

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2006 through 03 31 2006

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

Signature of Treasurer Electronically Filed by KEVIN WALKER Date 04 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2046116.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	2391600.78									
(c) Total Receipts (from Line 19) .....	237427.98	747416.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2629028.76	2793533.19								
7. Total Disbursements (from Line 31) .....	169909.04	334413.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2459119.72	2459119.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	168997.35	577749.35
(i) Itemized (use Schedule A) .....	60812.82	148281.52
(ii) Unitemized .....	229810.17	726030.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	229810.17	726030.87
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.) .....	7617.81	21385.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	237427.98	747416.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	237427.98	747416.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1609.04	3186.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1609.04	3186.41
22. Transfers to Affiliated/Other Party Committees.....	400.00	5377.06
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	167000.00	324950.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	200.00
(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)) .....	200.00	200.00
29. Other Disbursements.....	700.00	700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	169909.04	334413.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	169909.04	334413.47

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	229810.17	726030.87
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	229610.17	725830.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1609.04	3186.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1609.04	3186.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM R ABRAMS

Mailing Address 155 ASH STREET

City State Zip Code  
SARATOGA SPRINGS NY 12866

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

Name of Employer  
MEDICAL SOCIETY OF STATE OF NY

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18240

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
CRAIG W ANDERSON, MD

Mailing Address 2370 ONANDAGA DRIVE

City State Zip Code  
COLUMBUS OH 43221

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.18380

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MATHIS L BECKER, MD

Mailing Address 501 NE 16TH AVENUE

City State Zip Code  
FT LAUDERDALE FL 33301

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

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18397

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JACK J BELLER, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 4423 RIDGELINE DRIVE		Transaction ID: SA11A1.18394
City NORMAN	State OK	Zip Code 73072
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BERKERY</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 1838 N HOWE		Transaction ID: SA11A1.18365
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY BLALOCK, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 202 PERDIDO LANE		Transaction ID: SA11A1.18363
City LAFAYETTE	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 450.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MILTON D BODEN, MD

Mailing Address 2101 CHESTERFIELD DRIVE NE

City ATLANTA State GA Zip Code 30345

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

Name of Employer INFECTIOUS DISEASE SPECIALIST Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2006

Transaction ID: SA11A1.18334

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT BONVINO, MD

Mailing Address 206 DOE TRAIL

City MORGANVILLE State NJ Zip Code 07751

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

Name of Employer NEW YORK UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2006

Transaction ID: SA11A1.18430

Amount of Each Receipt this Period  
 83.32

**C.** Full Name (Last, First, Middle Initial)  
LACEY L BOROM

Mailing Address 3656 UNCLE GLOVER ROAD

City TALLAHASSEE State FL Zip Code 32312

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2006

Transaction ID: SA11A1.18246

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1583.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOEL P BOYLAN, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 363 CARRICK CREEK ROAD		<b>Transaction ID: SA11A1.18370</b>
City PICKENS	State SC	Zip Code 29671
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer FOOTHILLS ANESTHESIA CONSULT	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. GINGER A CARROLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2006
Mailing Address 649 ETON BLVD		<b>Transaction ID: SA11A1.18302</b>
City FAIRBANKS	State AK	Zip Code 99709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN CHATAS, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 3520 GREEN COURT		<b>Transaction ID: SA11A1.18368</b>
City ANN ARBOR	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MICHIGAN PAIN SPECIALIST	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS J CIOTOLA, MD

Mailing Address 141 N VINE STREET

City State Zip Code  
HAZLETON PA 18201

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

Name of Employer Occupation  
CARDIOLOGY ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18250

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES CUTLER, MD

Mailing Address 512 HAMILTON ROAD

City State Zip Code  
MERION STATION PA 19066

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

Name of Employer Occupation  
FORNOINCE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18306

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES E DELMORE, MD

Mailing Address 12711 BIRCHWOOD

City State Zip Code  
WICHITA KS 67206

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18292

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT MARK DIXON, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address PO BOX 2160		Transaction ID: SA11A1.18248	
City LITCHFIELD PARK	State AZ	Zip Code 85340	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer PHYSICIAN	Occupation SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. MICHIGAN DOCTORS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address PO BOX 769		Transaction ID: SA11A1.18286	
City EAST LANSING	State MI	Zip Code 48826	Amount of Each Receipt this Period 10450.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10450.00		

Full Name (Last, First, Middle Initial) <b>C. MICHIGAN DOCTORS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO BOX 769		Transaction ID: SA11A1.18517	
City EAST LANSING	State MI	Zip Code 48826	Amount of Each Receipt this Period 3800.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	14750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM A DOLAN, MD

Mailing Address 220 ALEXANDER STREET

City ROCHESTER State NY Zip Code 14607

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2006

Transaction ID: SA11A1.18390

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
SHAWN E DONELON, MD

Mailing Address 608 WINDERMERE BOULEVARD

City ALEXANDRIA State LA Zip Code 71303

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2006

Transaction ID: SA11A1.18242

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
SHERRI S DURICA, MD

Mailing Address 3913 BRIARCREST DRIVE

City NORMAN State OK Zip Code 73072

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

Name of Employer CANCER CARE ASSOC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2006

