

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 25 Massachusetts Ave, NW

Suite 600

Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  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 M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2016

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

Walker, Kevin, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Walker, Kevin, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		1172484.53
(b) Cash on Hand at Beginning of Reporting Period.....	1266013.51	
(c) Total Receipts (from Line 19) .....	59146.14	768900.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1325159.65	1941385.11
7. Total Disbursements (from Line 31).....	232174.85	848400.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1092984.80	1092984.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

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).....	36101.08	467511.88
(ii) Unitemized .....	22958.26	301204.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	59059.34	768716.68
(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) .....	59059.34	768716.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	86.80	183.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	59146.14	768900.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	59146.14	768900.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1174.85	14400.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1174.85	14400.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	228500.00	828150.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2500.00	5750.02
(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)).....	2500.00	5750.02
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	232174.85	848400.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	232174.85	848400.31

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	59059.34	768716.68
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	5750.02
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56559.34	762966.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1174.85	14400.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1174.85	14400.29

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 126
<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. Clark, Lani, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3772 Katella Ave  
 Ste 206  
 City Los Alamitos State CA Zip Code 90720-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PATIENT PREFERRED DERMATOLOGY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 72062064**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Schonau, Jesse, Taylor, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9260 Regents Rd  
 Apt G  
 City La Jolla State CA Zip Code 92037-1439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2016  
**Transaction ID : 72064194**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gould, Randolph, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Windy Ridge Pt  
 City Virginia Bch State VA Zip Code 23454-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORFOLK SURGICAL GROUP LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.02

Date of Receipt 07 / 05 / 2016  
**Transaction ID : 72068610**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3083.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 126
	<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. Tildon-Burton, Janice, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Glasgow Ave  
 Ste 207  
 City Newark State DE Zip Code 19702-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1558.35

Date of Receipt 07 / 05 / 2016  
**Transaction ID : 72068615**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. De La Sotta, Fernando, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 385  
 City Linwood State NJ Zip Code 08221-0385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : 72219403**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Margileth, David, Andrew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Montero St  
 City Newport Beach State CA Zip Code 92661-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREAST CARE CNTR OF ORANGE CO Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : 72219430**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 1208.33  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
<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. Hummel, Henry, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W150 s7227 Westcot Dr.  
 City Muskego State WI Zip Code 53150-8581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : 72219434**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Beck, Carter, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W Broadway St Ste 310  
 City Missoula State MT Zip Code 59802-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTANA NEUROLOGICAL ASSOCIATES PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : 72219495**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Behin, Babak, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Stonybrook Rd  
 City Tenafly State NJ Zip Code 07670-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : 72226977**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<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. Libby, Russell, Clark, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3020 Hamaker Ct Ste 200  
 City Fairfax State VA Zip Code 22031-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VIRGINIA PEDIATRIC GROUP LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.02

Date of Receipt 07 / 13 / 2016  
**Transaction ID : 72231555**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Lubrano, Michael, Christopher, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Haight St Apt 8  
 City San Francisco State CA Zip Code 94102-5863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSF Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.66

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72239328**  
 Amount of Each Receipt this Period 291.66  
 Memo Item

**C. Kushangi, Dinesh, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15604 Shawnee Dr  
 City Overland Park State KS Zip Code 66223-3359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAKC - KANSAS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 253.38

Date of Receipt 07 / 17 / 2016  
**Transaction ID : 72244453**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	544.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
<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. Clark, Chad, Leroy, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3948 Shady Ridge Dr  
 City Corona State CA Zip Code 92881-8818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHAD CLARK MD INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2016  
**Transaction ID : 72244457**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Chartier, Timothy, Kyle, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Carnoustie Cir  
 City Bloomfield State CT Zip Code 06002-2381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DERMATOLOGY SURGICAL ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72244828**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Shipkey, Gregory, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3212 Callaway Dr  
 City Midland State TX Zip Code 79707-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72244850**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 126
	<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. Johnson, Randall, Divan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 Kimberly Knoll Rd  
 City Asheville State NC Zip Code 28804-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGIONAL SURGICAL SPECIALISTS PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72244989**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Taylor, Terry, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 915  
 City Whippany State NJ Zip Code 07981-0915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCCUPATIONAL HEALTH CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72245003**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Harvey, David, Thos, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Kellsworth Way  
 City Tyrone State GA Zip Code 30290-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SURGICAL & COSMETIC DERMATOLOGY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.02

Date of Receipt 07 / 19 / 2016  
**Transaction ID : 72249100**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	916.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 126
	<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. Werner, Linda, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 W Katmai Ave  
 City Soldotna State AK Zip Code 99669-7315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHREACH HEALTHCARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383567**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Mandabach, Mark, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) UAHSF PSYCHIATRY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383572**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Backs, Craig, Alvin, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2921 Greenbriar Dr  
 Ste C  
 City Springfield State IL Zip Code 62704-6440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST JOHNS HOSPITAL Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383573**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Beittel, Timothy, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 702 Wildwood Rd  
 City Aberdeen State NC Zip Code 28315-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACT MEDICAL GROUP PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383578**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Talmage, Lance, Allen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Exmoor  
 City Ottawa Hills State OH Zip Code 43615-2174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROMEDICA PHYSICIAN GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383587**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Simmons, William, Wells, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5204 Box Turtle Cir  
 City Sarasota State FL Zip Code 34232-4311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US NAVY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383595**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 126
	<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. Chandler, Leon, Harvey, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) A A SPECIALTY HEALTH CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383599**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Poje, Christopher, Peter, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3580 Sheridan Dr  
 Ste 115  
 City Amherst State NY Zip Code 14226-1647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PEDIATRIC ENT ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383602**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Nivens, Charles, Joseph, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3828  
 City Bluffton State SC Zip Code 29910-3828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TENET EAST COOPER SPINE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383606**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 126
<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. Dietrich, Damon, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 English Turn Dr  
 City New Orleans State LA Zip Code 70131-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST JEFFERSON PHYSICIAN SERVICES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383608**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Corwin, James, Albert, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 Robin Ln  
 City Midland State TX Zip Code 79707-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US ONCOLOGY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383610**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Malik, Masud, Iqbal, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3865 N Mulford Rd  
 City Rockford State IL Zip Code 61114-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383614**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<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. Annis, Joseph, Payne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2907 Medical Arts St  
 City Austin State TX Zip Code 78705-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT PHYSICIANS-ADMINISTRATION Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383619**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Goldman, Jason, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3001 Coral Hills Dr Ste 340  
 City Coral Springs State FL Zip Code 33065-4172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383623**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Heacock, Gregory, Laurence, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 Medical Pkwy Ste 230  
 City Annapolis State MD Zip Code 21401-3282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ANNAPOLIS ENT Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383625**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Som, Joydeep, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 Medical Pkwy Ste 230  
 City Annapolis State MD Zip Code 21401-3282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383627**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Woodcome, Harold, A, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 690 Eddy St Retina Consultants  
 City Providence State RI Zip Code 02903-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETINA CONSULTANTS, INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383629**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Calianos, Theodore, A, , II MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 151 Whitmar Rd  
 City Cotuit State MA Zip Code 02635-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383631**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Groos, Erich, Bryan, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 Patterson St  
Ste 201

City Nashville State TN Zip Code 37203-1587

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

Name of Employer (for Individual) CORNEA CONSULTANTS OF NASHVILLE PLLC Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383634**

Amount of Each Receipt this Period 41.66

Memo Item

**B. Ephrat, Roni, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Broadway

City Norwood State NJ Zip Code 07648-1401

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

Name of Employer (for Individual) BERGEN ANESTHESIA Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383637**

Amount of Each Receipt this Period 41.66

Memo Item

**C. Sandler, Michael, Allan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4270 Barcroft Way

City Orchard Lake State MI Zip Code 48323-1804

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

Name of Employer (for Individual) HENRY FORD MEDICAL CENTER Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383641**

Amount of Each Receipt this Period 41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
	<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. Morrell, David, Glen, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF-EMPLOYED	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383646**

