

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25 MASSACHUSETTS AVE, NW

SUITE 600

WASHINGTON

DC

20001-7400

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

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
08 01 2026

through

M M M / D D D / Y Y Y Y Y Y
08 31 2026

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

Type or Print Name of Treasurer

JORDAN, ROB, , MR.,

Signature of Treasurer

JORDAN, ROB, , MR.,

Date

M M M / D D D / Y Y Y Y Y Y
09 16 2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEEReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
08		01		2026

 To:

M M	/	D D	/	Y Y Y Y Y
08		31		2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		1170409.33
(b) Cash on Hand at Beginning of Reporting Period.....	1134639.45	
(c) Total Receipts (from Line 19)	51116.04	974171.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1185755.49	2144581.11
7. Total Disbursements (from Line 31)	169860.35	1128685.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1015895.14	1015895.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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
08 01 2026

To:

M M / D D / Y Y Y Y
08 31 2026

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).....

39180.52

755726.11

(ii) Unitemized

2066.49

136894.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

41247.01

892620.66

(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)

41247.01

892620.66

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.).....

9869.03

81551.12

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))

51116.04

974171.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

51116.04

974171.78

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	2860.35	58325.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2860.35	58325.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	167000.00	739500.00
24. Independent Expenditures (use Schedule E)	0.00	300163.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4040.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4040.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	26657.42
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)) ..	169860.35	1128685.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	169860.35	1128685.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41247.01	892620.66
34. Total Contribution Refunds (from Line 28(d))	0.00	4040.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41247.01	888580.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2860.35	58325.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2860.35	58325.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 93

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAFLA-YUAN, ERIC, LEI, , MDMailing Address 302 WASHINGTON ST
PMB 115City
SAN DIEGOState
CAZip Code
92103-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : AE4186ED31CEC42038B3

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUSHANGI, DINESH, , , MD

Mailing Address 15604 SHAWNEE DR

City
OVERLAND PARKState
KSZip Code
66223-3359FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC - KANSASOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : A4FE4891022A541939FD

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABRAHAM, JERRY, PUTHENPURAKAL, , MDMailing Address 420 S SAN PEDRO ST
APT 228City
LOS ANGELESState
CAZip Code
90013-2182FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A58B2665FA1C342F68A2

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

624.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AJRAWAT, HARBHAJAN, SINGH, , MD

Mailing Address 1152 RIVER BAY RD

City
ANNAPOLISState
MDZip Code
21409-4832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID ATLANTIC UROLOGY ASSOCIATES LLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A36C955311E324104ABB

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALBERTINI, JOHN, GERALD, , MDMailing Address 1450 PROFESSIONAL PARK DR
STE 150City
WINSTON SALEMState
NCZip Code
27103-1307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKIN SURGERY CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A7EB2C4C8B24040B39E3

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLISON, CHRISTOPHER, FREDERICK, , MDMailing Address 10 HOSPITAL DR
NORTHERN CUMBERLAND MED CTCity
BRIDGTONState
MEZip Code
04009-1148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAYSTATE HEALTH SYSTEMOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A1C4B446B804A479594B

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

124.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 93

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. APOLINARIO, ARTHUR, E., MD

Mailing Address 404 FAIRVIEW ST

City
CLINTONState
NCZip Code
28328-2312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLINTON MEDICAL CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB441DDCD282648ADA4E

Amount of Each Receipt this Period

312.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARMSTRONG, ANTHONY, JOS., MDMailing Address 4126 N HOLLAND SYLVANIA RD
STE 220City
TOLEDOState
OHZip Code
43623-3536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTFIELD OB GYN ASSOCIATESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD40507AB0EE348C7A93

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ASKEW, CHRISTOPHER, TODD, MR.,

Mailing Address 2943 MCKINLEY ST NW

City
WASHINGTONState
DCZip Code
20015-1217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A079871537A974FC3A97

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

770.82

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

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

FOR LINE NUMBER: PAGE 9 OF 93
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AZRAK, ELIE, , , MD

Mailing Address 13345 BUCKLAND HALL RD

City
SAINT LOUIS

State
MO

Zip Code
63131-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST LOUIS CARDIOLOGY CONSULTANTS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : AEEE1B13B38B3463E9AC

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAIR, MARK, N, , MD

Mailing Address 6048 W DRY CREEK CIR

City
HIGHLAND

State
UT

Zip Code
84003-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAREPOINT HEALTH, LLC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : ACE9761CA659B479499E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAJWA, OMER, , , MD

Mailing Address 5416 RAPIDAN CT

City
LOTHIAN

State
MD

Zip Code
20711-9673

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MARYLAND CAPITAL REGION

Occupation (for Individual)
RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A264A23334D8A4DDEA70

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARBE, DAVID, ORRIN, , MD

Mailing Address 2548 ROBIN LN

City
MOUNTAIN GRVState
MOZip Code
65711-2534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A8F62AC0693AC473DB4E

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARRON, KENNETH, IAN, , MD

Mailing Address 630 RAINIER RD

City
CHARLOTTESVLEState
VAZip Code
22903-4045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRUESDALE OBGYNOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A02A95888B3A94C71B5C

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERGER, MICHELLE, A, , MD

Mailing Address 6700 VALBURN DR

City
AUSTINState
TXZip Code
78731-1802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ADDD74A3D33344CF6B90

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERKENSTOCK, ORAN, LEE, , MD

Mailing Address 460 WOLF VIEW CV

City
CORDOVAState
TNZip Code
38018-7629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRIMARY CARE SPECIALISTS INCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A822106AB522D4612A32

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERKUN, ROSE, , , MD

Mailing Address 55 GALILEO DR

City
BUFFALOState
NYZip Code
14221-2776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHEAST AMBULATORY ANESTHESIA, PLLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AEA9D2097E82B4011BCB

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERNARDO, PETER, AUGUSTO, , MD

Mailing Address 3356 HOMESTEAD RD S

City
SALEMState
ORZip Code
97302-9752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAVIHEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA41A65D0B0304BEE9EC

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

562.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BISHOF, CHRISTINE, PABIN, , MD

Mailing Address 262 E SOUTH ST

City
ELMHURSTState
ILZip Code
60126-4024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSF HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A036FC58989744AD2AE2

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLECHMAN, KEITH, M, , MDMailing Address 800A 5TH AVE
STE 300ACity
NEW YORKState
NYZip Code
10065-7215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2777.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A80E24855F5D84AA8AFF

Amount of Each Receipt this Period

555.56

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLOCH, SANA, LOUIS, , MD

Mailing Address 820 WILDWOOD RD

City
W HEMPSTEADState
NYZip Code
11552-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUNDVIEW HEALTHCARE NETWORKOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A4EAA18CCF9BC48D0880

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

680.55

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

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

FOR LINE NUMBER: PAGE 13 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLOCK-ABRAHAM, DANA, M, , DO

Mailing Address 1002 GLYNDON ST SE

City
VIENNA

State
VA

Zip Code
22180-5921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INOVA PERINATAL ASSOCIATES

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : ACDBD0F584C214EE4BD4

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLUMBERG, AMY, , MS.,

Mailing Address 1201 K ST

City
SACRAMENTO

State
CA

Zip Code
95814-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA MEDICAL ASSOCIATION

Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2026

Transaction ID : A6AE8C62534734A4989E

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOHRER-CLANCY, JESSE, IAN, , MD

Mailing Address 17549 OAK MEADOW LN

City
LAKE OSWEGO

State
OR

Zip Code
97034-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWEST ACUTE CARE SPECIALISTS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A8762B68F41FF4F65A41

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

479.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, CLARENCE, WILLIAM, , MDMailing Address 415 6TH ST N
UNIT 411City
LA CROSSEState
WIZip Code
54601-6620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMPLIFY HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A6D0EFD3326AE49D697C

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUGGEMAN, ADAM, JOHN, , MDMailing Address 3619 PAESANOS PKWY
STE 302City
SAN ANTONIOState
TXZip Code
78231-1253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (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
08 / 06 / 2026

Transaction ID : A7D0AAA922A3240C0932

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRYAN, JENNIFER, JOINER, , MD

Mailing Address 88 GRANDVIEW CIR

City
BRANDONState
MSZip Code
39047-7398FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. DOMINIC FAMILY PRACTICEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA2BBA31BB8A04DF096D

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

1083.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCKLEY, BROOKE, MATTERN, , MD

Mailing Address 1249 WATER CLIFF DR

City
BLOOMFLD HLSState
MIZip Code
48302-1975FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY FORD WYANDOTTE HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ABA5A0E3D61D14347B9C