Transaction ID: SA11A1.18252

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> NC MEDICAL POL EDUC & ACTION CMMT		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address PO BOX 25834		<b>Transaction ID:</b> SA11A1.18283
City RALEIGH	State NC	Zip Code 27611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> NC MEDICAL POL EDUC & ACTION CMMT		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address PO BOX 25834		<b>Transaction ID:</b> SA11A1.18342
City RALEIGH	State NC	Zip Code 27611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> KENTUCKY EDUC MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 4965 US HIGHWAY 42		<b>Transaction ID:</b> SA11A1.18341
City LOUISVILLE	State KY	Zip Code 40222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7150.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LISA EGBERT, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 790 W RAHN ROAD		<b>Transaction ID: SA11A1.18528</b>	
City KETTERING	State OH	Zip Code 45429	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. ELI FINKELSTEIN, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 16 ANTHONY AVENUE		<b>Transaction ID: SA11A1.18294</b>	
City EDISON	State NJ	Zip Code 08820	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. SANDRA K FROST</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 488 LEAF LN		<b>Transaction ID: SA11A1.18264</b>	
City SOMERSET	State KY	Zip Code 42503	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation HOUSEWIFE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BENJAMIN GALPER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 186 GARDNER ROAD		<b>Transaction ID: SA11A1.18359</b>	
City BROOKLINE	State MA	Zip Code 02445	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation STUDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID T HANNAN, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 463 CASTLE STREET		<b>Transaction ID: SA11A1.18270</b>	
City GENEVA	State NY	Zip Code 14456	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ARCADIA FAMILY PRACTICE	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. R MARK HATFIELD, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 1621 WOODVALE DRIVE		<b>Transaction ID: SA11A1.18260</b>	
City CHARLESTON	State WV	Zip Code 25314	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM A HAZEL, JR MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 10302 GREENWOOD PLACE		Transaction ID: SA11A1.18378
City OAKTON	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer COMMONWEALTH ORTHOPAEDICS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. C ALVIN HEAD, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 19 HIGHGATE SOUTH		Transaction ID: SA11A1.18411
City AUGUSTA	State GA	Zip Code 30909
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MED. COLLEGE OF GA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY ALAN HERTZ, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 79 WAWECUS STREET		Transaction ID: SA11A1.18320
City NORWICH	State CT	Zip Code 06360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NORWICH OPHTHAMOLOGY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS HICKS, MD

Mailing Address 2302 ELLICOTT DRIVE

City State Zip Code  
TALLAHASSEE FL 32308

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

Name of Employer PATIENTS FIRST Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2006

Transaction ID: SA11A1.18299

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES G HINSDALE, MD

Mailing Address 2505 SAMARITAN DRIVE

City State Zip Code  
SAN JOSE CA 95124

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18392

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
MARY ANN HOMER

Mailing Address 6601 SAHALEE DRIVE

City State Zip Code  
FT WORTH TX 76132

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

Name of Employer N/A Occupation SPOUSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18310

Amount of Each Receipt this Period  
450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CARL TRUMAN HOOK, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 1916 WHISPERING PINES CIRCLE		<b>Transaction ID: SA11A1.18268</b>
City State Zip Code NORMAN OK 73072	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer PHYS LIABILITY INS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMY HUETHER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 5730 N CALLE MAYAPAN		<b>Transaction ID: SA11A1.18243</b>
City State Zip Code TUCSON AZ 85718	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. AMY HUETHER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 5730 N CALLE MAYAPAN		<b>Transaction ID: SA11A1.18244</b>
City State Zip Code TUCSON AZ 85718	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DALE K JOHNS, MD

Mailing Address 928 MAR WALT DRIVE

City State Zip Code  
FT WALTON BEACH FL 32547

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.18361

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
KATHY JOHNS

Mailing Address 920 BAMBI DRIVE

City State Zip Code  
DESTIN FL 32541

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

Name of Employer N/A Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18332

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
GAIL M KACICH

Mailing Address 412 NATCHEZ TRACE

City State Zip Code  
SPRINGFIELD IL 62711

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18330

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. VLADIMIR ALEXANDER KARPOV, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 4464 BLACKBEARD ROAD		<b>Transaction ID: SA11A1.18336</b>	
City State Zip Code VIRGINIA BEACH VA 23455	Amount of Each Receipt this Period 315.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. SURESH B KATAKKAR, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1891 W ORANGE GROVE ROAD		<b>Transaction ID: SA11A1.18526</b>	
City State Zip Code TUCSON AZ 85704	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. TYLER KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 1120 WESTLAND STREET		<b>Transaction ID: SA11A1.18539</b>	
City State Zip Code CHARLOTTESVILLE VA 22903	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation STUDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1065.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. HAZLE KONERDING, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 6603 WEST BROAD STREET		Transaction ID: SA11A1.18318
City State Zip Code RICHMOND VA 23230	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer COMMONWEALTH DERMATOLOGY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ILSE LEVIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 504 CEDARCROFT ROAD		Transaction ID: SA11A1.18417
City State Zip Code BALTIMORE MD 21212	Amount of Each Receipt this Period 230.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A	Occupation STUDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN CALVERT LEWIN, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 1201 J STREET		Transaction ID: SA11A1.18399
City State Zip Code SACRAMENTO CA 95814	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CALIFORNIA MEDICAL ASSOCIATION	Occupation PHYSICIAN/EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN H LOHNES, MD

Mailing Address 3459 S 143RD STREET EAST

City State Zip Code  
WICHITA KS 67232

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18272

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
TED LOUIE, MD

Mailing Address 44 BUCKINGHAM DRIVE

City State Zip Code  
BELLE MEAD NJ 08502

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

Name of Employer Occupation  
HIGHLAND PARK MEDICAL ASS-OC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18314

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
PETER LUND, MD

Mailing Address 311 WEST 24TH STREET

City State Zip Code  
ERIE PA 16502

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

Name of Employer Occupation  
ALLIED UROLOGY ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.18382

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
PAUL JOHN MARCOTTE, MD

Mailing Address 3400 SPRUCE STREET

City PHILADELPHIA State PA Zip Code 19104

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

Transaction ID: SA11A1.18324

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
SUZANNE MARTENS, MD

Mailing Address 38 LAKE BREEZE LANE

City RANDOM LAKE State WI Zip Code 53075

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2006

Transaction ID: SA11A1.18256

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL D MAVES, MD

Mailing Address 515 N STATE STREET

City CHICAGO State IL Zip Code 60610

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2006

Transaction ID: SA11A1.18301

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CHARLOTTE MEADOWS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 539 PADDOCK LANE		<b>Transaction ID: SA11A1.18297</b>	
City State Zip Code MONTGOMERY AL 36109		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation SPOUSE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. ALABAMA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address PO BOX 1900		<b>Transaction ID: SA11A1.18287</b>	
City State Zip Code MONTGOMERY AL 36102		Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3910.00	

