 08 / 25 / 2010	
Mailing Address 1707 E Clear Lake Dr		Transaction ID: 36516397	
City Salisbury	State MD	Zip Code 21804-1973	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	18199.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 / 89	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) PNC ADVISORS		Date of Receipt
	Mailing Address PO BOX 96211		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20090
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="33.90"/>	Transaction ID: 36556091 Amount of Each Receipt this Period <input type="text" value="0.06"/> INTEREST

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.06"/>
TOTAL This Period (last page this line number only)	<input type="text" value="0.06"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36072882 Date of Disbursement: 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) Rob Woodall For Congress</p> <p>Mailing Address Post Office Box 1871</p> <p>City Lawrenceville State GA Zip Code 30046</p> <p>Purpose of Disbursement 2010 PRIMARY RUNOFF</p> <p>Candidate Name Mr. Rob Woodall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2010</p>	<p>Transaction ID: 36073001 Date of Disbursement: 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 PRIMARY RUNOFF</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of John McCain Inc</p> <p>Mailing Address PO Box 16664</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Sen. John McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36073024 Date of Disbursement: 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 PRIMARY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Waring 2010</p> <p>Mailing Address 4715 North 32nd Street Suite 107</p> <p>City Phoenix State AZ Zip Code 85018</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Mr. James Waring</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36073031 Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>B. Full Name (Last, First, Middle Initial) David Scott For Congress</p> <p>Mailing Address P.O. Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. David Albert Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36073032 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee</p> <p>Mailing Address P.O. Box A</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Ike Skelton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36073033 Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jeff Fortenberry For United States Congress</p> <p>Mailing Address 1610 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jeff Fortenberry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36073035</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36316589</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36316590</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bob Filner For Congress	Transaction ID: 36344255 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO Box 121480	
	City Chula Vista State CA Zip Code 91912	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Bob Filner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 GENERAL

B.	Full Name (Last, First, Middle Initial) Jeff Miller For Congress	Transaction ID: 36344420 Date of Disbursement 08 / 17 / 2010
	Mailing Address P. O. Box 126	
	City Pensacola State FL Zip Code 32591	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 PRIMARY Candidate Name Rep. Jeff B. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 PRIMARY

C.	Full Name (Last, First, Middle Initial) Mike Crapo For US Senate	Transaction ID: 36344593 Date of Disbursement 08 / 17 / 2010
	Mailing Address P.O. Box 1948	
	City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 GENERAL Candidate Name Sen. Michael Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 GENERAL

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 West Emerald, Ste. 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Walter Clifford Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01</p>	<p>Transaction ID: 36344676 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Michael K. Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02</p>	<p>Transaction ID: 36344791 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Hansen Clarke For Congress</p> <p>Mailing Address 1448 Woodward Avenue #305</p> <p>City Detroit State MI Zip Code 48226</p> <p>Purpose of Disbursement 2010 General Candidate Name Hansen Clarke Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 13</p>	<p>Transaction ID: 36344904 Date of Disbursement: 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 General</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Boren For Congress</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36344994</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Lucas For Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36345084</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee</p> <p>Mailing Address PO Box 23626</p> <p>City Federal Way State WA Zip Code 98093</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. D Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36345191</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36393105 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00 2010 GENERAL
B.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown State TN Zip Code 38556 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Lincoln Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36401341 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00 2010 GENERAL
C.	Full Name (Last, First, Middle Initial) Manchin For West Virginia Mailing Address P.O. Box 5202 City Charleston State WV Zip Code 25361 Purpose of Disbursement 2010 SPECIAL PRIMARY Candidate Name Joe Manchin, III Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2010	Transaction ID: 36401347 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 2010 SPECIAL PRIMARY

SUBTOTAL of Disbursements This Page (optional)		9400.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jeff Miller For Congress</p> <p>Mailing Address P. O. Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement Void - Jeff Miller For Congress</p> <p>Candidate Name Rep. Jeff B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36403251 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Jeff Miller For Co- ngress</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36423718 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Miller-Meeks For Congress</p> <p>Mailing Address PO Box 3091</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mariannette Miller-Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36429489 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address PO Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jerry Moran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36430378 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Clay Jr. For Congress</p> <p>Mailing Address P.O. Box 4544 Suite 300</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36430707 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Carnahan In Congress</p> <p>Mailing Address 7000 Chippewa St</p> <p>City St. Louis State MO Zip Code 63119</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36431075 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Cleaver For Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Emanuel Cleaver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36431568 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36431789 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Blaine For Congress 2010</p> <p>Mailing Address P.O. Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. W Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36431956 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Walden For Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Gregory P. Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 02</p>	<p>Transaction ID: 36432263</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 02</p>	<p>Transaction ID: 36432458</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial) Duncan For Congress</p> <p>Mailing Address PO Box 2646</p> <p>City Knoxville State TN Zip Code 37901</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. John J. Duncan, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 02</p>	<p>Transaction ID: 36432811</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

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

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

A. Full Name (Last, First, Middle Initial) Cooper For Congress <hr/> Mailing Address C/O Davidson, Golden & Lundy P.O. Box 927 <hr/> City Brentwood State TN Zip Code 37024 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Jim Cooper <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36433011 Date of Disbursement 08 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 GENERAL	
	Full Name (Last, First, Middle Initial) Diane Black For Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City Gallatin State TN Zip Code 37066 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Ms. Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36433472 Date of Disbursement 08 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 2010 GENERAL
	Full Name (Last, First, Middle Initial) Herron For Congress <hr/> Mailing Address 142 West Main Street <hr/> City Dresden State TN Zip Code 38225 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Mr. Roy Herron <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36433798 Date of Disbursement 08 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 2010 GENERAL

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Farr</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522034 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) McCollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522037 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 20 S Limestone St Suite 390</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522038 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 08</p>	<p>Transaction ID: 36522040 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Jordan For Congress</p> <p>Mailing Address 1709 State Route 560 South</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. James Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 04</p>	<p>Transaction ID: 36522041 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Latta For Congress</p> <p>Mailing Address P.O. Box 106</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Robert Latta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 05</p>	<p>Transaction ID: 36522046 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) Portman For Senate Committee</p> <p>Mailing Address 8331 Little Harbor Drive</p> <p>City Cincinnati State OH Zip Code 45244</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Mr. Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522047 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522048 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522049 Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens For Turner</p> <p>Mailing Address 120 W. Second Street, Suite 1510</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Michael R. Turner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522053</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2010 GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson</p> <p>Mailing Address P.O. Box 160</p> <p>City Bellaire State OH Zip Code 43906</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Charles Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522057</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz</p> <p>Mailing Address 315 Westfield Circle</p> <p>City Alpine State UT Zip Code 84004</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Rep. Jason E. Chaffetz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36522060</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 GENERAL</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

112900.00

**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)

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET STOP 3254

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD BANK CHARGES

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 36556087

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

549.79

CREDIT CARD BANK CHARGES

SUBTOTAL of Disbursements This Page (optional)

549.79

TOTAL This Period (last page this line number only)

549.79