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTT, TARIQ, HAMEED, , MD

Mailing Address 1322 S PLYMOUTH CT

City
CHICAGOState
ILZip Code
60605-2717FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACCESS COMMUNITY HEALTH NETWORK ADMINIOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE0C14DD9AE8540BD97E

Amount of Each Receipt this Period

142.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CABBABE, EDMOND, BECHIR, , MD

Mailing Address 1249 TAKARA CT

City
SAINT LOUISState
MOZip Code
63131-1013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. LOUIS PLASTIC SURGERY CONSULTANTS,Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ADD3337C5050E4F3E97E

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

267.85

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALIANOS, THEODORE, A, , II MD

Mailing Address 151 WHITMAR RD

City
COTUITState
MAZip Code
02635-2931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPE COD COSMETIC SURGERY CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9980076F0F804F6AB66

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPAGNOLO, MARY, F, , MD

Mailing Address 3242 US HIGHWAY 206

VIRTUA FAM MED OF MANSFIELD BLD A

City

BORDENTOWN

State

NJ

Zip Code

08505-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VIRTUA MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC69D14F9C99044F3A3B

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARPENTER, MARY, SUSAN, , MD

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 PLLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9644C2892E84417FA9A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 17 OF 93
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSIDY, JOHN, BRENNAN, , MD

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 ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A00408773F1FC429B8CB

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAVERZAGIE, KELLY, JOHN, , MD

Mailing Address 3601 S RIVER PKWY
 UNIT 317

City
 PORTLAND

State
 OR

Zip Code
 97239-4553

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 OREGON HEALTH AND SCIENCE UNIVERSITY

Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : AFF94BFF7039F4E23995

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CERTA, KENNETH, MICHAEL, , MD

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 ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A403255A28E164E2E80F

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHATMAN, ROBYN, FORTNER, , MD

Mailing Address 6310 ELWYNNE DR

City
CINCINNATIState
OHZip Code
45236-4014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRISTATE HEALTH SYSTEMS INCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA7F446A8ED7B4C93B14

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOI, DANIEL, EUNSUK, , MD

Mailing Address 640 HAWKINS AVE

City
RONKONKOMAState
NYZip Code
11779-2324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE449C454E9464B0EAF0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHU, BETTY, SHUWEIN, , MD

Mailing Address 492 VINEWOOD AVE

City
BIRMINGHAMState
MIZip Code
48009-1308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY FORD WEST BLOOMFIELD HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A61614F56AAE24CA38EB

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

541.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORKER, JOHN, ROBERT, , MD

Mailing Address 806 S 295TH PL

City
FEDERAL WAYState
WAZip Code
98003-3703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARKLAND HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A7A0CC8945DB04838908

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORREA MARQUEZ, RICARDO, , , SR MD

Mailing Address 24333 STONEHEDGE DR

City
WESTLAKEState
OHZip Code
44145-4870FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A71E76D1F8F7D4182AE2

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX, GEORGE, E., MR.,

Mailing Address 10308 FLEMING AVE

City
BETHESDAState
MDZip Code
20814-2136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A86FD992F663A43A7A5F

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

374.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 93

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROWLEY, KATIE, , MS.,

Mailing Address 25 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20001-1430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE1B66AF76F234157865

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAS, SHAMIE, , , MDMailing Address 531 ASBURY CIR
STE N340City
ATLANTAState
GAZip Code
30322-1006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMORY CLINIC AMBULATORY SURGERY CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A698BC098C2BB4C54819

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DATTA, VASANT, , , MD

Mailing Address 9727 PEMBROKE DR

City
HAGERSTOWNState
MDZip Code
21740-1568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERITUS MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A6F6DB2463BDE4F1C89A

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEAL, CLIFFORD, LANIER, , III MD

Mailing Address 7607 FOREST AVE STE 220

City
RICHMONDState
VAZip Code
23229-4913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RICHMOND SURGICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD398EA8E14D245838C2

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEBERSIO, RICHARD, JOHN, , MD

Mailing Address 7680 DANNAHER DR

GREATER KNOXVILLE ENT ASSOCIATES

City
POWELLState
TNZip Code
37849-4052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREATER KNOXVILLE EAR NOSE & THROAT ASOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD8AE3CDD52FD4A98A7B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DILLEHAY, GARY, LEE, , MD

Mailing Address 5555 N SHERIDAN RD

APT 1402

City
CHICAGOState
ILZip Code
60640-1609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOYOLA UNIVERSITY PHYSICIAN FOUNDATIONOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A82DC34A906E04950A30

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

583.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EARLY, JOHN, STOCKTON, , MD

Mailing Address 3921 MARQUETTE ST

City
DALLASState
TXZip Code
75225-5432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS ORTHOPAEDIC ASSOCIATES LLPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A91001CF408BA49BCB3F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDJE, LOUITO, CATHERINA, , MD

Mailing Address 2495 OVERBROOK

City
HIGHLANDState
MIZip Code
48357-4233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FALLEN TIMBERS FAMILY PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC66F9C64176B446B86E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, WILLARDA, V, , MDMailing Address 1005 NORTH POINT BLVD
STE 724City
BALTIMOREState
MDZip Code
21224-3415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARDS AND STEPHENSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC818C990A30D4F16B20

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 23 OF 93
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EGBERT, LISA, BOHMAN, , MD

Mailing Address 790 W RAHN RD

City
DAYTON

State
OH

Zip Code
45429-2043

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 ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A7B0DC09D05704D05887

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EHRENFELD, JESSE, MENACHEM, , MD

Mailing Address 4410 MASSACHUSETTS AVE NW PMB 366

City
WASHINGTON

State
DC

Zip Code
20016-5561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDICAL COLLEGE OF WI

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A88EA9A2D6A57493C91F

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EITING, ERICK, ALLEN, , MD

Mailing Address 281 1ST AVE STE 2S34H
MOUNT SINAI BETH ISRAEL

City
NEW YORK

State
NY

Zip Code
10003-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JACOBI MEDICAL CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.26

Date of Receipt

08 / 06 / 2026

Transaction ID : A434405B6C8EA4CA1B96

Amount of Each Receipt this Period

71.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

696.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 93
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EPPES, THOMAS, WALTON, , JR MD

Mailing Address 2056 FOX HILL RD

City
LYNCHBURGState
VAZip Code
24503-6468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTRAL VIRGINIA FAMILY PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA4EF2430BAA04A4C94E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EPSTEIN, STEPHEN, K, , MD

Mailing Address 117 RICHDALE RD

City
NEEDHAMState
MAZip Code
02494-1900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD MEDICAL FACULTY PHYSICIANS ATOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A58DC51BD376D4C138DF

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANGELISTA, MARISTELLA, SALGADO, , MD

Mailing Address 1293 SOUTHFIELD RD

City
BIRMINGHAMState
MIZip Code
48009-3081FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY FORD HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A10F50CEBCFC04C2186A

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

208.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAIRBROTHER, HILARY, EVE, , MDMailing Address 6431 FANNIN ST
JJL 260BCity
HOUSTONState
TXZip Code
77030-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HEALTH SCIENCES CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF701B35AF8F545ED8C9

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERGUSON, E, SCOTT, , MDMailing Address 200 S RHODES ST
STE BCity
WEST MEMPHISState
ARZip Code
72301-4212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OUTPATIENT RADIOLOGY CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A6D2E19B3D2254AACB92

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIGY, SEAN, CHRISTOPHER, , MD

Mailing Address 4918 CASS ST

City
OMAHAState
NEZip Code
68132-2913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A01C202827E864E1CBBC

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

833.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLAGG, SETH, YAWKI, , MD

Mailing Address 1529 DALE DR

City
SILVER SPRINGState
MDZip Code
20910-1503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB737EC188F344791B94

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOGARTY, JANINE, L, , MD

Mailing Address 8656 GREIG ST

City
SODUS POINTState
NYZip Code
14555-9726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A38B8041A07A84638BD0

Amount of Each Receipt this Period

71.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOLK, TERRI, , MS.,

Mailing Address 25 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20001-1430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A6F28B27E788C43D29A7

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

571.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORD, LINDA, B C, , MDMailing Address 3503 SAMSON WAY
STE 108City
BELLEVUEState
NEZip Code
68123-4318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASTHMA & ALLERGY CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A538DE270F84F4153BA9

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOUNTAIN, CHERYL, GIBSON, , MD