Full Name (Last, First, Middle Initial) <b>C. ARKANSAS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO BOX 55088		<b>Transaction ID: SA11A1.18515</b>	
City State Zip Code LITTLE ROCK AR 72215		Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 221 MAIN STREET

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer NA Occupation NA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 36416.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.18519

Amount of Each Receipt this Period  
15966.53

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

Mailing Address 160 ST RONAN STREET

City State Zip Code  
NEW HAVEN CT 06511

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.18280

Amount of Each Receipt this Period  
1350.00

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

Mailing Address 160 ST RONAN STREET

City State Zip Code  
NEW HAVEN CT 06511

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2006

Transaction ID: SA11A1.18340

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	18066.53
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DISTRICT OF COLUMBIA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 2175 K STREET NW		<b>Transaction ID: SA11A1.18338</b>
City State Zip Code WASHINGTON DC 20037	Amount of Each Receipt this Period 875.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 875.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FLORIDA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address PO BOX 10269		<b>Transaction ID: SA11A1.18339</b>
City State Zip Code TALLAHASSEE FL 32302	Amount of Each Receipt this Period 17200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 24380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. GEORGIA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 1330 W PEACHTREE STREET		<b>Transaction ID: SA11A1.18351</b>
City State Zip Code ATLANTA GA 30309	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 2160.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	18825.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1330 W PEACHTREE STREET

City ATLANTA State GA Zip Code 30309

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2910.00

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

**Transaction ID:** SA11A1.18352

Amount of Each Receipt this Period  
750.00

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

Mailing Address 1330 W PEACHTREE STREET

City ATLANTA State GA Zip Code 30309

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3810.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.18522

Amount of Each Receipt this Period  
900.00

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

Mailing Address 20 N MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60602

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

Name of Employer N/A Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5705.00

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

**Transaction ID:** SA11A1.18276

Amount of Each Receipt this Period  
550.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 77						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. ILLINOIS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 20 N MICHIGAN AVENUE		<b>Transaction ID: SA11A1.18277</b>	
City State Zip Code CHICAGO IL 60602		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation n/a			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6005.00	

Full Name (Last, First, Middle Initial) <b>B. ILLINOIS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 20 N MICHIGAN AVENUE		<b>Transaction ID: SA11A1.18278</b>	
City State Zip Code CHICAGO IL 60602		Amount of Each Receipt this Period 2320.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation n/a			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8325.00	

Full Name (Last, First, Middle Initial) <b>C. ILLINOIS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 20 N MICHIGAN AVENUE		<b>Transaction ID: SA11A1.18279</b>	
City State Zip Code CHICAGO IL 60602		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation n/a			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2920.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. INDIANA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 322 CANAL WALK		<b>Transaction ID: SA11A1.18349</b>	
City State Zip Code INDIANAPOLIS IN 46202		Amount of Each Receipt this Period 3610.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 43260.00	

Full Name (Last, First, Middle Initial) <b>B. IOWA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 1001 GRAND AVENUE		<b>Transaction ID: SA11A1.18337</b>	
City State Zip Code W. DES MOINES IA 50265		Amount of Each Receipt this Period 1110.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8120.00	

Full Name (Last, First, Middle Initial) <b>C. IOWA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1001 GRAND AVENUE		<b>Transaction ID: SA11A1.18516</b>	
City State Zip Code W. DES MOINES IA 50265		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation N/A N/A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8570.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 623 SW 10TH

City TOPEKA State KS Zip Code 66612

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 18750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2006

Transaction ID: SA11A1.18354

Amount of Each Receipt this Period  
 900.00

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

Mailing Address 6767 PERKINS ROAD

City BATON ROUGE State LA Zip Code 70802

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2006

Transaction ID: SA11A1.18285

Amount of Each Receipt this Period  
 2690.00

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

Mailing Address 6767 PERKINS ROAD

City BATON ROUGE State LA Zip Code 70802

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 11270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2006

Transaction ID: SA11A1.18343

Amount of Each Receipt this Period  
 1670.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12740.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: SA11A1.18344

Amount of Each Receipt this Period  
1470.00

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

Mailing Address 6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.18520

Amount of Each Receipt this Period  
1010.00

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

Mailing Address 1211 CATHEDRAL STREET

City State Zip Code  
BALTIMORE MD 21201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8162.50

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.18275

Amount of Each Receipt this Period  
2412.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4892.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MINNESOTA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address PO BOX 18655		<b>Transaction ID: SA11A1.18521</b>
City MINNEAPOLIS	State MN	Zip Code 55418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 580.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>B. MISSISSIPPI MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address PO BOX 2548		<b>Transaction ID: SA11A1.18347</b>
City RIDGELAND	State MS	Zip Code 39158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1545.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6315.00	

Full Name (Last, First, Middle Initial) <b>C. MISSOURI MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address PO BOX 1402		<b>Transaction ID: SA11A1.18353</b>
City JEFFERSON CITY	State MO	Zip Code 65102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4570.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6695.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2021 ELEVENTH AVENUE

City HELENA State MT Zip Code 59601

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2006

Transaction ID: SA11A1.18348

Amount of Each Receipt this Period  
 650.00

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

Mailing Address 3401 MILL RUN DRIVE

City HILLIARD State OH Zip Code 43206

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2006

Transaction ID: SA11A1.18357

Amount of Each Receipt this Period  
 9270.00

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

Mailing Address PO BOX 54520

City OKLAHOMA CITY State OK Zip Code 73154

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2006

Transaction ID: SA11A1.18284

Amount of Each Receipt this Period  
 3650.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	13570.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A. OKLAHOMA MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 54520 City OKLAHOMA CITY State OK Zip Code 73154 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 <b>Transaction ID: SA11A1.18345</b> Amount of Each Receipt this Period 3810.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7960.00