Amount of Each Receipt this Period  
41.66

Memo Item

**B. Willson, Charles, Frederick, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Moye Blvd  
Brody 3E139 Dept Peds

City Greenville	State NC	Zip Code 27834-4300
--------------------	-------------	------------------------

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

Name of Employer (for Individual) EAST CAROLINA UNIV PHYSICIANS	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383649**

Amount of Each Receipt this Period  
41.66

Memo Item

**C. Chodash, Howard, Bradley, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) HEALTHCARE NETWORK ASSOCIATES	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383652**

Amount of Each Receipt this Period  
41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Zwelling, Marcy, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383655**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Hannum, Scott, Robert, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) VASCULAR CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.10

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383658**  
 Amount of Each Receipt this Period 41.74  
 Memo Item

**C. Daghish, Thomas, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 W Noble Ave  
 City Visalia State CA Zip Code 93277-2669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VISALIA FAMILY PRACTICE MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383662**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Handelman, William, Alan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 780 Litchfield St Ste 200  
 City Torrington State CT Zip Code 06790-6268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPHROLOGY ASSOC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383665**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Culclasure, John, Weeks, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 Demonbreun St Apt 1208  
 City Nashville State TN Zip Code 37203-3198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOWELL ALLEN CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383668**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Vest, Michael, , , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Wineberry Dr  
 City Hockessin State DE Zip Code 19707-2124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YALE UNIVERSITY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 391.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383672**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<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. Bombaugh, Maryanne, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Clowes Dr  
 City Falmouth State MA Zip Code 02540-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383676**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Barron, Kenneth, Ian, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 Rainier Rd  
 City Charlottesville State VA Zip Code 22903-4045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUESDALE OBGYN Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383679**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Conlin, Christopher, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6590 Andersonville Rd  
 City Clarkston State MI Zip Code 48346-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DRA FLINT PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383682**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 126
	<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. Kazmierowski, John, Albert, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2415 NE 134th St  
 Ste 301  
 City Vancouver State WA Zip Code 98686-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLERGY ASTHMA & DERMATOLOGY ASSOC PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383685**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Mc Donald, Brian, Andrew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Gloria Ln  
 City Schenectady State NY Zip Code 12309-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPCCA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383687**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Sellers, Joseph, Robt, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 N Grand St  
 City Cobleskill State NY Zip Code 12043-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BASSETT HEALTHCARE CLINIC COOPERSTOWN Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383691**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<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. Fowler, James, Raymond, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4050 Indigo Dr U-303  
 City Pensacola State FL Zip Code 32507-7604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383695**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Arrascue, Jose, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SOUTH PALM BEACH NEPHROLOGY PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383698**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Pardo, Juan, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 Medical Pkwy Ste 230  
 City Annapolis State MD Zip Code 21401-3282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383701**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 126
<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. Brown, Clarence, William, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4605 Golf Rd  
 City Skokie State IL Zip Code 60076-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383704**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Cash, Janet, Johnson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SOUTHVUEW MEDICAL GROUP PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383707**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Pipia, Paul, Anthony, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Pine Rd  
 City Syosset State NY Zip Code 11791-4217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383710**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Howell, Thu, Nguyen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Neilson Way Unit 301  
 City Santa Monica State CA Zip Code 90405-2281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383715**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Macelar, Dragos, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11668 State Route 30  
 City Malone State NY Zip Code 12953-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383718**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Collins, Corey, E, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Fairchild Dr  
 City Reading State MA Zip Code 01867-1259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MASS EYE AND EAR INFIRMARY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383723**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hart, Dionne, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 Century Knoll Ln NE  
 City Rochester State MN Zip Code 55906-7717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DOJ Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383728**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Rothberg, Charles, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 E Main St  
 City Patchogue State NY Zip Code 11772-3142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383733**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Sullivan, Thomas, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Brackenbury Ln  
 City Beverly State MA Zip Code 01915-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383737**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Sierra, Rodrigo, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 N. Wabash Avenue  
 Suite 39300

City Chicago State IL Zip Code 60611-5885

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383741**

Amount of Each Receipt this Period 41.66

Memo Item

**B. Springer, Michael, Jay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 803 Towner PI

City Louisville State KY Zip Code 40223-2568

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

Name of Employer (for Individual) PROFESSIONAL READERS GROUP INC Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383745**

Amount of Each Receipt this Period 41.66

Memo Item

**c. Orser, Shari, Louise, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 414 N 7th St

City Bismarck State ND Zip Code 58501-4423

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

Name of Employer (for Individual) SANFORD HEALTH Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383749**

Amount of Each Receipt this Period 41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kaplan, Henry, Jerrold, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 E Muhammad Ali Blvd  
 Eye Specialists Of Louisvi  
 City Louisville State KY Zip Code 40202-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EYE SPECIALISTS OF LOUISVILLE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383756**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Naghavi, Nancy, O, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 Sweet Pine Dr  
 City Katy State TX Zip Code 77450-7584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAMILY CARE PLUS REHAB Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383759**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Singerman, Lawrence, Jay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 Enterprise Pkwy  
 Ste 300  
 City Beachwood State OH Zip Code 44122-7340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETINA ASSOCIATES OF CLEVELAND INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383764**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
<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. Cassidy, J, Brennan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Tustin Ave  
 Ste C  
 City Newport Beach State CA Zip Code 92663-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST COAST LASER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383768**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Hurwitz, Barbara, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 690 Dallas Hwy  
 Ste 101  
 City Villa Rica State GA Zip Code 30180-1262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383784**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Bregman, Zachary, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 E 18th St Apt 2  
 City New York State NY Zip Code 10003-2480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383788**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<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. Gold, Sidney, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16973 Stardust Pl  
 City Granada Hills State CA Zip Code 91344-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER FOUNDATION HEALTH PLAN NATION H Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383791**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Hoye, Kathleen, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Ashland St  
 City Taunton State MA Zip Code 02780-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383794**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Lockhart, Asa, Carroll, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2106 Kennebunk Ln  
 City Tyler State TX Zip Code 75703-0301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EAST TEXAS ANESTHESIOLOGY ASSOCIATES P Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383801**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<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. Karczmar, Peter, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Adelaide Ave  
 City Providence State RI Zip Code 02907-1832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383806**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

**B. Lal, Raj, Behari, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 Meyers Rd  
 City Oak Brook State IL Zip Code 60523-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383809**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

**C. Wooldridge, Terry, Nye, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 E 22nd St  
 City Fremont State NE Zip Code 68025-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383812**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wells, Wendell, Byars, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Darnell Lake Dr  
 City Mishawaka State IN Zip Code 46545-7277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383816**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Young, Daniel, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33-57 Harrison St  
 Family Medicine Residency Office  
 City Johnson City State NY Zip Code 13790-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383819**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Janis, Angela, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Wisconsin Ave  
 Apt 1005  
 City Madison State WI Zip Code 53703-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF WISCONSIN Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.72