Mailing Address 1219 LAKEPOINTE ST

City

GROSSE POINTE PARK

State

MI

Zip Code

48230-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEAUMONT HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A81FFBA75D7A24B79AC1

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOURAS, GEORGE, ALEX, , MDMailing Address 5440 TUJUNGA AVE
APT 1405

City

N HOLLYWOOD

State

CA

Zip Code

91601-4967

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOS ANGELES COUNTY DEPARTMENT OF MENTAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ABD5CBD106B334C4B9C3

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

458.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, WILLIAM, TROY, , MD

Mailing Address 36428 OAK PARK AVE

City
PRAIRIEVILLEState
LAZip Code
70769-3279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOOD MEMORIAL HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA7491BCA6A61429DB7B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GALIB, YUSSEF, , , MD

Mailing Address PO BOX 736

City
SAN GERMANState
PRZip Code
00683-0736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB7FB43BB075B459D8F5

Amount of Each Receipt this Period

142.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GANTI, KENNEDY, UPADHYAYA, , MD

Mailing Address 8 DONLONTON CIR

City
CHESTERFIELDState
NJZip Code
08515-9793FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COOPER UNIVERSITY HEALTH CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1071.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A2E723649DD654A6E864

Amount of Each Receipt this Period

357.14

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

583.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARIKES, MARGARET, , MRS.,

Mailing Address 136 F ST SE

City
WASHINGTONState
DCZip Code
20003-2603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AFBDDFB4D999F433CB6E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIBLIN, MICHAEL, , MR.,

Mailing Address 25 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20001-1430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC0A05541A10D46149C0

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIFFLER, RONALD, FREDERIC, , MDMailing Address 3141 W MCNAB RD
FIRSTPATHCity
POMPANO BEACHState
FLZip Code
33069-4806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIRSTPATHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9F92D835FE454161B6E

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

166.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GITLOW, STUART, , MD

Mailing Address 153 GASKILL ST

City
WOONSOCKETState
RIZip Code
02895-1011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC2E0B6A4F7144FC596B

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GNANADEV, DEV APPANNAGARI, , MD

Mailing Address PO BOX 670

City
REDLANDSState
CAZip Code
92373-0221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARROWHEAD COMMUNITY SURGICALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD67E67409D674DC6B2E

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDBERG, ROSS, FREDERICK, , MD

Mailing Address 1500 NW 12TH AVE

JACKSON MEMORIAL HOSPITAL

City
MIAMIState
FLZip Code
33136-1051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JACKSON MEMORIAL HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A7FCDE333FFF347489DB

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

724.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, VICTORIA, , DO

Mailing Address 2930 COMMERCE ST

City
HOUSTONState
TXZip Code
77003-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCA HOUSTON HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB17CFF3FFE6A4A3BB0C

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRADY, BRIAN, PAGE, , MDMailing Address 1100 VAN NESS AVE
5TH FLCity
SAN FRANCISCOState
CAZip Code
94109-6978FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOLDEN GATE UROLOGY INCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD25E5888C7DF4806B7D

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARMON, GERALD, EDWARD, , MD

Mailing Address 117 SHEARWATER CT

City
GEORGETOWNState
SCZip Code
29440-7072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WACCAMAW MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ADC3DF499CFC84A70BBF

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

729.15

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

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

FOR LINE NUMBER: PAGE 32 OF 93
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRIS, PATRICE, A, , MD

Mailing Address 1230 BOCKING WAY

City
BROOKHAVEN

State
GA

Zip Code
30319-0006

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 ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : AFD CD20C97D4248C9831

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEINE, MARILYN, JOAN, , MD

Mailing Address 900 TWINING RD

City
DRESHER

State
PA

Zip Code
19025-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REGIONAL HEMATOLOGY & ONCOLOGY PA

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A3F948A05C0DD4C34A26

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENRY-DINDIAL, NICOLE, A, , MD

Mailing Address 7 OVERHILL WAY

City
BERKELEY HTS

State
NJ

Zip Code
07922-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARAMOUNT MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : AD5803EDBC12B4C13817

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

708.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENRY, TRACEY, LYNN, , MD

Mailing Address 7445 ROCKBRIDGE RD

City
LITHONIAState
GAZip Code
30058-5922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRADY MEMORIAL HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ACDC3B709CD214EBBA9;

Amount of Each Receipt this Period

66.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERTZKA, ROBERT, ERNEST, , MD

Mailing Address PO BOX 1018

City
RCHO SANTA FEState
CAZip Code
92067-1018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANESTHESIA SERVICE MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A272CC2A85A4B4BB590C

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLLMANN, PETER, AMBERG, , MD

Mailing Address 74 FORT AVE

City
CRANSTONState
RIZip Code
02905-3610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUE CROSS BLUE SHIELD OF RIOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A0A9D4C502E3D4A4E9EF

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

483.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOVEN, ARDIS, DEE, , MD

Mailing Address 2912 SWEET WILLIAM CT

City
LEXINGTONState
KYZip Code
40502-2975FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUEGRASS CARE CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF66C761B16EC44D291E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HSU, ALBERT, LIYUAN, , MD

Mailing Address PO BOX 9156

City
CINCINNATIState
OHZip Code
45209-0156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MU HEALTH CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A7A1E25DABB724D8887E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JARED, MATTHEW, JEFFERSON, , MD

Mailing Address 1401 WINDING RIDGE RD

City
EDMONDState
OKZip Code
73034-1401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A0B3D6CA2380A457FA7E

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

374.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, TRACHELLA, CHATON, , MDMailing Address 532 RIVERSIDE AVE
STE 103City
JACKSONVILLEState
FLZip Code
32202-4914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAPTIST PRIMARY CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A38A48E678AD340DD9E1

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, SHAWN, CURTIS, , MDMailing Address 2605 KENTUCKY AVE
STE 601City
PADUCAHState
KYZip Code
42003-3800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PURCHASE ENTOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A452F8A87293B46419A9

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JORDAN, ROB, , MR.,

Mailing Address 25 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20001-1430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AAEC675482BC4552929

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

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

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

FOR LINE NUMBER: PAGE 36 OF 93
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JUMPER, CYNTHIA, ANN, , MD

Mailing Address 1215 AVENUE J
STE 603

City
LUBBOCK

State
TX

Zip Code
79401-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TTUHSC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A03319DFCF127440E8CB

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASRAEIAN, ALI, , , MD

Mailing Address 4040 ALCAZAR AVE

City
JACKSONVILLE

State
FL

Zip Code
32207-6004

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 ▼

1700.00

Date of Receipt

08 / 06 / 2026

Transaction ID : AE07F795FF63A4C9EB99

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KATZ, GARY, ROBERT, , MD

Mailing Address 8795 DUBLIN RD

City
POWELL

State
OH

Zip Code
43065-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMUNITY HEALTH PARTNERS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A2A994EFDBCE54A118D5

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

449.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNEDY, JOHN, MARTIN, , MD

Mailing Address 210 VIA LA SOLEDAD

City
REDONDO BEACHState
CAZip Code
90277-6626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5DB9BF277AAA4D8E804

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNETT, JERRY, DALE, , MDMailing Address 1605 E BROADWAY
STE 300City
COLUMBIAState
MOZip Code
65201-8023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JERRY D KENNETT MD PCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A8D6AA2EBDE404EC596F

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIEF, JAN, MARIE, , MD

Mailing Address 4740 HEBRON DR

City
MERRITT ISState
FLZip Code
32953-8180FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A01EB6AC8CAD4404F94E

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIRACOFE, ELIZABETH, ANNE, , MDMailing Address 504 N GREEN ST
UNIT1401City
CHICAGOState
ILZip Code
60642-6523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AEF24F2B9332A438CBEE

Amount of Each Receipt this Period

71.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITHCART, AARON, PAUL, , MDMailing Address 200 E 87TH ST
APT 19DCity
NEW YORKState
NYZip Code
10128-3112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRINGHAM AND WOMEN'S HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A7DF8B21D25D947AFB2A

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLINGMAN, JEFFREY, GILBERT, , MD

Mailing Address 285 GLORIETTA BLVD

City
ORINDAState
CAZip Code
94563-3542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5E1E08FD8314494DB17

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

154.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOBLER, WILLIAM, ERIC, , MD

Mailing Address 6729 MILLBROOK DR

City
ROCKFORDState
ILZip Code
61108-4310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSF MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : A5710F096E8AC451C8C6**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOMOROWSKI, MARK, CHAS, , MD