<b>B. OREGON MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 5210 SW CORBETT STREET City PORTLAND State OR Zip Code 97201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 <b>Transaction ID: SA11A1.18346</b> Amount of Each Receipt this Period 1250.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7665.00

<b>C. PENNSYLVANIA MEDICAL PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 8820 City HARRISBURG State PA Zip Code 17105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 <b>Transaction ID: SA11A1.18355</b> Amount of Each Receipt this Period 550.00
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5610.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: PAGE 35 / 77

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PENNSYLVANIA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO BOX 8820		<b>Transaction ID: SA11A1.18518</b>	
City <b>HARRISBURG</b>	State <b>PA</b>	Amount of Each Receipt this Period 6150.00	
Zip Code 17105		Amount of Each Receipt this Period 6150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 6150.00	
Name of Employer N/A	Occupation N/A	Amount of Each Receipt this Period 6150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17500.00	Amount of Each Receipt this Period 6150.00	

Full Name (Last, First, Middle Initial) <b>B. RHODE ISLAND MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 235 PROMENADE STREET		<b>Transaction ID: SA11A1.18514</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Amount of Each Receipt this Period 650.00	
Zip Code 02908		Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00	
Name of Employer N/A	Occupation N/A	Amount of Each Receipt this Period 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2740.00	Amount of Each Receipt this Period 650.00	

Full Name (Last, First, Middle Initial) <b>C. SOUTH CAROLINA MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address PO BOX 11188		<b>Transaction ID: SA11A1.18350</b>	
City <b>COLUMBIA</b>	State <b>SC</b>	Amount of Each Receipt this Period 660.00	
Zip Code 29211		Amount of Each Receipt this Period 660.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 660.00	
Name of Employer NA	Occupation NA	Amount of Each Receipt this Period 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3070.00	Amount of Each Receipt this Period 660.00	

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

7460.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WASHINGTON MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 2033 SIXTH AVENUE		<b>Transaction ID: SA11A1.18282</b>
City State Zip Code SEATTLE WA 98121	Amount of Each Receipt this Period 8500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NA Occupation NA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18450.00	

Full Name (Last, First, Middle Initial) <b>B. WISCONSIN PHYSICIANS MEDICAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address PO BOX 2295		<b>Transaction ID: SA11A1.18281</b>
City State Zip Code MADISON WI 53701	Amount of Each Receipt this Period 4070.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4720.00	

Full Name (Last, First, Middle Initial) <b>C. INDEPENDENT MEDICINES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 2301 21ST AVENUE SOUTH		<b>Transaction ID: SA11A1.18356</b>
City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 3630.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	16200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
SHIRLEY MEIERE

Mailing Address 2204 WINDSOR FOREST DRIVE

City State Zip Code  
HOMAGE SC 29501

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

Name of Employer N/A Occupation SPOUSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18328

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
DOUGLAS CHE MILLER, MD

Mailing Address 3104 SW 130TH STREET

City State Zip Code  
OKLAHOMA CITY OK 73170

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

Name of Employer UNIVERSITY OF OKLAHOMA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18415

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
ALETHIA ELLEN MORGAN, MD

Mailing Address 10 KINGSBRIDGE

City State Zip Code  
PUEBLO CO 81001

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

Name of Employer ASSOC IN WOMENS HEALTH CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.18374

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
 THOMAS MCBRIDE MOWERY, MD

Mailing Address 44730 COUNTRY CLUB DRIVE

City State Zip Code  
 EL MACERO CA 95618

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

Name of Employer Occupation  
 PAIN SPECIALIST 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  
 03 / 03 / 2006

**Transaction ID:** SA11A1.18312

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 MARIETTA NELSON, MD

Mailing Address 2800 N TENAYA WAY

City State Zip Code  
 LAS VEGAS NV 89128

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

Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2006

**Transaction ID:** SA11A1.18372

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
 JOHN M O'BANNON, III MD

Mailing Address 8111 ROSEHILL ROAD

City State Zip Code  
 RICHMOND VA 23229

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

Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2006

**Transaction ID:** SA11A1.18274

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN T PARKER, MD

Mailing Address 21616 76TH AVENUE W

City State Zip Code  
EDMONDS WA 98026

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

Name of Employer Occupation  
PUGET SOUND OTOLARYNGOLOGY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18322

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
PAUL EDWARD PIPER, MD

Mailing Address 220 E ROWAN AVENUE

City State Zip Code  
SPOKANE WA 99207

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.18289

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN PLESTED

Mailing Address 405 N KENTER AVENUE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation  
N/A HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18266

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CAROLYN B ROBINOWITZ, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 5225 CONNECTICUT AVENUE NW		Transaction ID: SA11A1.18409	
City WASHINGTON	State DC	Zip Code 20015	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID S RUSSELL, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 2113 WELSHIRE DRIVE		Transaction ID: SA11A1.18395	
City ENID	State OK	Zip Code 73703	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. MAHESH SARDESAI, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 211 E OHIO STREET		Transaction ID: SA11A1.18513	
City CHICAGO	State IL	Zip Code 60611	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT A SCHER, MD

Mailing Address 33 ASTRO PLACE

City State Zip Code  
DIX HILLS NY 11746

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18376

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
CARL STURGIS SCHREINER, MD

Mailing Address 2801 NW MERCEY DRIVE

City State Zip Code  
ROSEBURG OR 97470

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

Name of Employer  
ROSEBURG CLINIC

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18419

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
STEVE SHERICK, MD

Mailing Address 831 CHERRY STREET

City State Zip Code  
DENVER CO 80220

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18304

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL SIMON, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 35 GELLATLY DRIVE		<b>Transaction ID: SA11A1.18401</b>	
City State Zip Code WAPPINGERS FL NY 12590	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. HEATHER SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 1205 LAMONT STREET NW		<b>Transaction ID: SA11A1.18413</b>	
City State Zip Code WASHINGTON DC 20010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation STUDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. FRANK R SPRAGUE, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 1050 HARBOR POINT COURT		<b>Transaction ID: SA11A1.18420</b>	
City State Zip Code MUSKEGON MI 49441	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 43 / 77
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JANET STRAIN, MD

