

**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)  Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day **Post**-Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2001 through 03 31 2001

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 \_\_\_\_\_ Date 04 16 2001

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 (Revised 1/2001)

Page 2

Write or Type Committee Name  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>MO</sup> 03 <sup>DAY</sup> 01 <sup>YEAR</sup> 2001 To: <sup>MO</sup> 03 <sup>DAY</sup> 31 <sup>YEAR</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>MO</sup> <sup>DAY</sup> <sup>YEAR</sup> 2001		1104539.69
(b) Cash on Hand at Beginning of Reporting Period .....	1581842.71	
(c) Total Receipts (from Line 19) .....	216666.61	815420.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1798509.32	1919959.87
7. Total Disbursements (from Line 30) .....	96805.45	218256.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1701703.87	1701703.87
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 800-420-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>MM</sup>03 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>03 <sup>DD</sup>31 <sup>YYYY</sup>2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	173620.00	
(ii) Unitemized .....	37243.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	210863.00	789451.50
(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 32, page 4) .....	210863.00	789451.50
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5803.61	24968.68
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	216666.61	815420.18
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	216666.61	815420.18

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	55795.45	71140.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55795.45	71140.00
22. Transfers to Affiliated/Other Party Committees.....	10.00	20916.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40950.00	125950.00
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.....	50.00	50.00
(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))..... ▶	50.00	50.00
29. Other Disbursements.....	0.00	200.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	96805.45	218256.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	96805.45	218256.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	210863.00	789451.50
33. Total Contribution Refunds (from Line 28(d)).....	50.00	50.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	210813.00	789401.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	55795.45	71140.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	55795.45	71140.00

**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 5 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
PO BOX 1800

City State Zip Code  
MONTGOMERY AL 36102

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2001

Amount of Each Receipt this Period  
1700.00

Transaction ID: SA11A1.7087

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

Mailing Address  
221 MAIN STREET

City State Zip Code  
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NA NA

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2001

Amount of Each Receipt this Period  
65875.00

Transaction ID: SA11A1.7086

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

Mailing Address  
221 MAIN STREET

City State Zip Code  
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NA NA

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2001

Amount of Each Receipt this Period  
77375.00

Transaction ID: SA11A1.7087

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **24760.00**

**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: PAGE 6 / 28

(check only one)

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

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

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

Mailing Address  
PO BOX 268

City State Zip Code  
MIDDLEFIELD CT 06455

Date of Receipt  
M / D / Y  
03 / 12 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
870.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 13590.00

Transaction ID: SA11A1.7059

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

Mailing Address  
PO BOX 268

City State Zip Code  
MIDDLEFIELD CT 06455

Date of Receipt  
M / D / Y  
03 / 19 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1750.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 15340.00

Transaction ID: SA11A1.7069

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

Mailing Address  
PO BOX 268

City State Zip Code  
MIDDLEFIELD CT 06455

Date of Receipt  
M / D / Y  
03 / 29 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1470.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 16810.00

Transaction ID: SA11A1.7085

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4090.00**

**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 7 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
DISTRICT OF COLUMBIA PAC

Mailing Address  
2175 K STREET NW

City State Zip Code  
WASHINGTON DC 20037

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AN NA

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

Amount of Each Receipt this Period  
910.00

Transaction ID: SA11A1.7050

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

Mailing Address  
220 ALEXANDER STREET SUITE 205

City State Zip Code  
ROCHESTER NY 14607

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

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

Amount of Each Receipt this Period  
450.00

Transaction ID: SA11A1.7133

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

Mailing Address  
PO BOX 10269

City State Zip Code  
TALLAHASSEE FL 32302

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

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

Amount of Each Receipt this Period  
5300.00

Transaction ID: SA11A1.7047

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1440.00**

**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 8 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
PO BOX 10269  
City: TALLAHASSEE State: FL Zip Code: 32302

Date of Receipt  
M / D / Y Y Y Y  
03 / 20 / 2001

Amount of Each Receipt this Period  
4470.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Election Year-to-Date  
Primary General Other (specify) ▼ 9770.00