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383823**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
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	<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. Pinto, Gregory, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 Maple Ave  
 Ste 200  
 City Saratoga Spgs State NY Zip Code 12866-5533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383825**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Butler, Bradley, G, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1534 County Road 142  
 City Ovalo State TX Zip Code 79541-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ANESTHESIA CONSULTANTS OF LONGVIEW Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383830**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Nohner, Kevin, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8141 W Center Rd  
 City Omaha State NE Zip Code 68124-3273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEAGENT HEALTH IMMANUEL MEDICAL CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383846**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 126
	<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. Bobovnyik, Denise, Louise, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 Stutz Dr Ste 102  
 Primary Care Specialists  
 City Canfield State OH Zip Code 44406-8149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383850**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Emory, Sylvia, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 Chambers St  
 Westmoreland Fam Med  
 City Eugene State OR Zip Code 97402-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OREGON MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383855**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Whitten, Benjamin, Holland, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 W 78th St  
 Ste 100  
 City Edina State MN Zip Code 55439-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABBOTT NORTHWESTERN GENERAL MEDICINE A Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72383863**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<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. Katz, Gary, Robert, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7195 Wilton Chase  
 City Dublin State OH Zip Code 43017-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PREMIER HEALTHCARE SERVICES, INC. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383869**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Swikert, Donald, Joseph, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 S Loop Rd  
 City Edgewood State KY Zip Code 41017-5446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST ELIZABETH HOSPITAL Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383874**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Swikert, Nancy, Jewell, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10003 Country Hills Ct  
 City Union State KY Zip Code 41091-9774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PATIENT FIRST PHYSICIANS GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383877**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Delaney, Gary, Allen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1138 Putter Path Rd  
 City Orangeburg State SC Zip Code 29118-4081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGIONAL MEDICAL CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383880**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Newman, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 North Wabash Avenue  
 City Chicago State IL Zip Code 60611-3586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383883**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Caverzagie, Kelly, John, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 986430 NE Med Center  
 Unmc Gen Int Medicine  
 City Omaha State NE Zip Code 68198-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HENRY FORD MEDICAL CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383888**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
<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. Robinson, Sharon, M., Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3211 25th Street  
 City Lubbock State TX Zip Code 79410-2135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383901**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Tutty, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20126 West Old Meadow Trail  
 City Long Grove State IL Zip Code 60047-3354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383905**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Miguel, Rafael, Victor, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 S Treasure Dr  
 City Tampa State FL Zip Code 33609-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF SOUTH FLORIDA PHYSICIANS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383908**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Wright, John, C Young, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2580 Chapel Rd  
 City Beaver State PA Zip Code 15009-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRI STATE OBSTETRICS & GYNECOLOGY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383912**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Trichtinger, Martin, Drew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Old York Rd Ste 203  
 City Jenkintown State PA Zip Code 19046-2872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTERNAL MEDICINE ASSOCIATES OF ABINGT Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383915**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Thomas, James, Washington, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1466 W Lamplighter Ln  
 City North Wales State PA Zip Code 19454-3696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383919**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Licciardi, Dolleen, Mary, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10612 Carthage St  
 City New Orleans State LA Zip Code 70123-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORMOND PEDIATRIC GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.72

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383923**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Cheung, Lawrence, Chichuen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2645 Ocean Ave Ste 103  
 City San Francisco State CA Zip Code 94132-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUTTER HEALTH Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383927**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Mazer, Theodore, Marc, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6699 Alvarado Rd Ste 2209  
 City San Diego State CA Zip Code 92120-5240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMERGENCY PHYSICIANS MEDICAL GROUP INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383931**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<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. Kimura, Bradon, Yoshio, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81-937 Halekii St Ste 4  
 City Kealakekua State HI Zip Code 96750-8182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KONA COMMUNITY HOSPITAL Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383935**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Sweeney, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 N Pollard St Apt 302  
 City Arlington State VA Zip Code 22203-4088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Association Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383938**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Moy, Clifford, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5657 Fairfax Dr  
 City Frisco State TX Zip Code 75034-5947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 417.08

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383943**  
 Amount of Each Receipt this Period 41.74  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Fountain, Cheryl, Gibson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 Lakepointe St  
 City Grosse Pointe State MI Zip Code 48230-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **271.90**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383947**  
 Amount of Each Receipt this Period **45.62**  
 Memo Item

**B. Gross, Robert, Lee, , Jr DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 999  
 City Kernville State CA Zip Code 93238-0999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTERNAL MEDICINE: ROBERT GROSS DO Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383951**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

**C. Diaz, David, Ray, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 W 16th St Ste 2800  
 City Indianapolis State IN Zip Code 46202-2279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARMEL SURGICAL SPECIALISTS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.70**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72383957**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>128.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 126
<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. Porter, Burdett, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Guthrie Sq  
 Guthrie Clinic Ltd  
 City Sayre State PA Zip Code 18840-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GUTHRIE HEALTH Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383961**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. May, Catherine, Stuart, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 P St NW  
 Ste 601  
 City Washington State DC Zip Code 20036-6971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383968**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Thau, Steven, Averill, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 W Broad St  
 Pulmonary Assoc Of Stamford Pc  
 City Stamford State CT Zip Code 06902-3633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PULMONARY ASSOCIATES OF STAMFORD PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 391.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72383971**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<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. Kief, Jan, Marie, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 Sand Hill Ct

City Highlands Ranch	State CO	Zip Code 80126-5266
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383975**

Amount of Each Receipt this Period  
41.66

Memo Item

**B. Moseley, Kathryn, Louise, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 N Ingalls St Rm 6C06  
Div Of General Pediatrics

City Ann Arbor	State MI	Zip Code 48109-0400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CHILDREN'S HEALTH EVALUATION CENTER	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383987**

Amount of Each Receipt this Period  
41.66

Memo Item

**c. Flanders, Christopher, D, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 343 Hobron Ln  
Apt 902

City Honolulu	State HI	Zip Code 96815-1060
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 72383994**

Amount of Each Receipt this Period  
41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 126
	<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. Fumo, David, Eugene, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3510 Iroquois Trl  
 City Michigan City State IN Zip Code 46360-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIGESTIVE HEALTH CARE ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72384004**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Christie, John, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 Riva Rd Bldg 600  
 City Annapolis State MD Zip Code 21401-7353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72420580**  
 Amount of Each Receipt this Period 249.99  
 Memo Item

**c. Salzberg, Paul, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 898  
 City Callicoon State NY Zip Code 12723-0898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72420600**  
 Amount of Each Receipt this Period 291.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
	<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. Albertini, John, Gerald, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 Professional Park Dr  
 Ste 150  
 City Winston Salem State NC Zip Code 27103-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKIN SURGERY CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72420609**  
 Amount of Each Receipt this Period 83.32  
 Memo Item

**B. Inglefield, Joseph, T, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 18th Street Cir SE  
 City Hickory State NC Zip Code 28602-1361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 21 / 2016  
**Transaction ID : 72420627**  
 Amount of Each Receipt this Period 83.32  
 Memo Item

**C. Maxey, Joy, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 455 E Paces Ferry Rd NE  
 Ste 212  
 City Atlanta State GA Zip Code 30305-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATLANTA CHILDRENS CLINICAL CENTER PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470944**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
<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. Irvin, Elvin, C, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 Harbourview Cir  
 City Pensacola State FL Zip Code 32507-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470945**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Cox, George, E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10308 Fleming Ave.  
 City Bethesda State MD Zip Code 20814-2136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470946**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Armandroff, Dean, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3603 Gunston Rd.  
 City Alexandria State VA Zip Code 22302-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470947**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 126
<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. Hay, James, Thos, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14202 Recuerdo Dr  
 City Del Mar State CA Zip Code 92014-2956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH COAST FAMILY MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470948**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Adams, Keith, Irvin, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Munro Rd  
 City Mill Hall State PA Zip Code 17751-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEALTH SERVICES OF CLARION INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470949**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Gallina, Gregory, Jude, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 W Spring Valley Ave Ste 103  
 City Maywood State NJ Zip Code 07607-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLON RECTAL SURGERY PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470950**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 126
	<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. Goodyear, James, Allan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Medical Campus Dr  
 Ste 310  
 City Lansdale State PA Zip Code 19446-7205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH PENN SURGICAL ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470951**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Buras, Floyd, Anthony, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 Live Oak St  
 City Metairie State LA Zip Code 70005-1243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEBOEUF & BURAS MDS INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470952**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Carpenter, Mary, Susan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 769  
 City Winner State SD Zip Code 57580-0769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAMILY PRACTICE ASSOC OF WINNER PLLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470953**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 126
	<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. Dillehay, Gary, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5555 N Sheridan Rd  
 Apt 1402  
 City Chicago State IL Zip Code 60640-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOYOLA UNIVERSITY PHYSICIAN FOUNDATION Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470954**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Gitlow, Stuart, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Gaskill St  
 City Woonsocket State RI Zip Code 02895-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470955**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Gould, Randolph, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Windy Ridge Pt  
 City Virginia Bch State VA Zip Code 23454-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORFOLK SURGICAL GROUP LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470956**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hertzka, Robert, Ernest, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1018

City Rcho Santa Fe	State CA	Zip Code 92067-1018
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) ANESTHESIA SERVICE MEDICAL GROUP	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470957**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Kennedy, John, Jos, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1675 Providence Ave