Mailing Address 26 E 22ND STREET

City State Zip Code  
NEW YORK NY 10010

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

Name of Employer  
CARDIAC AND ENDOVASCULAR ASSOC

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18326

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
GARY W TAMKIN, MD

Mailing Address 4 VALLEY HIGH

City State Zip Code  
LAFAYETTE CA 94549

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.18532

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
GEORGE A TANBARA, MD

Mailing Address 710 N YAKIMA AVENUE

City State Zip Code  
TACOMA WA 98403

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18258

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
TROY TIPPETT, MD

Mailing Address 1717 N E

City State Zip Code  
PENSACOL FL 32501

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18407

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN TODD

Mailing Address 3920 INWOOD ROAD

City State Zip Code  
FT WORTH TX 76109

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

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18308

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN J TRIANTAFYLLOU, MD

Mailing Address 1855 POWER MILL ROAD

City State Zip Code  
YORK PA 17402

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

Name of Employer  
ORTHPAEDIC AND SPINE SPEC

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.18524

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS A VANMETER, MD

Mailing Address 334 S PATTERSON

City State Zip Code  
SANTA BARBARA CA 93111

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.18530

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
GRISSEL VILLAFANE

Mailing Address INSTITUTO SAN PABLO 401

City State Zip Code  
BAYAMON PR 00961

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18262

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
H HUGH VINCENT, MD

Mailing Address 10 MIDHILL DRIVE

City State Zip Code  
MILL VALLEY CA 94941

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

Name of Employer ANESTHESIOLOGISTS MED GP OF SF Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18405

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT WAH, MD

Mailing Address 5111 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22041

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

Name of Employer Occupation  
US NAVY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.18403

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT E WAILES, MD

Mailing Address 320 SANTA FE DRIVE

City State Zip Code  
ENCINITAS CA 92024

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.18316

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN M WALSH, MD

Mailing Address 2835 WILLOW GREET CT

City State Zip Code  
ROSWELL GA 30076

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

Name of Employer Occupation  
NFAA PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.18254

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. RODNEY N WELLS, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006	
Mailing Address 2309 WESTWICK ROAD		<b>Transaction ID: SA11A1.18421</b>	
City State Zip Code WENATCHEE WA 98801	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. JOHN P WHITECAR, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006	
Mailing Address 31 MEGAN LANE		<b>Transaction ID: SA11A1.18537</b>	
City State Zip Code COLUMBUS MS 39705	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	168997.35

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 77	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address **PO BOX 96211**

City **WASHINGTON** State **DC** Zip Code **20090**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**21385.40**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

**Transaction ID: SA17.18545**

Amount of Each Receipt this Period  

<b>7617.81</b>
----------------

**INTEREST**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7617.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7617.81</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 77

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.18542

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1275.76

Full Name (Last, First, Middle Initial)

**B. PNC ADVISORS**

Mailing Address PO BOX 96211

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.18544

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

302.82

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1578.58

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

1578.58

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. MICHIGAN DOCTORS PAC</b>		<b>Transaction ID: SB22.18541</b> Date of Disbursement 03 / 31 / 2006
Mailing Address PO BOX 769		Amount of Each Disbursement this Period -100.00
City EAST LANSING	State MI Zip Code 48826	
Purpose of Disbursement VOID 10/18/05 CHECK		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OREGON MEDICAL PAC</b>		<b>Transaction ID: SB22.18188</b> Date of Disbursement 03 / 27 / 2006
Mailing Address 5210 SW CORBETT STREET		Amount of Each Disbursement this Period 50.00
City PORTLAND	State OR Zip Code 97201	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON MEDICAL PAC</b>		<b>Transaction ID: SB22.18189</b> Date of Disbursement 03 / 27 / 2006
Mailing Address 2033 SIXTH AVENUE		Amount of Each Disbursement this Period 450.00
City SEATTLE	State WA Zip Code 98121	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
JEFF BINGAMAN

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NM District: 00

Transaction ID: SB23.18162

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
ANNA G ESHOO

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Transaction ID: SB23.18200

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. BARBARA LEE FOR CONGRESS**

Mailing Address 1736 FRANKLIN STREET

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
BARBARA LEE

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Transaction ID: SB23.18195

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. BECERRA FOR CONGRESS</b>		Transaction ID: SB23.18217 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 261060		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90026	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name XAVIER BECERRA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BERMAN FOR CONGRESS</b>		Transaction ID: SB23.18214 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 6380 WILSHIRE BOULEVARD		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name HOWARD L BERMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BOB FILNER FOR CONGRESS</b>		Transaction ID: SB23.18425 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 127868		Amount of Each Disbursement this Period 3000.00
City SAN DIEGO State CA Zip Code 92112	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name BOB FILNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BOREN FOR CONGRESS</b>		Transaction ID: SB23.18186 Date of Disbursement																					
Mailing Address PO BOX 1924		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	7		2	0	0	6														
City MUSKOGEE	State OK	Zip Code 74401	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	5000.00																				
Candidate Name DAVID DANIEL BOREN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK	District: 02																						

Full Name (Last, First, Middle Initial) <b>B. BUCK MCKEON FOR CONGRESS</b>		Transaction ID: SB23.18211 Date of Disbursement																					
Mailing Address 24265 SAN FERNANDO ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City NEWHALL	State CA	Zip Code 91321	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name HOWARD P 'BUCK' MCKEON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 25																						

Full Name (Last, First, Middle Initial) <b>C. CAMPBELL FOR CONGRESS</b>		Transaction ID: SB23.18233 Date of Disbursement																					
Mailing Address 4590 MACARTHUR BOULEVARD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City IRVINE	State CA	Zip Code 92660	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name JOHN B T III CAMPBELL		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 48																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR GILLMOR</b>		Transaction ID: SB23.18175 Date of Disbursement																					
Mailing Address PO BOX 150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City OLD FORT	State OH	Zip Code 44861	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name PAUL E GILLMOR		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 05																						