Mailing Address 610 S TRUMBULL ST

City
BAY CITYState
MIZip Code
48708-7656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KOMOROWSKI PLASTIC SURGERYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : A6B11D423B788463F926**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, DON, SUK, , MD

Mailing Address 9751 W PRAIRIE GRASS WAY

City
FRANKLINState
WIZip Code
53132-7201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COLUMBIA ST MARY'S HOSPITAL HPLOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : A3282E95C67C74351A7D**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, GEORGE, ROZIER, , III MD

Mailing Address 336 22ND AVE N

REAL TIME NEUROMONITORING ASSOC

City
NASHVILLEState
TNZip Code
37203-1844FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A1601F703CE3542E597E

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, KEAGAN, H, , MD

Mailing Address 4131 DIRECTORS ROW

City
HOUSTONState
TXZip Code
77092-8703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAGIS, PLLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AAA360F60B6E84DA4BB9

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LESKO, JOSHUA, DAVID, , MD

Mailing Address 6379 CENTER DR

City
NORFOLKState
VAZip Code
23502-4102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FAIRVIEW PARK HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AFE70530D93494CD3B86

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

666.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIBBY, RUSSELL, CLARK, , MD

Mailing Address 7641 SNOWMASS CREEK RD

City
SNOWMASSState
COZip Code
81654-9111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VIRGINIA PEDIATRIC GROUP LTDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A054E8CC62DA242F7B0B

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIBERMAN, JUSTIN, SCOTT, , MD

Mailing Address 1100 9TH AVE

City
SEATTLEState
WAZip Code
98101-2756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VIRGINIA MASON MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5EB5303646BB4D89878

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIPPMANN, QUINN, KERR, , MDMailing Address 1325 PACIFIC HWY
UNIT308City
SAN DIEGOState
CAZip Code
92101-2580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE34A7C46E78C437AAA5

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

291.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUBIN-JOHNSON, NIVA, , MD

Mailing Address 2320 E 93RD ST

City
CHICAGOState
ILZip Code
60617-3909FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUALITY PRIMARY CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD5F8A6160F5148DD849

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, MARSHALL, , MDMailing Address 8701 NEW TRAILS DR
STE 150City
THE WOODLANDSState
TXZip Code
77381-4253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JASON D BARON MD PAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5ADFF1B9133D407C86D

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUTZKANIN, ANDREW, , III MD

Mailing Address 2948 CHURCH RD

City
ELIZABETHTOWNState
PAZip Code
17022-9089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENN STATE HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AEFFE1C2CE8874B9BAD2

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

166.65

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MA, LORALIE, DAWN, , MD

Mailing Address 7836 GRAND CHAMPION ST

City
FULTONState
MDZip Code
20759-2627FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. AGNESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A822C07107BCC43DC904

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANSHADI, RAMIN, , MD

Mailing Address 2633 PACIFIC AVE

City
STOCKTONState
CAZip Code
95204-4429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAN JOAQUIN CARDIOLOGY GROUP ADMIN OFFOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE553445DB5A942AE8B4

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHIS, SAMUEL, ELI, , MD

Mailing Address 301 UNIVERSITY BLVD

DEPARTMENT OF FAMILY MEDICINE

City
GALVESTONState
TXZip Code
77555-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMBOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3181.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A29466D627D6B4EEF9F5

Amount of Each Receipt this Period

454.55

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

912.87

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEDLOCK, MICHAEL, DEAN, , MD

Mailing Address 43 TURNING MILL RD

City
LEXINGTONState
MAZip Code
02420-1319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH SHORE MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA54E468FEB5F4FA99DA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENDELSON, MARC, , , MDMailing Address 660 S EUCLID AVE
CAMPUS BOX 8072City
SAINT LOUISState
MOZip Code
63110-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON UNIVERSITY ST LOUISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A80D8D46B611942018B3

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIGLIORI, MICHAEL, E, , MD

Mailing Address 1 HOPPIN ST

City
PROVIDENCEState
RIZip Code
02903-4141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPHTHALMIC PLASTIC SURGERYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A66129A6713A445D6883

Amount of Each Receipt this Period

83.33

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

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, JAMES, LOWRY, , MD

Mailing Address 4530 TERRAZZA CT

City
BRADENTONState
FLZip Code
34211-2205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2142.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A763C2301A1A7400CA94

Amount of Each Receipt this Period

714.28

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILANI, CARLO, JOSEPHETTOR, , MD

Mailing Address 12 WEATHERVANE HL

City
WESTPORTState
CTZip Code
06880-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOSPITAL FOR SPECIAL SURGERYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC88D71DA43FD4CD0A06

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORHEAD, JOHN, COUPER, , MD

Mailing Address 4138 SW HAMILTON TER

City
PORTLANDState
ORZip Code
97239-4110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OHSU HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A96416A2DE35D4C38AD8

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

818.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORE, ROBERT, CAMERON, , MDMailing Address 8100 WESCOTT DR
STE 101City
FLEMINGTONState
NJZip Code
08822-4671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUNTERDON ORTHOPEDIC INSTITUTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF099EA5BFFBB458185C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSER, KIMBERLY, , MRS.,

Mailing Address 3216 HIGH RIDGE DR

City
TAYLOR MILLState
KYZip Code
41015-4411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
PHYSICIAN SPOUSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB45045F0609F4EEBBF9

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSER, NEAL, JOS, , MD

Mailing Address 3216 HIGH RIDGE DR

City
TAYLOR MILLState
KYZip Code
41015-4411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNAL MEDICINE ASSOCIATES OF NORTHEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A28C8A40B29F64065861

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

166.65

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

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

FOR LINE NUMBER: PAGE 47 OF 93
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUELLER, NANCY, LOUISE, , MD

Mailing Address 610 E PALISADE AVE

City
ENGLEWD CLFS

State
NJ

Zip Code
07632-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A5D1392BD76A04FA196D

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUKKAMALA, SRINIVAS, B, , MD

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 ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : AE2E9E32AC83D4985B42

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAPEKOSKI, KARL, MICHAEL, , MD

Mailing Address 145 W BAILEY RD

City
NAPERVILLE

State
IL

Zip Code
60565-4199

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARD-ELMHURST HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

688.96

Date of Receipt

08 / 06 / 2026

Transaction ID : AF863779126404FA0A2A

Amount of Each Receipt this Period

86.12

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

919.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, JACQUELINE, , , JD

Mailing Address 605 CHINA DOLL PL

City
HENDERSONState
NVZip Code
89012-7255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5F101A4A9D86417197F

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ORSER, SHARI, LOUISE, , MD

Mailing Address 620 BIRCHWOOD DR

City
BISMARCKState
NDZip Code
58504-6214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANFORD HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A137CD8090F5240F4823

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARRY, LYNN, , , MD

Mailing Address 4591 TULE LAKE DR

City
LITTLETONState
COZip Code
80123-2747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LYNN PARRY, MD, PCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ACABF68DFE62544B4AB9

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

716.66

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

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

FOR LINE NUMBER: PAGE 49 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PASICHOW, SCOTT, HOWARD, , MD

Mailing Address 29 S PIERSON RD

City
MAPLEWOOD

State
NJ

Zip Code
07040-3408

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 ▼

1666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : AF2FD37B00BAB4AA4BF6

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHAN, MYPHUONG, THERESA, , MD

Mailing Address 2407 HULDY ST

City
HOUSTON

State
TX

Zip Code
77019-6721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOUSTON METHODIST

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A058C3468A7B04600A03

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIS, MARIA, ANN, , MD

Mailing Address 29449 EDGEDALE RD

City
CLEVELAND

State
OH

Zip Code
44124-4725

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 ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A7B2BB47693A548E7991

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

708.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PILIANG, MELISSA, ANN, , MD

Mailing Address 50 E 201ST ST

City
EUCLIDState
OHZip Code
44123-1081FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A2D2048F22A5E418EB3B

Amount of Each Receipt this Period

71.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PILLERSDORF, ALAN, BARTH, , MDMailing Address 4700 N CONGRESS AVE
STE 103City
WEST PALM BCHState
FLZip Code
33407-3282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PLASTIC SURGERY OF PALM BEACH PAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD042A1CA3A8843DBA97

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINTO, GREGORY, L, , MDMailing Address 414 MAPLE AVE
STE 200City
SARATOGA SPGSState
NYZip Code
12866-5550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SARATOGA HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ABF46802809E9408B900

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PIPIA, PAUL, ANTHONY, , MD

Mailing Address 19 PINE RD

City
SYOSSETState
NYZip Code
11791-4217FEC 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 ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AAF422CAF5910456796E