City Schenectady	State NY	Zip Code 12309-3919
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470958**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Komorowski, Mark, Chas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 S Trumbull St

City Bay City	State MI	Zip Code 48708-7656
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470959**

Amount of Each Receipt this Period  
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Koretz, Daniel, Joel, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1939 Lake Rd  
 City Ontario State NY Zip Code 14519-9792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470960**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Loomis, Glenn, Allen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 Route 55 Ste 200  
 City Lagrangeville State NY Zip Code 12540-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPARROW HEALTH SYSTEM Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470961**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Pryblick, Judith, Richmond, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5422 Holiday Dr  
 City Allentown State PA Zip Code 18104-9439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST LUKES PHYSICIAN GROUP INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470962**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<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. Simon, Michael, Bradley, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Gellatly Dr  
 City Wappingers Fl State NY Zip Code 12590-6452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAPA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470963**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. More, Robert, Cameron, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 Wescott Dr Ste 101  
 City Flemington State NJ Zip Code 08822-4671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUNTERDON ORTHOPEDIC INSTITUTE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470964**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**c. Mc Intyre, John, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Winton Rd S Bldg 4  
 City Rochester State NY Zip Code 14618-3970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITY MENTAL HEALTH Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470965**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Sangvai, Devdutta, G, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Oxboro Cir  
 City Durham State NC Zip Code 27713-8298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470966**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Franklin, Donald, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5335 Summerfield Ln  
 City Signal Mtn State TN Zip Code 37377-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEPHROLOGY ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470967**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Blake, Kathleen, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Massachusetts Ave NW  
 City Washington State DC Zip Code 20001-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470968**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 126
	<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. Clark, Spurgeon, Wm, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 Isabella St  
 City Waycross State GA Zip Code 31501-3638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMORY HEALTHCARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.36

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470969**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Pohl, Dieter, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Eames St  
 City Providence State RI Zip Code 02906-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RHODE ISLAND SURGEONS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470970**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Ray, Albert, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7035 Convoy Ct  
 Southern Ca Permanente Med Group  
 City San Diego State CA Zip Code 92111-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER FDN HEALTH PLAN NATION HQ Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470971**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
<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. Ding, Alexander, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1251 Talbryn Dr  
 City Belmont State CA Zip Code 94002-3755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARTNERS HEALTH CARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470972**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Eppes, Thomas, Walton, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1175 Corporate Park Dr  
 City Forest State VA Zip Code 24551-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTRAL VIRGINIA FAMILY PHYSICIANS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470973**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**c. Pillersdorf, Alan, Barth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 S Congress Ave Ste 100  
 City Palm Springs State FL Zip Code 33461-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLASTIC SURGERY OF PALM BEACH PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470974**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
<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. Sirio, Carl, Alexander, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Quail Hill Rd  
 City Pittsburgh State PA Zip Code 15238-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF PITTSBURGH MEDICAL CTR Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470975**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Megariotis, Evangelos, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Ravona St  
 City Clifton State NJ Zip Code 07012-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.59

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470976**  
 Amount of Each Receipt this Period 83.37  
 Memo Item

**c. Heine, Marilyn, Joan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Twining Rd  
 City Dresher State PA Zip Code 19025-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEVERN EMERGENCY PHYSICIANS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470977**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 126
<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. Lund, Peter, Scott, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7538 Wilson Dr

City Fairview	State PA	Zip Code 16415-1421
------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLIED UROLOGY ASSOCIATES	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470978**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Dart, Richard, Allen, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MARSHFIELD CLINIC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470979**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Mc Gill, John, Robt, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436A State St

City Bangor	State ME	Zip Code 04401-6606
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470980**

Amount of Each Receipt this Period  
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 126
<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. Haney, Perry, Lynn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6680  
 City Denver State CO Zip Code 80206-0680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPINEONE, INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470981**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Wu, Elizabeth, Fay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2504 Samaritan Dr Ste 20  
 City San Jose State CA Zip Code 95124-4005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470982**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Healy, Thomas, P., Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 547 S Clark St Apt 1401  
 City Chicago State IL Zip Code 60605-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72470983**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 126
	<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. Jafri, Mokarram, Husain, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Oakhurst Ct

City Clifton Park	State NY	Zip Code 12065-8719
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ANESTHESIA GROUP OF ALBANY	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470984**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Harmon, Gerald, Edward, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Shearwater Ct

City Georgetown	State SC	Zip Code 29440-7072
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470985**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Sexton, Michael, Jos, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Erica Ct

City Novato	State CA	Zip Code 94947-1900
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72470986**

Amount of Each Receipt this Period  
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 126
	<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. George, Aaron, Edward, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Beechwood Ln  
 City Chambersburg State PA Zip Code 17201-1489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470987**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Chapman, Jack, M, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2061 Beverly Rd  
 City Gainesville State GA Zip Code 30501-2034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470988**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Johnson, Julia, Virginia, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Belmont St  
 Umass Memorial Medical Center  
 City Worcester State MA Zip Code 01605-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMASS MEMORIAL HOSPITAL Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470989**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 126
	<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. Bailey, Susan, Rudd, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 Lovell Ave  
 F W A A  
 City Fort Worth State TX Zip Code 76107-5029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORT WORTH ALLERGY ASTHMA ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470990**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Garikes, Margaret, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4003 Sharp Place  
 City Alexandria State VA Zip Code 22304-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470991**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. De Figueiredo, John, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 573  
 City Cheshire State CT Zip Code 06410-0573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72470992**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<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. Hollmann, Peter, Amberg, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 Fort Ave  
 City Cranston State RI Zip Code 02905-3610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUE CROSS BLUE SHIELD OF RI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470993**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Brabson, Leonard, Allison, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 939 Emerald Ave Ste 806 Clark Tower  
 City Knoxville State TN Zip Code 37917-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470994**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Ridge, Frederick, Ray, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1043 N 1000 W  
 City Linton State IN Zip Code 47441-5281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470995**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 126
	<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. Mc Dade, William, Alfred, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5841 S Maryland Ave  
 Mc 4028

City Chicago State IL Zip Code 60637-1447

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470996**

Amount of Each Receipt this Period 83.33

Memo Item

**B. Osbahr, Albert, J, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Fairgrove Church Rd  
 Cvmc Ohs

City Hickory State NC Zip Code 28602-9617

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.93

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470997**

Amount of Each Receipt this Period 297.62

Memo Item

**C. Chandra, Prasanta, Chandra, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 8868

City Turnersville State NJ Zip Code 08012-8868

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

Name of Employer (for Individual) STOCKHOLM OB-GYN Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72470998**

Amount of Each Receipt this Period 83.33

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 464.28

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 126
	<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. Montgomery, John, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 Country Side Dr  
 City Orange Park State FL Zip Code 32003-4951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF FLORIDA JACKSONVILLE PHY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471000**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Shapiro, Carol, Sadie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7822 Gingerbread Ln  
 City Fairfax Station State VA Zip Code 22039-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471001**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**c. Skochelak, Susan, Eva, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 N Wabash Ave Unit 48J  
 City Chicago State IL Zip Code 60611-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471002**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 126
<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. Bergquist, Joanne, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 W Tacoma Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1166.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471003**

Amount of Each Receipt this Period  
166.66

Memo Item

**B. Baumer, Joan, E Goforth, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6078 Bridgeview Dr

City Ventura	State CA	Zip Code 93003-1126
-----------------	-------------	------------------------

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

Name of Employer (for Individual) JOHN PETER SMITH HLTH NETWORK	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471004**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Yu, Sherman, C, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 Binz St  
Ste 950

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471005**

Amount of Each Receipt this Period  
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 126
	<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. Timmerman, Donald, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Pinehurst Ln  
 City Moodus State CT Zip Code 06469-1176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT VALLEY HOSP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471006**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Varnum, Corliss, Adam, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79 Regan Dr  
 City Oswego State NY Zip Code 13126-5602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471007**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Hartman, John, William, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1521 Belle Plane Cir  
 City Green Bay State WI Zip Code 54313-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471008**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
<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. Certa, Kenneth, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Fox Hunt Cir  
 City Plymouth Mtng State PA Zip Code 19462-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS JEFFERSON UNIVERSITY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471009**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Williams, John, Phillip, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 W Grove Ln  
 City Gibsonia State PA Zip Code 15044-6053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471010**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Askew, Christopher, Todd, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2943 McKinley St, NW  
 City Washington State DC Zip Code 20015-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471011**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
<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. Hoven, Ardis, Dee, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2912 Sweet William Ct