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR WATERS</b>		Transaction ID: SB23.18221 Date of Disbursement																					
Mailing Address 555 SOUTH FLOWER STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City LOS ANGELES	State CA	Zip Code 90071	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name MAXINE WATERS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 35																						

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO REELECT CONGRESSMAN DANA ROHRBACHER</b>		Transaction ID: SB23.18231 Date of Disbursement																					
Mailing Address PO BOX 823		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name DANA ROHRBACHER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 46																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO REELECT CONGRESSMAN DUNCAN HUNTER</b>		<b>Transaction ID: SB23.18235</b> Date of Disbursement
Mailing Address 9340 FUERTE DRIVE		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City LA MESA	State CA	Zip Code 91941
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name DUNCAN HUNTER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 52	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO REELECT LORETTA SANCHEZ</b>		<b>Transaction ID: SB23.18232</b> Date of Disbursement
Mailing Address 601 S GLENOAKS BOULEVARD		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City BURBANK	State CA	Zip Code 91502
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name LORETTA SANCHEZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 47	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.18216</b> Date of Disbursement
Mailing Address 6380 WILSHIRE BOULEVARD		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name HENRY A WAXMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 30	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. DAVID WU FOR CONGRESS</b>		<b>Transaction ID: SB23.18166</b> Date of Disbursement
Mailing Address 818 SW 3RD AVENUE		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City PORTLAND	State OR	Zip Code 97204
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name DAVID WU		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 01	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC NATIONAL COMMITTEE</b>		<b>Transaction ID: SB23.18181</b> Date of Disbursement
Mailing Address 430 S CAPITOL STREET SE		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 2006 ANNUAL CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.18180</b> Date of Disbursement
Mailing Address 430 S CAPITAL STREET		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 2006 ANNUAL CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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



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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DEVIN NUNES FOR CONGRESS</b>		Transaction ID: SB23.18208 Date of Disbursement																					
Mailing Address PO BOX 891		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City PIXLEY	State CA	Zip Code 93256	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name DEVIN NUNES		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 21																						

Full Name (Last, First, Middle Initial) <b>B. DIANE E WATSON FOR CONGRESS</b>		Transaction ID: SB23.18219 Date of Disbursement																					
Mailing Address 601 S GLENOAKS BOULEVARD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City BURBANK	State CA	Zip Code 91502	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name DIANE E WATSON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 32																						

Full Name (Last, First, Middle Initial) <b>C. DREIER FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.18212 Date of Disbursement																					
Mailing Address PO BOX 505		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City UPLAND	State CA	Zip Code 91785	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	2000.00																				
Candidate Name DAVID DREIER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 26																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. EARL POMEROY FOR CONGRESS</b>		<b>Transaction ID: SB23.18165</b>	
Mailing Address PO BOX 9336		Date of Disbursement 03 / 06 / 2006	
City FARGO	State ND	Zip Code 58106	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type	
Candidate Name EARL RALPH POMEROY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND	District: 00		

Full Name (Last, First, Middle Initial) <b>B. ELLEN TAUSCHER FOR CONGRESS</b>		<b>Transaction ID: SB23.18196</b>	
Mailing Address 20 PARK ROAD		Date of Disbursement 03 / 29 / 2006	
City BULINGAME	State CA	Zip Code 94010	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type	
Candidate Name ELLEN O TAUSCHER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 10		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CONGRESSMAN GEORGE MILLER</b>		<b>Transaction ID: SB23.18194</b>	
Mailing Address PO BOX 5864		Date of Disbursement 03 / 29 / 2006	
City CONCORD	State CA	Zip Code 94524	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type	
Candidate Name GEORGE MILLER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DENNIS CARDOZA</b>		<b>Transaction ID: SB23.18204</b> Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name DENNIS MR CARDOZA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 18	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF FARR</b>		<b>Transaction ID: SB23.18203</b> Date of Disbursement
Mailing Address 555 CAPITOL MALL		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name SAM FARR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 17	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF GINNY BROWN-WAITE</b>		<b>Transaction ID: SB23.18168</b> Date of Disbursement
Mailing Address 704 PONCE DE LEON BLVD		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City BROOKSVILLE	State FL	Zip Code 34601
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name VIRGINIA 'GINNY' BROWN-WAITE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JANE HARMAN</b>		Transaction ID: SB23.18222 Date of Disbursement 03 / 29 / 2006
Mailing Address PO Box 96		Amount of Each Disbursement this Period 2000.00
City Torrance State CA Zip Code 90507	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name JANE HARMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM SAXTON</b>		Transaction ID: SB23.18169 Date of Disbursement 03 / 10 / 2006
Mailing Address PO BOX 795		Amount of Each Disbursement this Period 2500.00
City MT. HOLLY State NJ Zip Code 08060	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name H JAMES SAXTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE BACA</b>		Transaction ID: SB23.18228 Date of Disbursement 03 / 29 / 2006
Mailing Address 555 CAPITOL MALL		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name JOE BACA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF LOIS CAPPs</b>		<b>Transaction ID:</b> SB23.18209 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2006"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="012"/> Category/ Type	
Candidate Name LOIS CAPPs		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID:</b> SB23.18160 Date of Disbursement
Mailing Address 49 HUNTINGTON STREET		<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="2006"/> <input type="text" value="06"/> <input type="text" value="06"/>
City NEW HAVEN	State CT	Zip Code 06511
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name ROSA DELAURO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 03		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. GALLEGLY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.18210 Date of Disbursement
Mailing Address PO BOX 940001		<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2006"/> <input type="text" value="06"/> <input type="text" value="06"/>
City SIMI VALEY	State CA	Zip Code 93094
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name ELTON GALLEGLY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 24		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. GARY MILLER FOR CONGRESS</b>		<b>Transaction ID: SB23.18227</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 721 S BREA CANYON ROAD		Amount of Each Disbursement this Period 1000.00
City DIAMOND BAR State CA Zip Code 91789	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name GARY G HON. MILLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HALL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.18510</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 711		Amount of Each Disbursement this Period 5000.00
City ROCKWALL State TX Zip Code 75087	011 Category/ Type	
Purpose of Disbursement 2006 GENERAL		
Candidate Name RALPH M HALL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HEATHER WILSON FOR CONGRESS</b>		<b>Transaction ID: SB23.18163</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO BOX 14070		Amount of Each Disbursement this Period 5000.00
City ALBUQUERQUE State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name HEATHER A WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ISSA FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.18536 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 760		Amount of Each Disbursement this Period 1000.00
City VISTA State CA Zip Code 92085		
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name DARRELL E ISSA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 49		