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLENTY, NICOLE, LEE, , MDMailing Address 699 CHURCH ST NE
STE 310City
MARIETTAState
GAZip Code
30060-1110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WELLSTAR MEDICAL GROUP

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5F1542DCA167422CAFD

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POHL, DIETER, , MD

Mailing Address 34 EAMES ST

City
PROVIDENCEState
RIZip Code
02906-3304FEC 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 ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD41E568EC018486E9BB

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

166.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PONTZER, NATALIE, , MS.,

Mailing Address 2000 N ST NW

City
WASHINGTONState
DCZip Code
20036-2336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A0149DD8E176A4AB1A8C

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POOLE, JOHN, WM, , MD

Mailing Address 240 SUNSET AVE

City
RIDGEWOODState
NJZip Code
07450-2421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9A01242C3DCB4909B2D

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAO, NIRANJAN, VENKAT, , MD

Mailing Address 190 BUTLER RD

City
FRANKLIN PARKState
NJZip Code
08823-1812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTRAL JERSEY SURGICAL SPECIALISTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A3D21D3F4DBC44235B43

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

874.98

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 93
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAO, VIVEK, U, , MD

Mailing Address 500 ADAMS AVE
STE 300

City
ODESSA

State
TX

Zip Code
79761-4656

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 ▼

3333.18

Date of Receipt

08 / 06 / 2026

Transaction ID : AA50C2CE6B04442C7B6F

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RED, ANITA, D, , MD

Mailing Address 960 E GREEN ST STE 306

City
PASADENA

State
CA

Zip Code
91106-2401

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 ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : AFEC81A4E902943458FB

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REGE, SHEILA, DATTATRAYA, , MD

Mailing Address 5710 ROAD 92 STE 104

City
PASCO

State
WA

Zip Code
99301-1889

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 ▼

3333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A83096C10693B4B0FA0C

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

874.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REILLY, KEVIN, CHRISTOPHER, , SR MD

Mailing Address 2347 BUNDORAN DR

City
GROVETOWNState
GAZip Code
30813-0347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US ARMYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A2D91772AEA7C448FAC4

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIBEIRA, RYAN, JOSEPH, , MD

Mailing Address 105 VISTA DEL PRADO

City
LOS GATOSState
CAZip Code
95030-6318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STANFORD MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF6FF1F852AD842F1AE6

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHTER, GARY, CULP, , MD

Mailing Address 1421 PEACHTREE ST NE APT 504

City
ATLANTAState
GAZip Code
30309-3015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMORY CLINIC GASTROENTEROLOGY AND DIGEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A12A1E33DD3E248AC961

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

916.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RITCHIE, WILLIAM, LUDLOW, , MDMailing Address 2100 LOUISIANA BLVD NE
STE 410City
ALBUQUERQUEState
NMZip Code
87110-5419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NEW MEXICO ORTHOPAEDIC ASSOCIATES PC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A5C2F72DB03F24564B16

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROCKOWER, STEPHEN, JAY, , MD

Mailing Address 6302 LONDON LN

City
BETHESDAState
MDZip Code
20817-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A8993CF532F7946B0B3C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROY, SION, KUMAR, , MD

Mailing Address 1000 W CARSON ST

HARBOR-UCLA MEDICAL CENTER

City
TORRANCEState
CAZip Code
90502-2004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HARBOR UCLA HOSPITAL

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AA9CC5CE8BA414F88BF5

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUNFALO, CLAYTON, FRANK, , MD

Mailing Address 16403 PASCAL DR

City
PRAIRIEVILLEState
LAZip Code
70769-5870FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ACFE6A786B3324818AB7

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTIAGO, ROMERO, NAVARANJAN, , MD

Mailing Address 2713 CASTLEROCK DR

City
URBANAState
ILZip Code
61802-7295FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARLE HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A514C080B82B54B1DA6E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAVAGE, JUDITH, G, , MDMailing Address 110 S MARION ST
UNIT 501City
OAK PARKState
ILZip Code
60302-2863FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A62A4D5D9D5FF4E5A991

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

208.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHIFELING, DAVID, JOHN, , MD

Mailing Address 2116 CRAIG RD

MARSHFIELD CLINIC CANCER CARE

City
EAU CLAIREState
WIZip Code
54701-6149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MARSHFIELD CLINICOccupation (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
08 / 06 / 2026

Transaction ID : A53F9F7B7934A445E9CD

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHLECHTER, BENJAMIN, , , MD

Mailing Address 2603 KEISER BLVD STE 207

City
WYOMISSINGState
PAZip Code
19610-3341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPRING RIDGE PLASTIC SURGERYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ADF4CAA82C20742C1AA2

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SECREST, LESLIE, HAROLD, , MDMailing Address 8222 DOUGLAS AVE
STE 604City
DALLASState
TXZip Code
75225-5923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMUNITY MENTAL HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AEF4C8DFE9CF0463D9E0

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

874.99

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

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

FOR LINE NUMBER: PAGE 58 OF 93
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SELLERS, JOSEPH, ROBT, , MD

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 ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : AEDDF44D694C944F996B

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAH, PARESH, C, , MD

Mailing Address 525 E 68TH ST

WHITNEY EXECUTIVE OFFICE

City

NEW YORK

State
NY

Zip Code
10065-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NYU LANGONE HEALTH

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : A626674601803494EA7C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHELBY, EUGENE, MC KINLEY, , MD

Mailing Address 300 E 3RD ST

APT 1009

City

LITTLE ROCK

State
AR

Zip Code
72201-1699

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NATIONAL PARK MEDICAL CENTER

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 06 / 2026

Transaction ID : A3C52971914964E46B89

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

166.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHERMAN, MORTON, EUGENE, , MD

Mailing Address 17 CANON DR

City
GREENWOOD VILLAGEState
COZip Code
80111-3210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AURORA MEDICAL ASSOCIATESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AE61749556C2B4ED3BC3

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIDHU, SEEMA, , MD

Mailing Address 16605 TRAIL DR

City
MORGAN HILLState
CAZip Code
95037-3927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTE FREMONT MEDICAL CENTOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF39CD7B14BF844D6A51

Amount of Each Receipt this Period

312.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMON, MICHAEL, BRADLEY, , MD

Mailing Address 3664 SPINNAKER CT

City
JACKSONVILLEState
FLZip Code
32277-2397FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A8B63D49A4F234C3DA02

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

437.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPADAFORÉ, SOPHIA, E., MD

Mailing Address 1468 MADISON AVE

City
NEW YORKState
NYZip Code
10029-6508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOUNT SINAI HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A42F2982772974CE7A7A

Amount of Each Receipt this Period

71.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPILLMAN, MONIQUE, A., MD

Mailing Address 109 N SPRUCE ST

City
LITTLE ROCKState
ARZip Code
72205-3834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A1D742554672A4CDA8B9

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERNSTEIN, MICHAELA, MS.,

Mailing Address 330 N WABASH AVE

City
CHICAGOState
ILZip Code
60611-3514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN MEDICAL ASSOCIATIONOccupation (for Individual)
AMA EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AEF7C0D81BCBC4863988

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STREED, CARL, GUSTAF, , JR MD

Mailing Address 116 FARQUHAR ST APT 2

City
BOSTONState
MAZip Code
02131-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOSTON MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ADCCCCC9E5B440388A3

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUMMERER, ROBERT, J, , DO

Mailing Address 323 SW 10TH ST

City
MADISONState
SDZip Code
57042-3200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ACB63376898894A9DAF1

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWEE, DAVID, ETHAN, , MD

Mailing Address 605 LAREINE AVE

City
BRADLEY BEACHState
NJZip Code
07720-1342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A33A4BB45ADA6407DB76

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

499.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWIKERT, DONALD, JOSEPH, , MD

Mailing Address 413 S LOOP RD

City
EDGEWOODState
KYZip Code
41017-5446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST ELIZABETH HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AFDC51030C6D54607AE6

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWIKERT, NANCY, JEWELL, , MD

Mailing Address 10003 COUNTRY HILLS CT

City
UNIONState
KYZip Code
41091-9774FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATIENT FIRST PHYSICIANS GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AB5792D068D914779B0E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TILDON-BURTON, JANICE, , MDMailing Address 4735 OGLETOWN STANTON RD
STE 1109City
NEWARKState
DEZip Code
19713-2072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHRISTIANACARE WOMEN HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A849D89504E254E7AAE5

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

583.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOLER, JEREMY, MICHAEL, , MD