City Lexington	State KY	Zip Code 40502-2975
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BLUEGRASS CARE CLINIC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2016

**Transaction ID : 72471012**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Elmassian, Kenneth, , , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 Pine Hollow Dr

City East Lansing	State MI	Zip Code 48823-9775
----------------------	-------------	------------------------

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

Name of Employer (for Individual) LANSING ANESTHESIOLOGISTS PC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2016

**Transaction ID : 72471013**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Ferguson, E, Scott, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 S Rhodes St  
Ste B

City West Memphis	State AR	Zip Code 72301-4213
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2016

**Transaction ID : 72471014**

Amount of Each Receipt this Period  
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mac Leod, Bruce, Alan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Mohican Dr  
 City Pittsburgh State PA Zip Code 15228-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASPN Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471015**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Abrams, William, R., Mr., JD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7702 Radcliffe Drive Apt. C  
 City Madison State WI Zip Code 53719-2083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WISCONSIN MEDICAL SOCIETY Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471016**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Grant, James, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1574 Sodon Lake Dr  
 City Bloomfield State MI Zip Code 48302-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEAUMONT HEALTH SYSTEM Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471017**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 126
	<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. Berkowitz, Steven, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Malke Dr

City Ocean	State NJ	Zip Code 07712-3371
---------------	-------------	------------------------

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

Name of Employer (for Individual) SEAVIEW ORTHOPAEDIC & MEDICAL ASSOCIAT	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471018**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Polifroni, Nicholas, V, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 761 Main Ave  
Ste 115

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471019**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Desrosiers, Taylor, Tonia, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Armstrong St

City Portsmouth	State VA	Zip Code 23704-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JOHN HOPKINS	Occupation (for Individual) Resident
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

**Transaction ID : 72471020**

Amount of Each Receipt this Period  
41.66

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 126
	<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. Sudduth, Christopher, Lance, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2508 S 14th St  
 City Broken Arrow State OK Zip Code 74012-7264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 341.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471021**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Adrain, Alyn, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 W River St  
 City Providence State RI Zip Code 02904-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471022**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Srisinroongruang, Rattapol, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2728 McKinnon St Apt 1821  
 City Dallas State TX Zip Code 75201-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AEMA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471023**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<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. Moser, Kimberly, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3216 High Ridge Drive  
 City Taylor Mill State KY Zip Code 41015-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KPPAC Occupation (for Individual) State Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471024**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Daviss, Steven, Roy, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 Rueckert Ave  
 City Baltimore State MD Zip Code 21214-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHEPPARD PRATT PHYSICIANS PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471025**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Azad, Deepak, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3505 Charlevoix Ct  
 City Floyds Knobs State IN Zip Code 47119-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471026**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 126
	<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. Depersio, Richard, John, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7557 Dannaer Dr  
 Ste 220  
 City Powell State TN Zip Code 37849-3563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREATER KNOXVILLE EAR NOSE & THROAT AS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471027**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Shah, Tina, Rashmi, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5841 S Maryland Ave  
 Ste MC7082  
 City Chicago State IL Zip Code 60637-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDSTAR MEMORIAL UNION HOSPITAL Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471028**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Harvey, David, Thos, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Kellsworth Way  
 City Tyrone State GA Zip Code 30290-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SURGICAL & COSMETIC DERMATOLOGY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471029**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 126
	<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. Sharma, Prateek, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 Avalon Pines Dr  
 City Coram State NY Zip Code 11727-5169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOSTON MEDICAL CENTER Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471030**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Lesko, Joshua, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 645 Lost Key Dr Unit 802  
 City Pensacola State FL Zip Code 32507-2678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAIRVIEW PARK HOSPITAL Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471031**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Sternstein, Michaela, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 N Wabash Ave Ste. 39300  
 City Chicago State IL Zip Code 60611-3586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN MEDICAL ASSOCIATION Occupation (for Individual) AMA Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471032**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
	<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. Armstrong, Grayson, Wilkes, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Prospect St  
 Apt 5  
 City Cambridge State MA Zip Code 02139-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARVARD MEDICAL SCHOOL Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471033**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Sarma, Karthik, Venkataraman, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10989 Rochester Ave  
 Apt 111  
 City Los Angeles State CA Zip Code 90024-6228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Medical Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471034**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**c. Mclaughlin, Jerry, D, , II MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 Pinegrove Ln  
 City Longview State TX Zip Code 75604-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471035**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
<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. Lucas, Marshall, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8701 New Trails Dr  
 Ste 150  
 City Spring State TX Zip Code 77381-4546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JASON D BARON MD PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471036**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Sublett, James, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W Jefferson St  
 Ste 160  
 City Louisville State KY Zip Code 40202-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAMILY ALLERGY & ASTHMA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471037**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rao, Niranjan, Venkat, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 Easton Ave  
 Fl 3  
 City New Brunswick State NJ Zip Code 08901-1885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTRAL JERSEY SURGICAL SPECIALISTS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471038**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 126
	<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. Guptill, William, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Creeping Jenny Ln  
 City Taunton State MA Zip Code 02780-7206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARITAS MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471039**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Couch, Robert, Harold, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10606 Hobbs Station Rd  
 City Louisville State KY Zip Code 40223-2671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471040**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Bozyk, Paul, Douglas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31926 Robinhood Dr  
 City Beverly Hills State MI Zip Code 48025-3539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471041**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 126
	<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. Roberts, John, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 E Chestnut St  
 Ste 518  
 City Louisville State KY Zip Code 40202-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEONATAL ASSOCIATES PSC ADMINISTRATIVE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471042**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Ingram, John, Jackson, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 266 Joule St  
 East TN Med Grp  
 City Alcoa State TN Zip Code 37701-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EAST TENNESSEE MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471043**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**c. Wayne, Kenneth, Scott, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2515 SW State St  
 Ste 100  
 City Ankeny State IA Zip Code 50023-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IOWA HEALTH PHYSICIANS INTERNAL MEDICI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471044**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 126
	<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. Swee, David, Ethan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 Hoes Ln W  
 Rutgers RWJ Medical School  
 City Piscataway State NJ Zip Code 08854-8021  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471045**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Galper, Merav, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1284 Beacon St  
 Apt 815  
 City Brookline State MA Zip Code 02446-3734  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) CARNEY HOSPITAL Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 291.70

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471046**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Rice, Randy, Jerold, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93669 Viking Way  
 City Sturgeon Lake State MN Zip Code 55783-3601  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) GATEWAY FAMILY HEALTH CLINIC LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471047**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 126
<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. Pevoto, Patrick, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2373 G Rd  
 Ste 700  
 City Grand Jct State CO Zip Code 81505-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAVIS OB GYN ASSOCIATES OF N W AUSTIN Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72471048**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Florio, Karen, L, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 NE Landings Ct  
 City Lees Summit State MO Zip Code 64064-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAINT LUKE'S HEALTH SYSTEM Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72471049**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Wetzel, Ezekiel, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 N Causeway Blvd  
 Ste 625  
 City Metairie State LA Zip Code 70002-1771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.35**

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : 72471050**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 126
	<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. Moss, Charles, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 Manor Dr  
 City Ramsey State NJ Zip Code 07446-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HACKENSACK HYPERBARIC MEDICINE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471051**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Thorp, Richard, Earl, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2395 Tokay Ct  
 City Paradise State CA Zip Code 95969-6658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARADISE MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.35

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471053**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Yugawa, Craig, Michael, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5559 Pershing Ave # 1F  
 City Saint Louis State MO Zip Code 63112-1703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Medical Student  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 311.66

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471054**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.65
<b>TOTAL</b> 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 83 OF 126
	<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. Hamilton, William, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5171 S Cottonwood St  
 Ste 750  
 City Salt Lake Cty State UT Zip Code 84107-5705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTERMOUNTAIN HEALTHCARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471060**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Mueller, Nancy, Louise, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 E Palisade Ave  
 City Englewood State NJ Zip Code 07632-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471061**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**c. Egbert, Lisa, Bohman, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5335 Far Hills Ave  
 Ste 112  
 City Dayton State OH Zip Code 45429-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON WOMEN'S CARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471062**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 126
<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. Walker, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10635 Canterbury Rd.