Full Name (Last, First, Middle Initial) <b>B. JEFF FORTENBERRY FOR US CONGRESS</b>		<b>Transaction ID:</b> SB23.18183 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 1620 N STREET		Amount of Each Disbursement this Period 2000.00
City LINCOLN State NE Zip Code 68508		
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name JEFFREY LANE FORTENBERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. JIM COSTA FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.18206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 2037 WEST BULLARD		Amount of Each Disbursement this Period 1000.00
City FRESNO State CA Zip Code 93711		
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name JIM COSTA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN SWEENEY FOR CONGRESS</b>		<b>Transaction ID: SB23.18174</b> Date of Disbursement
Mailing Address PO BOX 1465		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City CLIFTON PARK	State NY	Zip Code 12065
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN E SWEENEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. KEN CALVERT FOR CONGRESS</b>		<b>Transaction ID: SB23.18229</b> Date of Disbursement
Mailing Address PO BOX 20123		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City RIVERSIDE	State CA	Zip Code 92516
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name KENNETH S CALVERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 44		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. LARSON FOR CONGRESS</b>		<b>Transaction ID: SB23.18157</b> Date of Disbursement
Mailing Address 29 RUFF CIRCLE		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City GLASTONBURY	State CT	Zip Code 06033
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN B LARSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 01		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LEE TERRY FOR CONGRESS</b>		Transaction ID: SB23.18184 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO BOX 540098		Amount of Each Disbursement this Period 2000.00
City OMAHA State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name LEE R TERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEWIS FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.18424 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 247		Amount of Each Disbursement this Period 5000.00
City REDLANDS State CA Zip Code 92373	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name JERRY LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LINDA SANCHEZ FOR CONGRESS</b>		Transaction ID: SB23.18225 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 601 S GLENOAKS BLVD		Amount of Each Disbursement this Period 1000.00
City BURBANK State CA Zip Code 91502	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name LINDA SANCHEZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. LOFGREN FOR CONGRESS</b>		Transaction ID: SB23.18202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 720008		Amount of Each Disbursement this Period 1000.00
City SAN JOSE State CA Zip Code 95172	Purpose of Disbursement 2006 PRIMARY Candidate Name ZOE LOFGREN Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LUCILLE ROYBAL-ALLARD FOR CONGRESS</b>		Transaction ID: SB23.18220 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 582		Amount of Each Disbursement this Period 1000.00
City KENSINGTON State MD Zip Code 20895	Purpose of Disbursement 2006 PRIMARY Candidate Name LUCILLE ROYBAL-ALLARD Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LUNGREN FOR CONGRESS</b>		Transaction ID: SB23.18192 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 9312 SILVERBEND LANE		Amount of Each Disbursement this Period 1000.00
City ELK GROVE State CA Zip Code 95624	Purpose of Disbursement 2006 PRIMARY Candidate Name DANIEL E LUNGREN Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MALONEY FOR CONGRESS</b>		Transaction ID: SB23.18185 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 49 EAST 92ND STREET		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement 2006 PRIMARY Candidate Name CAROLYN B MALONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/Type 011

Full Name (Last, First, Middle Initial) <b>B. MARY BONO COMMITTEE</b>		Transaction ID: SB23.18230 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 3370		Amount of Each Disbursement this Period 2000.00
City PALM SPRINGS State CA Zip Code 92263	Purpose of Disbursement 2006 PRIMARY Candidate Name MARY BONO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/Type 011

Full Name (Last, First, Middle Initial) <b>C. MATSUI FOR CONGRESS</b>		Transaction ID: SB23.18193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO BOX 1738		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95812	Purpose of Disbursement 2006 PRIMARY Candidate Name DORIS MATSUI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCAUL FOR CONGRESS</b>		<b>Transaction ID: SB23.18509</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 3508 FAR WEST BOULEVARD		Amount of Each Disbursement this Period -2000.00
City AUSTIN State TX Zip Code 78731	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY-VOID 2/27/06 CHK		
Candidate Name MICHAEL MCCAUL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MIKE HONDA FOR CONGRESS</b>		<b>Transaction ID: SB23.18201</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 50 W. SAN FERNANDO		Amount of Each Disbursement this Period 2000.00
City SAN JOSE State CA Zip Code 95113	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name MICHAEL MAKOTO HONDA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MIKE THOMPSON FOR CONGRESS</b>		<b>Transaction ID: SB23.18190</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 5429 MADISON AVENUE		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95841	011 Category/ Type	
Purpose of Disbursement 2006 PRIMRY		
Candidate Name C MICHAEL THOMPSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MOORE FOR CONGRESS</b>		Transaction ID: SB23.18187 Date of Disbursement																					
Mailing Address PO BOX 16646		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	7		2	0	0	6														
City MILWAUKEE	State WI	Zip Code 53216	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name GWENDOLYNNE MOORE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 04																						

Full Name (Last, First, Middle Initial) <b>B. NANCY PELOSI FOR CONGRESS</b>		Transaction ID: SB23.18423 Date of Disbursement																					
Mailing Address 235 MONTGOMERY STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	2500.00																				
Candidate Name NANCY PELOSI		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 08																						