Mailing Address 200 HENRY CLAY AVE

City
NEW ORLEANSState
LAZip Code
70118-5720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF97EB01082654222987

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOMEI, KRYSTAL, LYNNE, , MD

Mailing Address 2998 OLD BRAINARD RD

City
PEPPER PIKEState
OHZip Code
44124-5332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UH CHILDREN'S HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AC228249D9F8640149AF

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNDERWOOD, WILLIE, , , III MD

Mailing Address 661 LAFAYETTE AVE

City
BUFFALOState
NYZip Code
14222-1435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROSWELL PARK CANCER INSTITUTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AFE002897698F4C9CB84

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

666.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. URBAND, LINDSEY, STARR, , MD

Mailing Address 15066 ALMOND ORCHARD LN

City
SAN DIEGOState
CAZip Code
92131-4329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AF11236B617854926B52

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UREN, BRADLEY, JONATHAN, , MD

Mailing Address 8115 PETTYSVILLE RD

City
PINCKNEYState
MIZip Code
48169-8281FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MICHIGAN MEDICAL SCHOOLOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A524D635A7A08428090E

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARNUM, CORLISS, ADAM, , MD

Mailing Address 79 REGAN DR

City
OSWEGOState
NYZip Code
13126-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PORT CITY FAMILY MEDICINE PCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ACEC0E8AF98E149529BA

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

166.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VYAS, PIYUSH, I, , MD

Mailing Address 460 MCCORMICK DR

City
LAKE FORESTState
ILZip Code
60045-3350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE CAPTAIN LOVELL FEDERAL HEALTH CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9960DADB0DB444E6B23

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAGNER, ALAN, LEWIS, , MDMailing Address 6160 KEMPSVILLE CIR
STE 250BCity
NORFOLKState
VAZip Code
23502-3933FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAGNER MACULA AND RETINA CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A667A8CD65DB04F1B989

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAILES, ROBERT, E, , MD

Mailing Address 2729 OCEAN ST

City
CARLSBADState
CAZip Code
92008-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PACIFIC PAIN MANAGEMENT CONSULTANTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9F4BC715F80843928BE

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEIDA, JANE, A, , MD

Mailing Address 850 PETER BRYCE BLVD

COLLEGE OF COMMUNITY HEALTH SCIENC

City

TUSCALOOSA

State

AL

Zip Code

35401-7457

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 ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A489CD4BC50E54D25A46

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELLS, WENDELL, BYARS, , MD

Mailing Address 54628 OAK LEAF CT

City

MISHAWAKA

State

IN

Zip Code

46545-1862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VITUITY

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
08 / 06 / 2026

Transaction ID : A0CBCBBAEC350421BA65

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, JOHN, PHILLIP, , MD

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 ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : ABFEA2CA02A5246DC8A2

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

208.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, PAUL, VICTOR, , MD

Mailing Address 2901 SQUALICUM PKWY

City
BELLINGHAMState
WAZip Code
98225-1851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
08 / 06 / 2026

Transaction ID : AAD455824D40146A7858

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, ALAN, KIRK, , MD

Mailing Address PO BOX 575

City
MONTICELLOState
ARZip Code
71657-0575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SURGICAL ASSOCIATES CROSSETTOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A6F1506AB1C084334A1C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODBURY, GEORGE, ROBT, , MD

Mailing Address 8143 WALNUT GROVE RD

City
CORDOVAState
TNZip Code
38018-7270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RHEUMATOLOGY & DERMATOLOGY ASSOCIATESOccupation (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
08 / 06 / 2026

Transaction ID : A3020824844B040F4AB4

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WORTHING, ANGUS, BRENNAN, , MD

Mailing Address 5025 SHERIER PL NW

City
WASHINGTONState
DCZip Code
20016-3327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARTHRITIS AND RHEUMATISM ASSOCIATESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A9F23447068D142BB810

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YANG, HOLLY, BEKE, , MD

Mailing Address 5580 LA JOLLA BLVD PMB 179

City
LA JOLLAState
CAZip Code
92037-7651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCRIPPS HEALTH INPATIENT PROVIDERS MEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A3261AAEEA673457EB8C

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, DANIEL, M, , MDMailing Address 33 LEWIS RD
FL 2City
BINGHAMTONState
NYZip Code
13905-1048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UHS PRIMARY CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : A81E2DF313A7B42B3ADA

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

166.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, JOCELYN, , DO

Mailing Address 328 W HILL RD

City
VESTALState
NYZip Code
13850-3686FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UHSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : AD40E3560EB5A432088D

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLEHER, INEZ, MARY, , MD

Mailing Address 914 N COUNTRY CLUB LN

City
BILOXIState
MSZip Code
39532-3204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : A81D21FF4B7A247BC814

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMPTON, LUCIUS, MARION, , MD

Mailing Address 310 S CHERRY ST

City
MAGNOLIAState
MSZip Code
39652-3020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PACIFIC PHYSICIANS SERVICES LLOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : A69230D67ADD941B8A17

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

741.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, EDMUND, TANSIL, , JR MD

Mailing Address 31 SHILOH DR

City
JACKSONState
TNZip Code
38305-1874FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : AA1C372B11D7A480CBCB

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, ANNA, MARY, , MD

Mailing Address 2910 BELGRAVE DR

City
GERMANTOWNState
TNZip Code
38138-7038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VETERANS ADMINISTRATIONOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : AD29FF2B5A65B47E086A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLASSMAN, STUART, JORDAN, , MD

Mailing Address 3 EXECUTIVE PARK DR STE 201

City
BEDFORDState
NHZip Code
03110-6954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRANITE PHYSIATRY PLLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : A609E681FFC1C4903BF0

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

645.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PUSHKIN, GARY, WM, , MD

Mailing Address 2506 SAINT PAUL ST

City
BALTIMOREState
MDZip Code
21218-4609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COHEN & PUSHKIN MD PAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : A5BEDA68D53EA48A2AB1

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDERSON, EVERETT, R, , III MD

Mailing Address 73 WATERFORD

City
HATTIESBURGState
MSZip Code
39402-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHERN MISSISSIPPI NEONATOLOGY AT FOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : AA46D99CEDFE54AE7B9F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MADEJSKI, THOMAS, JAMES, , MDMailing Address 100 OHIO ST
STE CCity
MEDINAState
NYZip Code
14103-1191FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : AD6BFE2BC34ED4CB4900

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1458.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOFFETT, MITCHELL, C, , DO

Mailing Address 1793 MS HIGHWAY 403

City
MATHISTONState
MSZip Code
39752-4489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : AD85E637C2440428C94C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPIRTOS, TATIANA, WOROBEY, , MDMailing Address 2900 WHIPPLE AVE
STE 135City
REDWOOD CITYState
CAZip Code
94062-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMENS CARE MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A7936C6ADC6E34BE8AA3

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GHOSE, AMIT, , , MDMailing Address 3955 PATIENT CARE DR
STE ACity
LANSINGState
MIZip Code
48911-4299FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPITAL INTERNAL MEDICINE ASSOC PCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026

Transaction ID : AA8787C3EBBC34711B93

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

4583.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 93
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COFFEY, SARA, , DO

Mailing Address 3424 E 63RD ST

City
TULSAState
OKZip Code
74136-1443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSUCHSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026

Transaction ID : A020E0D3D60E346089A3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEHROTRA, NAVEEN, , MD

Mailing Address 652 AMBOY AVE

City
EDISONState
NJZip Code
08837-3559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026

Transaction ID : AB59D983286AB417F8B6

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERNANDEZ, DONALDO, MANUEL, , MD

Mailing Address 30 S CIRCLE DR

City
SANTA CRUZState
CAZip Code
95060-1819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUTTER HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : AC25C50FA4DE24C4A84E

Amount of Each Receipt this Period

166.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1566.66

39180.52

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

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

FOR LINE NUMBER: PAGE 74 OF 93
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PNC ADVISORS

Mailing Address PO BOX 96211

City
WASHINGTON

State
DC

Zip Code
20090-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81551.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : A13AF38FC32C44CBD85A

Amount of Each Receipt this Period

7350.92

☐ Memo Item

GAIN ON INVESTMENTS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PNC ADVISORS

Mailing Address PO BOX 96211

City
WASHINGTON

State
DC

Zip Code
20090-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81551.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : A57ABDAED412D402EA9E