City Fairfax Station	State VA	Zip Code 22039-1927
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1458.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

**Transaction ID : 72471064**

Amount of Each Receipt this Period  
208.33

Memo Item

**B. Imbeau, Stephen, Alan, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 E Cheves St Ste 420  
Allergy Asthma and Sinus Ctr

City Florence	State SC	Zip Code 29506-2649
------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLERGY ASTHMA & SINUS CENTER	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1458.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

**Transaction ID : 72471065**

Amount of Each Receipt this Period  
208.33

Memo Item

**C. Tildon-Burton, Janice, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Glasgow Ave  
Ste 207

City Newark	State DE	Zip Code 19702-5704
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1766.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

**Transaction ID : 72471066**

Amount of Each Receipt this Period  
208.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 126
	<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. Harris, Patrice, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1397 Wood Pond Cv  
 City Stone Mtn State GA Zip Code 30083-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471067**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Mukkamala, Srinivas, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1170 Charter Dr Ste F  
 City Flint State MI Zip Code 48532-3587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471068**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Kobler, William, Eric, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6729 Millbrook Dr  
 City Rockford State IL Zip Code 61108-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSF MEDICAL GROUP Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471069**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 126
	<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. Madejski, Thomas, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Ohio St  
 Ste C  
 City Medina State NY Zip Code 14103-1191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471070**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Puchalski, Robert, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 520  
 City Lugoff State SC Zip Code 29078-0520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH CAROLINA ENT Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.70

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471071**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**c. Flagg, Seth, Yawki, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9129 Bradford Rd  
 City Silver Spring State MD Zip Code 20901-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US NAVY Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471072**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 126
	<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. Chu, Betty, Shuwein, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 Warrington Rd  
 City Bloomfield State MI Zip Code 48304-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471073**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Libby, Russell, Clark, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3020 Hamaker Ct Ste 200  
 City Fairfax State VA Zip Code 22031-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VIRGINIA PEDIATRIC GROUP LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471074**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Tuttle, Georgia, Anne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Mechanic St The Skin Care Ctr  
 City Lebanon State NH Zip Code 03766-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471075**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.99
<b>TOTAL</b> 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 88 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ehrenfeld, Jesse, Menachem, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2223 Woodmont Blvd

City Nashville	State TN	Zip Code 37215-1417
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

**Transaction ID : 72471076**

Amount of Each Receipt this Period  
208.33

Memo Item

**B. Galper, Benjamin, Zev, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1284 Beacon St  
Apt 815

City Brookline	State MA	Zip Code 02446-3734
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BRIGHAM AND WOMEN'S HOSPITAL	Occupation (for Individual) Resident
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
729.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

**Transaction ID : 72471077**

Amount of Each Receipt this Period  
104.16

Memo Item

**c. Block-Abraham, Dana, M, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6418 Liquid Laughter Ln

City Columbia	State MD	Zip Code 21044-6044
------------------	-------------	------------------------

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

Name of Employer (for Individual) UNIV OF MARYLAND MEDICAL CTR	Occupation (for Individual) Resident
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
729.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

**Transaction ID : 72471078**

Amount of Each Receipt this Period  
104.16

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.65
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 126
	<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. Hamide, John, Pasteur, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 Carthage St  
 City Metairie State LA Zip Code 70002-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LSUHSC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471079**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Rorick, Marvin, H, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4805 Montgomery Rd  
 City Cincinnati State OH Zip Code 45212-2198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIVER HILLS HEALTH CARE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471080**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Morgan, Alethia, Ellen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 17540 Risk Management  
 City Denver State CO Zip Code 80217-0540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471081**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Battista, Michael, Arthur, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Orsinger HI  
 City San Antonio State TX Zip Code 78230-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1458.35**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72471082**  
 Amount of Each Receipt this Period **208.33**  
 Memo Item

**B. Tomei, Krystal, Lynne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5245 River Creek Rd  
 City Lyndhurst State OH Zip Code 44124-3762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BARROW NEUROLOGICAL INSTITUTE Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1458.35**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72471083**  
 Amount of Each Receipt this Period **208.33**  
 Memo Item

**C. Snook, Lee, Thos, , Jr MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2288 Auburn Blvd Ste 106  
 City Sacramento State CA Zip Code 95821-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1458.35**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72471084**  
 Amount of Each Receipt this Period **208.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>624.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126
	<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. Tenner, Scott, Mitchel, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Trenton Ave  
 City East Atlantic Beach State NY Zip Code 11561-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY PHYSICIANS OF BROOKLYN INC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471085**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Fleischman, Steven, Jay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 Rimmon Rd  
 City Woodbridge State CT Zip Code 06525-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OB/GYN & MENOPAUSE PHYSICIANS PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471086**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Buckley, Brooke, Mattern, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Medical Pkwy Ste 600  
 City Annapolis State MD Zip Code 21401-3280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471087**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126
	<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. Bishop, Justin, Miles, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6127 Reiger Ave  
 City Dallas State TX Zip Code 75214-4535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TTUHSC Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 729.20

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471088**  
 Amount of Each Receipt this Period 104.16  
 Memo Item

**B. Rege, Sheila, Dattatraya, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7379 W Deschutes Ave Ste 100  
 City Kennewick State WA Zip Code 99336-7900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LSU CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471089**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Wheeler, Benton, M, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1560 Central Ave  
 City Memphis State TN Zip Code 38104-5062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 72471092**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Taintor, Zebulon, Charles, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 E 93rd St  
 City New York State NY Zip Code 10128-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 72471093**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Buggs, Mablene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 S 13th St  
 City Saint Louis State MO Zip Code 63118-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEARTLAND REGIONAL MEDICAL CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 72471105**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Mansfield, Donald, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5614 Bunky Way  
 City Dunwoody State GA Zip Code 30338-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 72471135**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 126
<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. Sprawls, Richard, Duff, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 N Washington Ave  
 City Titusville State FL Zip Code 32796-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPACE COAST MEDICAL ASSOCIATES Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 72471138**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Migliori, Michael, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.35

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471305**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Peterson, Lucy, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 W 8th Ave Ste 500  
 City Spokane State WA Zip Code 99204-2300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.36

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72471307**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	916.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126
	<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. Jordan, John, Robert, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5100 Williamsburg Blvd

City Arlington	State VA	Zip Code 22207-1813
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

**Transaction ID : 72471412**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Richens, Sharon, R Metzger, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 W 200 N  
Ste 200

City St George	State UT	Zip Code 84770-2728
-------------------	-------------	------------------------

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

Name of Employer (for Individual) EYE CARE SPECIALISTS PS	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2016

**Transaction ID : 72755212**

Amount of Each Receipt this Period  
166.66

Memo Item

**C. Park, Aimee, Sungun, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3817 Bush Creek Dr

City Frederick	State MD	Zip Code 21704-7825
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CARDIOLOGY ASSOCIATES OF LEXINGTON PSC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

**Transaction ID : 72777593**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2749.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
<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. Grossman, Owen, Matthew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 169 Lake Penchant Ct  
 City Houma State LA Zip Code 70360-8322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TERREBONNE GENERAL MEDICAL CENTER Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : 72778471**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Stafford, William, Clayton, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Metker Trl  
 Stanford Immediat Care  
 City Stanford State KY Zip Code 40484-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.88

Date of Receipt 07 / 29 / 2016  
**Transaction ID : 72778484**  
 Amount of Each Receipt this Period 26.36  
 Memo Item