Full Name (Last, First, Middle Initial) <b>C. NAPOLITANO FOR CONGRESS</b>		Transaction ID: SB23.18224 Date of Disbursement																					
Mailing Address 555 CAPITOL MALL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	6														
City SACRAMENTO	State CA	Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 PRIMARY		011	1000.00																				
Candidate Name GRACE NAPOLITANO		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 38																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 77

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

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

Full Name (Last, First, Middle Initial) <b>A. PALLONE FOR CONGRESS</b>		<b>Transaction ID: SB23.18170</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2000.00
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement 2006 PRIMARY Candidate Name FRANK JR PALLONE Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PEARCE FOR CONGRESS</b>		<b>Transaction ID: SB23.18164</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 2696		Amount of Each Disbursement this Period 2000.00
City Hobbs State NM Zip Code 88241	Purpose of Disbursement 2006 PRIMARY Candidate Name STEVE PEARCE Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PEOPLE FOR JUANITA MILLENDER-MCDONALD</b>		<b>Transaction ID: SB23.18223</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 555 CAPITOL MALL		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement 2006 PRIMARY Candidate Name JUANITA MILLENDER-MCDONALD Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PETE KING FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.18172
Mailing Address PO BOX 1428		Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
City SEAFORD	State NY	Zip Code 11783
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type
Candidate Name PETER T KING		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 03	

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial) <b>B. PETE STARK REELECTION COMMITTEE</b>		<b>Transaction ID:</b> SB23.18199
Mailing Address PO BOX 8331		Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
City FREMONT	State CA	Zip Code 94537
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type
Candidate Name FORTNEY PETE STARK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial) <b>C. PRYCE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.18176
Mailing Address 145 E RICH STREET		Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type
Candidate Name DEBORAH PRYCE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 15	

Amount of Each Disbursement this Period  
500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. RADANOVICH FOR CONGRESS</b>		Transaction ID: SB23.18205 Date of Disbursement
Mailing Address 30151 TOMAS STREET		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City RANCHO SANTA MARG	State CA	Zip Code 92688
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name GEORGE RADANOVICH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 19	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN NATIONAL COMMITTEE</b>		Transaction ID: SB23.18182 Date of Disbursement
Mailing Address 310 FIRST STREET SE		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 2006 ANNUAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
		Amount of Each Disbursement this Period <input type="text" value="15000.00"/>

Full Name (Last, First, Middle Initial) <b>C. RICHARD POMBO FOR CONGRESS</b>		Transaction ID: SB23.18197 Date of Disbursement
Mailing Address 2150 RIVER PLAZA DRIVE		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name RICHARD POMBO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 11	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)  
ROYCE CAMPAIGN COMMITTEE

Mailing Address PO BOX 2525

City ORANGE State CA Zip Code 92859

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
EDWARD R ROYCE

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Transaction ID: SB23.18226

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 777 S. FIGUEROA STREET

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
ADAM SCHIFF

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Transaction ID: SB23.18215

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 555 SOUTH FLOWER STREET

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement

2006 PRIMARY

Candidate Name  
BRAD SHERMAN

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Transaction ID: SB23.18213

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SOLIS FOR CONGRESS</b>		<b>Transaction ID: SB23.18218</b> Date of Disbursement
Mailing Address 6380 WILSHIRE BOULEVARD		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name HILDA SOLIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CA District: 32	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. SPRATT FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.18158</b> Date of Disbursement
Mailing Address PO BOX 830		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City YORK	State SC	Zip Code 29745
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN MCKEE JR SPRATT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: SC District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. STEVE ISRAEL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.18171</b> Date of Disbursement
Mailing Address PO BOX 777		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City DEER PARK	State NY	Zip Code 11729
Purpose of Disbursement 2006 PRIMARY	<input type="text" value="011"/> Category/ Type	
Candidate Name STEVE ISRAEL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NY District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SUE KELLY FOR CONGRESS</b>		Transaction ID: SB23.18173 Date of Disbursement 03 / 10 / 2006
Mailing Address PO BOX 599		Amount of Each Disbursement this Period 500.00
City KATONAH	State NY Zip Code 10536	
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name SUE N KELLY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SUSAN DAVIS FOR CONGRESS</b>		Transaction ID: SB23.18234 Date of Disbursement 03 / 29 / 2006
Mailing Address 144 WEST D STREET		Amount of Each Disbursement this Period 1000.00
City ENCINITAS	State CA Zip Code 92024	
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name SUSAN A DAVIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TOM KEAN FOR US SENATE</b>		Transaction ID: SB23.18179 Date of Disbursement 03 / 20 / 2006
Mailing Address PO BOX 225		Amount of Each Disbursement this Period 5000.00
City COLONIA	State NJ Zip Code 07067	
Purpose of Disbursement 2006 PRIMARY	011 Category/ Type	
Candidate Name THOMAS H JR KEAN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 77

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

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

A. Full Name (Last, First, Middle Initial)  
TOM LANTOS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 777

City SAN CARLOS State CA Zip Code 94070

Purpose of Disbursement  
2006 PRIMARY

Candidate Name  
THOMAS P LANTOS

Office Sought:  House  
 Senate  
 President

State: CA District: 12

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.18198

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1500

City CHICO State CA Zip Code 95927

Purpose of Disbursement  
2006 PRIMARY

Candidate Name  
WALTER WILLIAM (WALLY) JR HERGER

Office Sought:  House  
 Senate  
 President

State: CA District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.18191

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

167000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 77

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

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. AMA POLITICAL EDUCATION FUND**

Mailing Address 1101 VERMONT AVENUE NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
TRANSFER FUNDS DEPOSITED INCORRECTLY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.18177

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. AMA POLITICAL EDUCATION FUND**

Mailing Address 1101 VERMONT AVENUE NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
TRANSFER FUNDS DEPOSITED INCORRECTLY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.18236

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

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

700.00