Amount of Each Receipt this Period

2518.11

☐ Memo Item

INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

9869.03

9869.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 93

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE PAYMENTECH

Mailing Address 4 NORTHEASTERN BLVD

City
SALEMState
NHZip Code
03079-5916

Purpose of Disbursement

CREDIT CARD BANK CHARGES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : BF15FC25AD

Amount of Each Disbursement this Period

 1619.33☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PNC ADVISORS

Mailing Address PO BOX 96211

City
WASHINGTONState
DCZip Code
20090-6211

Purpose of Disbursement

INVESTMENT FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : B8E30A848C

Amount of Each Disbursement this Period

 1221.52☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RAZ MOBILE

Mailing Address 2525 MAIN ST

City
KANSAS CITYState
MOZip Code
64108-2673

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : B9E49AA1F2

Amount of Each Disbursement this Period

 19.50☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2860.35

2860.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BONAMICI FOR CONGRESS

Mailing Address PO BOX 1632

City
BEAVERTONState
ORZip Code
97075Purpose of Disbursement
2026 GENERAL-OR/D/CD1

Candidate Name

BONAMICI, SUZANNE, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6	

FEC Identification Number

C C00500421

Transaction ID : B92741E4D3/

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LUCY MCBATHMailing Address 885 WOODSTOCK RD
SUITE 430-528City
ROSWELLState
GAZip Code
30075Purpose of Disbursement
2026 GENERAL-GA/D/CD6

Candidate Name

MCBATH, LUCY, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6	

FEC Identification Number

C C00672295

Transaction ID : BA01E0922C/

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFRIES FOR CONGRESS

Mailing Address 3430 CONNECTICUT AVENUE, NW #11704

City
WASHINGTONState
DCZip Code
20008Purpose of Disbursement
2026 GENERAL-NY/D/CD8

Candidate Name

JEFFRIES, HAKEEM, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6	

FEC Identification Number

C C00503052

Transaction ID : B77A5EE70A/

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN COWAN FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2026

Mailing Address 1101 E 2ND AVENUE SE

City
ROMEState
GAZip Code
30161Purpose of Disbursement
2026 GENERAL-GA/R/CD11

Candidate Name

COWAN, JOHN, , ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 11

Category/
Type

FEC Identification Number

C C00734517**Transaction ID : B969D1ECDC**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MULLIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2026

Mailing Address PO BOX 869

City
BELMONTState
CAZip Code
94002Purpose of Disbursement
2026 GENERAL-CA/D/CD15

Candidate Name

MULLIN, KEVIN, , ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 15

Category/
Type

FEC Identification Number

C C00795005**Transaction ID : BCF0A55D9E**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2026

Mailing Address PO BOX 1738

City
SACRAMENTOState
CAZip Code
95812Purpose of Disbursement
2026 GENERAL-CA/D/CD7

Candidate Name

MATSUI, DORIS, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Category/
Type

FEC Identification Number

C C00409219**Transaction ID : BFF76EF568**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCHOLTEN FOR CONGRESS

Mailing Address P.O. BOX 6233

City
GRAND RAPIDSState
MIZip Code
49516Purpose of Disbursement
2026 PRIMARY-MI/D/CD3

Candidate Name

SCHOLTEN, HILLARY, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6		

FEC Identification Number

C C00711317

Transaction ID : BB029F9A47I

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUOZZI FOR CONGRESS

Mailing Address PO BOX 669

City
GLEN COVEState
NYZip Code
11542Purpose of Disbursement
2026 GENERAL-NY/D/CD3

Candidate Name

SUOZZI, TOM, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6		

FEC Identification Number

C C00607200

Transaction ID : B242E5FEF9I

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TED LIEU FOR CONGRESSMailing Address 777 S. FIGUEROA STREET
STE 4050City
LOS ANGELESState
CAZip Code
90017-5864Purpose of Disbursement
2026 GENERAL-CA/D/CD36

Candidate Name

LIEU, TED, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6		

FEC Identification Number

C C00556506

Transaction ID : B1E4AAE2C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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 PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRITTANY PETTERSEN FOR COLORADO

Mailing Address PO BOX 150887

City
LAKEWOODState
COZip Code
80215Purpose of Disbursement
2026 GENERAL-CO/D/CD7

Candidate Name

PETTERSEN, BRITTANY, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00637215**Transaction ID : B2D5283D79:**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333-0222Purpose of Disbursement
2026 GENERAL-PA/D/CD6

Candidate Name

HOULAHAN, CHRISSY, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00637371**Transaction ID : B1426E09A13**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELFRETH FOR MARYLAND

Mailing Address PO BOX 5935

City
ANNAPOLISState
MDZip Code
21403Purpose of Disbursement
2026 GENERAL-MD/D/CD3

Candidate Name

ELFRETH, SARAH, KELLY, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00855353**Transaction ID : B1E326C9EA**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address 133 WATER TOWER LANE

City
SPRING MILLSState
PAZip Code
16875Purpose of Disbursement
2026 GENERAL-PA/R/CD15

Candidate Name

THOMPSON, GLENN, , REP., JR.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6	

FEC Identification Number

C C00444620
Transaction ID : B55EF99297/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GABE AMO FOR CONGRESS

Mailing Address PO BOX 40457

City
PROVIDENCEState
RIZip Code
02940Purpose of Disbursement
2026 PRIMARY-RI/D/CD1

Candidate Name

AMO, GABE, , REP., JR.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify)

State: RI District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6	

FEC Identification Number

C C00838060
Transaction ID : B23D6046897

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GONZALEZ FOR CONGRESS COMMITTEE

Mailing Address 18333 EGRET BAY BLVD SUITE 270

City
HOUSTONState
TXZip Code
77058Purpose of Disbursement
2026 GENERAL-TX/D/CD34

Candidate Name

GONZALEZ, VICENTE, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6	

FEC Identification Number

C C00501957
Transaction ID : B688CBDB3/

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREENState
KYZip Code
42102Purpose of Disbursement
2026 GENERAL-KY/R/CD2

Candidate Name

GUTHRIE, BRETT, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	6		

FEC Identification Number

C C00445023**Transaction ID : BD0BA37103**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IMPACTMailing Address 192 LEXINGTON AVENUE
SUITE 1001City
NEW YORKState
NYZip Code
10016Purpose of Disbursement
2026 CONTRIBUTION

Candidate Name

IMPACT

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

OTHER

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	6		

FEC Identification Number

C C00348607**Transaction ID : B0CA039E8E**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JANELLE BYNUM FOR CONGRESS

Mailing Address 10121 SE SUNNYSIDE RD., #300

City
CLACKAMASState
ORZip Code
97015Purpose of Disbursement
2026 GENERAL-OR/D/CD5

Candidate Name

BYNUM, JANELLE, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	6		

FEC Identification Number

C C00843425**Transaction ID : B565C22EA6**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAUState
MOZip Code
63702-1324Purpose of Disbursement
2026 GENERAL-MO/R/CD8

Candidate Name

SMITH, JASON, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00541862**Transaction ID : B0806D6644**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BENDState
KSZip Code
67530Purpose of Disbursement
2026 GENERAL-KS/R

Candidate Name

MARSHALL, ROGER, , SEN.,

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00576173**Transaction ID : B44E92D2EB**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LA GENTE FOR GRIJALVA

Mailing Address P.O. BOX 129

City
TUCSONState
AZZip Code
85702Purpose of Disbursement
2026 GENERAL-AZ/D/CD7

Candidate Name

GRIJALVA, ADELITA, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00901116**Transaction ID : B565280A08**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City
PEORIAState
ILZip Code
61612Purpose of Disbursement
2026 GENERAL-IL/R/CD16

Candidate Name

LAHOOD, DARIN, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00575050**Transaction ID : BDEB682DF0**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCBRIDE FOR DELAWARE INC.