**C. Spencer, Mary, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 Eastwood Street  
 City Pascagoula State MS Zip Code 39567-7555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Physician Spouse  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : 72778493**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1026.36
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 126
<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. Harris, Shirley, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3292 Mountain Dr  
 Ste A  
 City Decatur State GA Zip Code 30032-1102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : 72778501**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Malick, Alnoor, Abdul, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7707 Fannin St  
 Ste 110  
 City Houston State TX Zip Code 77054-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLERGY CLINIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2016  
**Transaction ID : 74270142**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$2500.00 This changes the YTD Total to \$500.00

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	36101.08

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 126
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. PNC ADVISORS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 96211

City Washington	State DC	Zip Code 20090
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
183.90

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2016

**Transaction ID : 72809761**

Amount of Each Receipt this Period  
86.80

Memo Item

Interest

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.80
<b>TOTAL</b> This Period (last page this line number only).....	86.80



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mchenry For Congress**

Mailing Address PO Box 2165

City  
Gastonia

State  
NC

Zip Code  
28053

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**McHenry, Patrick, Timothy, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C C00393629

**Transaction ID : 72003984**

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Good Fund**

Mailing Address PO Box 6572

City  
Springfield

State  
VA

Zip Code  
22150

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C

**Transaction ID : 72053848**

Amount of Each Disbursement this Period

3000.00

2016 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOE-PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C

**Transaction ID : 72053849**

Amount of Each Disbursement this Period

5000.00

2016 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

13000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MCPAC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

Category/  
Type

Candidate Name  
**MCPAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number  
**C** C00540187  
**Transaction ID : 72054011**  
Amount of Each Disbursement this Period  
2500.00  
2016 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Voice For Freedom**

Mailing Address 2700 Cumberland Parkway  
Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2016 Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number  
**C**  
**Transaction ID : 72072373**  
Amount of Each Disbursement this Period  
5000.00  
2016 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Byrne For Congress**

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Byrne, Bradley, , ,**

Office Sought:  House  Senate  President  
State: AL District: 01

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number  
**C** C00545673  
**Transaction ID : 72072375**  
Amount of Each Disbursement this Period  
2000.00  
2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Martha Roby For Congress**

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Roby, Martha, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C C00462143

**Transaction ID : 72072391**

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert Aderholt For Congress**

Mailing Address P. O. Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Aderholt, Robert, B., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: AL District: 04

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C C00313247

**Transaction ID : 72072393**

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Lujan, Ben, Ray, Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C C00443689

**Transaction ID : 72072398**

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Holding, George, , ,**

Office Sought:  House  
 Senate  
 President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72072402**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Rice For Congress**

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Rice, Tom, , ,**

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72223264**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Buddy Carter For Congress**

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Carter, Buddy, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: GA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72227378**

Amount of Each Disbursement this Period

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Schatz For Senate**

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Schatz, Brian, E., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: HI District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72227387**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson For Congress Inc.**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833

Purpose of Disbursement  
2016 Primary Run-Off

Category/  
Type

Candidate Name  
**Ferguson, Anderson, , , IV**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 03 Runoff2016

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72227399**

Amount of Each Disbursement this Period

2016 Primary Run-Off

Memo Item

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Price, Thomas, Edmunds, Rep., M.D.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72227400**

Amount of Each Disbursement this Period

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Scott For Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Scott, David, Albert, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: GA District: 13

Date of Disbursement

/  /

FEC Identification Number

**C** C00369801

**Transaction ID : 72227407**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Tiberi, Pat, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: OH District: 12

Date of Disbursement

/  /

FEC Identification Number

**C** C00347492

**Transaction ID : 72227412**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Walz For Us Congress**

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Walz, Timothy, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: MN District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00409409

**Transaction ID : 72471574**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

FEC Identification Number

C	C00439661
---	-----------

City Eden Prairie State MN Zip Code 55344

**Transaction ID : 72471604**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name  
**Paulsen, Erik, P., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

2016 Primary

Memo Item

State: MN District: 03

Full Name (Last, First, Middle Initial)

**B. Mccollum For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 14131

FEC Identification Number

C	C00354688
---	-----------

City St. Paul State MN Zip Code 55114

**Transaction ID : 72471648**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name  
**McCollum, Betty, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

2016 Primary

Memo Item

State: MN District: 04

Full Name (Last, First, Middle Initial)

**C. Ellison For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address PO Box 6072

FEC Identification Number

C	C00422410
---	-----------

City Minneapolis State MN Zip Code 55406

**Transaction ID : 72471671**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name  
**Ellison, Keith, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

2016 Primary

Memo Item

State: MN District: 05

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Emmer For Congress**

Mailing Address PO Box 998

City  
Anoka

State  
MN

Zip Code  
55303

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Emmer, Thomas, , , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

C C00545749

**Transaction ID : 72471687**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Peterson For Congress**

Mailing Address 26192 Floyd Lake Point Road

City  
Detroit Lakes

State  
MN

Zip Code  
56502

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Peterson, Collin, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

C C00253187

**Transaction ID : 72471690**

Amount of Each Disbursement this Period

5000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nolan For Congress Volunteer Committee**

Mailing Address PO Box 1041

City  
Brainerd

State  
MN

Zip Code  
56401

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Nolan, Richard, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

C C00499053

**Transaction ID : 72471691**

Amount of Each Disbursement this Period

5000.00

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Herrera-Beutler, Jaime, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72471693**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72471694**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Kilmer, Derek, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72471696**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Adam Smith For Congress Committee**

Mailing Address PO Box 578

City  
Renton

State  
WA

Zip Code  
98057

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Smith, Adam, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C C00304709

**Transaction ID : 72471699**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City  
Olympia

State  
WA

Zip Code  
98507

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Heck, Dennis, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: WA District: 10

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C C00472159

**Transaction ID : 72471701**

Amount of Each Disbursement this Period

3000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Walden, Greg, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2016

FEC Identification Number

C C00333427

**Transaction ID : 72624278**

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Thompson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: CA District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72634546**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Crapo For Us Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Crapo, Mike, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: ID District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72635777**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name  
**Neal, Richard, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: MA District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72635986**

Amount of Each Disbursement this Period

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Re-Elect Mcgovern Committee**

Mailing Address PO Box 60405

City  
Worcester

State  
MA

Zip Code  
01606

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**McGovern, James, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00285171

**Transaction ID : 72636261**

Amount of Each Disbursement this Period

3000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Niki Tsongas Committee**

Mailing Address PO Box 1454

City  
Lowell

State  
MA

Zip Code  
01853

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Tsongas, Niki, S., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00433136

**Transaction ID : 72636596**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City  
Newton

State  
MA

Zip Code  
02459

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kennedy, Joseph, , , III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00512970

**Transaction ID : 72636772**

Amount of Each Disbursement this Period

3000.00

2016 Primary

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Clark For Congress**

Mailing Address PO Box 361

City  
Malden

State  
MA

Zip Code  
02148

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Clark, Katherine, M, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00541888

**Transaction ID : 72636991**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Capuano, Michael, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00336388

**Transaction ID : 72637199**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen Lynch For Congress**

Mailing Address 105 Farragut Rd

City  
South Boston

State  
MA

Zip Code  
02124

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Lynch, Stephen, F., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2016

FEC Identification Number

C C00366948

**Transaction ID : 72637442**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. The Bill Keating Committee**

Mailing Address P.O. Box 3065

City  
Buzzards Bay

State  
MA

Zip Code  
02532

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Keating, William, R., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	6

FEC Identification Number

C C00479063

**Transaction ID : 72637705**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rob Bishop For Congress**

Mailing Address PO Box 1776

City  
Brigham City

State  
UT

Zip Code  
84302

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Bishop, Rob, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: UT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	6

FEC Identification Number

C C00374231

**Transaction ID : 72637941**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City  
Alpine

State  
UT

Zip Code  
84004

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Chaffetz, Jason, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	6

FEC Identification Number

C C00431684

**Transaction ID : 72638224**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3000.00

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

8000.00


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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name

**Love, Mia, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72638429**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name

**Schumer, Charles, E., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NY District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72757338**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lee Zeldin For Congress**

Mailing Address PO Box 133

City Shirley State NY Zip Code 11967

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name

**Zeldin, Lee, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 72757339**

Amount of Each Disbursement this Period

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donovan For Congress**

Mailing Address 440 Leverett Avenue

City Staten Island State NY Zip Code 10308

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Donovan, Daniel, M., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 11

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00571869

**Transaction ID : 72757343**

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Crowley, Joseph, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 14

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00338954

**Transaction ID : 72757344**

Amount of Each Disbursement this Period

5000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul Tonko For Congress**

Mailing Address 911 Central Avenue # 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2016 General

011  
Category/  
Type

Candidate Name  
**Tonko, Paul, David, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00450049

**Transaction ID : 72757345**

Amount of Each Disbursement this Period

1000.00

2016 General

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Reed, Tom, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C** C00464032

**Transaction ID : 72757346**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins For Congress**

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Collins, Christopher, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**C** C00520379

**Transaction ID : 72757347**

Amount of Each Disbursement this Period

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Toomey, Patrick, , ,**

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C** C00461046

**Transaction ID : 72757350**

Amount of Each Disbursement this Period

2016 General

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Kelly, Mike, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00474189

**Transaction ID : 72757401**

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan Costello For Congress**

Mailing Address PO Box 3154

City  
West Chester

State  
PA

Zip Code  
19381

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Costello, Ryan, , Mr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00465633

**Transaction ID : 72757402**

Amount of Each Disbursement this Period

3000.00

2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S Providence Rd

City  
Media

State  
PA

Zip Code  
19063

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Meehan, Patrick, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00466870

**Transaction ID : 72757403**

Amount of Each Disbursement this Period

2000.00

2016 General

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian Fitzpatrick For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address PO Box 939

FEC Identification Number

C	C00607416
---	-----------

**Transaction ID : 72757405**

Amount of Each Disbursement this Period

5000.00
---------

2016 General

Memo Item

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
2016 General

011
Category/ Type

Candidate Name  
**Fitzpatrick, Brian, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address PO Box 442

FEC Identification Number

C	C00386847
---	-----------

**Transaction ID : 72757406**

Amount of Each Disbursement this Period

5000.00
---------

2016 General

Memo Item

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2016 General

011
Category/ Type

Candidate Name  
**Dent, Charlie, W., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Full Name (Last, First, Middle Initial)

**C. Smucker For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 548 Steel Way  
PO Box 7066

FEC Identification Number

C	C00599464
---	-----------

**Transaction ID : 72757408**

Amount of Each Disbursement this Period

3000.00
---------

2016 General

Memo Item

City Lancaster State PA Zip Code 17604

Purpose of Disbursement  
2016 General

011
Category/ Type

Candidate Name  
**Smucker, Lloyd, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Olson, Pete, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number  
**C** C00437913  
**Transaction ID : 72757409**  
Amount of Each Disbursement this Period  
1000.00  
2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**Babin, Brian, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 36

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number  
**C** C00553859  
**Transaction ID : 72757410**  
Amount of Each Disbursement this Period  
1000.00  
2016 General

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Matt Gaetz**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Gaetz, Matt, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 01

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number  
**C** C00612432  
**Transaction ID : 72757412**  
Amount of Each Disbursement this Period  
5000.00  
2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ted Yoho For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016
Mailing Address 5745 Sw 75th Street, #283		FEC Identification Number C00494583 <b>Transaction ID : 72757413</b>
City Gainesville	State FL	Zip Code 32608
Purpose of Disbursement 2016 Primary		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Yoho, Theodore, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: FL	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Mica For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016
Mailing Address P. O. Box 181546		FEC Identification Number C00283051 <b>Transaction ID : 72757414</b>
City Casselberry	State FL	Zip Code 32718
Purpose of Disbursement 2016 Primary		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Mica, John, L., Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Bill Posey</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016
Mailing Address P. O. Box 411486		FEC Identification Number C00444968 <b>Transaction ID : 72757415</b>
City Melbourne	State FL	Zip Code 32941
Purpose of Disbursement 2016 Primary		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Posey, Bill, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: FL	District: 08	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dena**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 3956 Town Center Blvd  
Ste 457

FEC Identification Number

C	C00581926
---	-----------

City Orlando State FL Zip Code 32837

**Transaction ID : 72757417**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Grayson, Dena, , MD PhD**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bilirakis For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address PO Box 606

FEC Identification Number

C	C00408534
---	-----------

City Tarpon Springs State FL Zip Code 34688

**Transaction ID : 72757418**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

**Bilirakis, Gus, M., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify)

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 301 W Platt Street, #385

FEC Identification Number

C	C00410761
---	-----------

City Tampa State FL Zip Code 33606

**Transaction ID : 72757419**

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Castor, Kathy, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dennis Ross**

Mailing Address Post Office Box 7310

City  
Lakeland

State  
FL

Zip Code  
33807

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ross, Dennis, A., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2016

FEC Identification Number

C C00459461

**Transaction ID : 72757420**

Amount of Each Disbursement this Period

2500.00
---------

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Buchanan, Vern, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2016

FEC Identification Number

C C00412759

**Transaction ID : 72757421**

Amount of Each Disbursement this Period

4000.00
---------

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Rooney For Congress**

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City  
Punta Gorda

State  
FL

Zip Code  
33950

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rooney, Thomas, J., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2016

FEC Identification Number

C C00432906

**Transaction ID : 72757473**

Amount of Each Disbursement this Period

1000.00
---------

2016 Primary

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rebecca Negron For Congress**

Mailing Address P. O. Box 1980

City: Stuart  
State: FL  
Zip Code: 34995

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Negron, Rebecca, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 18  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00575910

**Transaction ID : 72757475**

Amount of Each Disbursement this Period

5000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lois Frankel For Congress**

Mailing Address PO Box 812421

City: Boca Raton  
State: FL  
Zip Code: 33481

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Frankel, Lois, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 22  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00494856

**Transaction ID : 72757476**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ted Deutch For Congress Committee**

Mailing Address 1050 17th St, Nw, Ste 590

City: Washington  
State: DC  
Zip Code: 20036

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Deutch, Theodore, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 22  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C C00469163

**Transaction ID : 72757527**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mario Diaz-Balart For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 8724 Sw 72nd Street  
# 420

FEC Identification Number

**C** C00376087

**Transaction ID : 72757578**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Memo Item

City Miami State FL Zip Code 33173

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Diaz-Balart, Mario, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 25

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 8724 Sw 72nd St

FEC Identification Number

**C** C00546846

**Transaction ID : 72757581**

Amount of Each Disbursement this Period

5000.00

2016 Primary

Memo Item

City Miami State FL Zip Code 33173

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Curbelo, Carlos, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 26

Full Name (Last, First, Middle Initial)

**C. Ros-Lehtinen For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address PO Box 522784

FEC Identification Number

**C** C00280537

**Transaction ID : 72757584**

Amount of Each Disbursement this Period

1000.00

2016 Primary

Memo Item

City Miami State FL Zip Code 33152

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Ros-Lehtinen, Ileana, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 27

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Tulsi For Hawai'i

Mailing Address PO Box 75561

City  
Kapolei

State  
HI

Zip Code  
96707

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Gabbard, Tulsi, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	6

FEC Identification Number

C C00497396

**Transaction ID : 72776543**

Amount of Each Disbursement this Period

2000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

### B. Schatz For Senate

Mailing Address PO Box 3828

City  
Honolulu

State  
HI

Zip Code  
96812

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Schatz, Brian, E., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	6

FEC Identification Number

C C00540732

**Transaction ID : 72776544**

Amount of Each Disbursement this Period

3000.00

2016 Primary

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

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

228500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Malick, Alnoor, Abdul, , MD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Mailing Address 7707 Fannin St  
Ste 110

City Houston State TX Zip Code 77054-1918

Purpose of Disbursement  
Malick Refund- Used corporate card on AMPAC Online

010
Category/ Type

FEC Identification Number

C
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**Transaction ID : 72222379**

Amount of Each Disbursement this Period

2500.00
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Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item Malick Refund- Used corporate card on AMPAC Online

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

2500.00
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2500.00
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