Mailing Address PO BOX 1904

City
WILMINGTONState
DEZip Code
19899Purpose of Disbursement
2026 PRIMARY-DE/D/00

Candidate Name

MCBRIDE, SARAH, ELIZABETH, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify)

State: DE District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00843763**Transaction ID : B365A0315FE**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE KENNEDY FOR UTAHMailing Address 55 N MERCHANT STREET
#1324City
AMERICAN FORKState
UTZip Code
84003Purpose of Disbursement
2026 GENERAL-UT/R/CD4

Candidate Name

KENNEDY, MIKE, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	6		

FEC Identification Number

C C00864488**Transaction ID : B8924F85A8**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REED COMMITTEE; THE

Mailing Address PO BOX 8628

City
CRANSTONState
RIZip Code
02920

Purpose of Disbursement

2026 PRIMARY-RI/D

Candidate Name

REED, JACK, , SEN.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2026

FEC Identification Number

C C00238907**Transaction ID : B2A49E7763f**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHARICE FOR CONGRESSMailing Address 13851 W. 63RD ST.
NUM 303City
SHAWNEEState
KSZip Code
66216

Purpose of Disbursement

2026 GENERAL-KS/D/CD3

Candidate Name

DAVIDS, SHARICE, L., REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2026

FEC Identification Number

C C00670034**Transaction ID : BE000453429**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE BILL KEATING COMMITTEE

Mailing Address P.O. BOX 3065

City
BUZZARDS BAYState
MAZip Code
02532

Purpose of Disbursement

2026 PRIMARY-MA/D/CD9

Candidate Name

KEATING, BILL, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2026

FEC Identification Number

C C00479063**Transaction ID : B4BD6EE99f**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 426

City
STEVENSVILLEState
MDZip Code
21666Purpose of Disbursement
2026 GENERAL-MD/R/CD1

Candidate Name

HARRIS, ANDY, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00435974**Transaction ID : BA657B859C**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City
ISSAQUAHState
WAZip Code
98027-0125Purpose of Disbursement
2026 GENERAL-WA/D/CD8

Candidate Name

SCHRIER, KIM, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00652628**Transaction ID : BCEE13DAB8**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MCCORMICK

Mailing Address 4410 LAUREL GROVE TRACE

City
SUWANEEState
GAZip Code
30024Purpose of Disbursement
2026 GENERAL-GA/R/CD7

Candidate Name

MCCORMICK, RICHARD, DEAN, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00706747**Transaction ID : BD956474AC**

Amount of Each Disbursement this Period

3000.00

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGE LATIMER FOR CONGRESS

Mailing Address P.O. BOX 789

City
WHITE PLAINSState
NYZip Code
10602Purpose of Disbursement
2026 GENERAL-NY/D/CD16

Candidate Name

LATIMER, GEORGE, S., REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 16

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00859041
Transaction ID : BB4E4187FE

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HERB CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 493

City
WILLINGBOROState
NJZip Code
08046Purpose of Disbursement
2026 GENERAL-NJ/D/CD3

Candidate Name

CONAWAY, HERB, , MD

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00859496
Transaction ID : B572C83CB8

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOE MORELLE FOR CONGRESS

Mailing Address P.O. BOX 90914

City
ROCHESTERState
NYZip Code
14609Purpose of Disbursement
2026 GENERAL-NY/D/CD25

Candidate Name

MORELLE, JOSEPH, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8		2	0	2	6		

FEC Identification Number

C C00675108
Transaction ID : B3642C6C55

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NICOLE FOR NEW YORK

Mailing Address PO BOX 60487

City
STATEN ISLANDState
NYZip Code
10306Purpose of Disbursement
2026 GENERAL-NY/R/CD11

Candidate Name

MALLIOTAKIS, NICOLE, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6		

FEC Identification Number

C C00694778**Transaction ID : B48F195E32E**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740-3176Purpose of Disbursement
2026 GENERAL-NJ/D/CD6

Candidate Name

PALLONE, FRANK, , REP., JR.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6		

FEC Identification Number

C C00226928**Transaction ID : B8180E3AD2!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALVARADO FOR KENTUCKY

Mailing Address P.O. BOX 33

City
WINCHESTERState
KYZip Code
40392Purpose of Disbursement
2026 GENERAL-KY/R/CD6

Candidate Name

ALVARADO, RALPH, A, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6		

FEC Identification Number

C C00912303**Transaction ID : B2F6EC06D3**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR SENATE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address PO BOX 2059

City
LEXINGTONState
KYZip Code
40588-2059

FEC Identification Number

C C00467571

Transaction ID : B5E42053992

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-KY/R

Candidate Name

BARR, ANDY, , REP., IV

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY

District: 06

Category/
Type

Full Name (Last, First, Middle Initial)

B. CINDY HYDE-SMITH FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address PO BOX 2930

City
JACKSONState
MSZip Code
39207

FEC Identification Number

C C00675348

Transaction ID : B87EB6AE7A

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-MS/R

Candidate Name

HYDE-SMITH, CINDY, , SEN.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS

District:

Category/
Type

Full Name (Last, First, Middle Initial)

C. DELBENE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address PO BOX 477

City
KIRKLANDState
WAZip Code
98083-0477

FEC Identification Number

C C00459099

Transaction ID : BEB2A663E1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-WA/D/CD1

Candidate Name

DELBENE, SUZAN, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District: 01

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ►

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

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR JOHN JOYCE FOR CONGRESS

Mailing Address 50 S PROVIDENCE ROAD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

City
MEDIAState
PAZip Code
19063

FEC Identification Number

C C00674259**Transaction ID : BA8CD98BE**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-PA/R/CD13

Candidate Name

JOYCE, JOHN, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 13

Full Name (Last, First, Middle Initial)

B. EMMER FOR CONGRESS

Mailing Address PO BOX 998

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

City
ANOKAState
MNZip Code
55303

FEC Identification Number

C C00545749**Transaction ID : B5090168EC4**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-MN/R/CD6

Candidate Name

EMMER, TOM, , REP., JR.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN

District: 06

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHAEL GUEST

Mailing Address POST OFFICE BOX 470

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

City
BRANDONState
MSZip Code
39043

FEC Identification Number

C C00665752**Transaction ID : BC176055A8**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Purpose of Disbursement

2026 GENERAL-MS/R/CD3

Candidate Name

GUEST, MICHAEL, , REP.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS

District: 03

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

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JASMINE CLARK FOR GEORGIAMailing Address 4370 LAWRENCEVILLE HWY
#96City
LILBURNState
GAZip Code
30048Purpose of Disbursement
2026 GENERAL-GA/D/CD13

Candidate Name

CLARK, JASMINE, , ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C C00906875

Transaction ID : B6BAD559D1

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ONDER FOR CONGRESS

Mailing Address 9963 WINGHAVEN BLVD

City
O'FALLONState
MOZip Code
63368Purpose of Disbursement
2026 GENERAL-MO/R/CD3

Candidate Name

ONDER, BOB, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify)

State: MO District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C C00870238

Transaction ID : BA78F45422F

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City
SANTA FEState
NMZip Code
87594Purpose of Disbursement
2026 GENERAL-NM/D

Candidate Name

LUJAN, BEN RAY, , SEN., JR.

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C C00443689

Transaction ID : B4B78FA100

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

12000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SMUCKER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address 548 STEEL WAY
PO BOX 7066City
LANCASTERState
PAZip Code
17604Purpose of Disbursement
2026 GENERAL-PA/R/CD11

Candidate Name

SMUCKER, LLOYD, , REP.,

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 11

FEC Identification Number

C C00599464

Transaction ID : B4D1732BD7

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOKUDA FOR HAWAII

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address PO BOX 792

City
KaneoheState
HIZip Code
96744Purpose of Disbursement
2026 GENERAL-HI/D/CD2

Candidate Name

TOKUDA, JILL, , REP.,

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District: 02

FEC Identification Number

C C00813758

Transaction ID : B8CD2256C0

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASTEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2026

Mailing Address PO BOX 132

City
DOWNERS GROVEState
ILZip Code
60515Purpose of Disbursement
2026 GENERAL-IL/D/CD6

Candidate Name

CASTEN, SEAN, , REP.,

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

FEC Identification Number

C C00648493

Transaction ID : B7FF8F0D6F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 93

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City
SMITHFIELDState
NCZip Code
27577Purpose of Disbursement
2026 GENERAL-NC/R/CD7

Candidate Name

ROUZER, DAVID, , REP.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6	

FEC Identification Number

C C00501643**Transaction ID : B9B65E4356I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC MAJORITY FUNDMailing Address 1 M STREET, SE
SUITE 275City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2026 CONTRIBUTION

Candidate Name

DEMOCRATIC MAJORITY FUND

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☐ General
☒ Other (specify) OTHER

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6	

FEC Identification Number

C C00844720**Transaction ID : B8DF2F265AI**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENALI LEADERSHIP PACMailing Address 901 N WASHINGTON ST
SUITE 700City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
2026 CONTRIBUTION

Candidate Name

DENALI LEADERSHIP PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☐ General
☒ Other (specify) OTHER

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6	

FEC Identification Number

C C00438291**Transaction ID : BF9206A3A8**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

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

	21b		22	X	23		26		27
	28a		28b		28c		29		30b

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Memo Item

Memo Item

Memo Item

3000.00

167000.00