Transaction ID: SA11A1.7080

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

Mailing Address  
1330 W PEACHTREE STREET  
City: ATLANTA State: GA Zip Code: 30309

Date of Receipt  
M / D / Y Y Y Y  
03 / 19 / 2001

Amount of Each Receipt this Period  
5450.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Election Year-to-Date  
Primary General Other (specify) ▼ 5450.00

Transaction ID: SA11A1.7088

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

Mailing Address  
1360 S BERETANIA STREET  
City: HONOLULU State: HI Zip Code: 96814

Date of Receipt  
M / D / Y Y Y Y  
03 / 19 / 2001

Amount of Each Receipt this Period  
1670.00

FEC ID number of contributing federal political committee.

Name of Employer: N/A Occupation: N/A

Receipt For: Election Year-to-Date  
Primary General Other (specify) ▼ 9620.00

Transaction ID: SA11A1.7070

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11590.00**

**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: PAGE 9 / 28

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
W. BRIGGS HOPSON

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2001

Mailing Address  
100 MCAULEY DRIVE

City State Zip Code  
VICKSBURG MS 39183

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
450.00

Name of Employer Occupation  
RIVER REGION MEDICAL CENTER PHYSICIAN

Receipt For: Election Year-to-Date  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.7136

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Mailing Address  
322 CANAL WALK

City State Zip Code  
INDIANAPOLIS IN 46202

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
7180.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date  
Primary General  
Other (specify) ▼ 59050.00

Transaction ID: SA11A1.7057

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Mailing Address  
1001 GRAND AVENUE

City State Zip Code  
W. DES MOINES IA 50265

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
3050.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date  
Primary General  
Other (specify) ▼ 4100.00

Transaction ID: SA11A1.7081

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **10680.00**

**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 10 / 28

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2001

Mailing Address  
1001 GRAND AVENUE

City State Zip Code  
W. DES MOINES IA 50265

Amount of Each Receipt this Period  
2050.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 6150.00

Transaction ID: SA11A1.7084

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2001

Mailing Address  
1001 GRAND AVENUE

City State Zip Code  
W. DES MOINES IA 50265

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 7150.00

Transaction ID: SA11A1.7083

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Mailing Address  
623 SW 10TH

City State Zip Code  
TOPEKA KS 66612

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3720.00

Transaction ID: SA11A1.7048

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3850.00**

**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 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
4965 US HIGHWAY 42

City State Zip Code  
LOUISVILLE KY 40222

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
910.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 7110.00

Transaction ID: SA11A1.7049

**B.** Full Name (Last, First, Middle Initial)  
CARL LENTZ

Mailing Address  
120 N. SENECA STREET

City State Zip Code  
DAYTONA BEACH FL

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.7140

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

Mailing Address  
6767 PERKINS ROAD

City State Zip Code  
BATON ROUGE LA 70802

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
1550.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 16310.00

Transaction ID: SA11A1.7051

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2910.00**

**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: PAGE 12 / 28

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LOUISIANA MEDICAL PAC

Mailing Address

6767 PERKINS ROAD

City

BATON ROUGE

State

LA

Zip Code

70802

Date of Receipt

N M / D E / Y Y Y Y  
03 / 20 / 2001

Amount of Each Receipt this Period

450.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

Primary General  
Other (specify) ▼

Election Year-to-Date ▼

16760.00

Transaction ID: SA11A1.7073

Full Name (Last, First, Middle Initial)

B. LOUISIANA MEDICAL PAC

Mailing Address

6767 PERKINS ROAD

City

BATON ROUGE

State

LA

Zip Code

70802

Date of Receipt

N M / D E / Y Y Y Y  
03 / 20 / 2001

Amount of Each Receipt this Period

1100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

Primary General  
Other (specify) ▼

Election Year-to-Date ▼

17860.00

Transaction ID: SA11A1.7076

Full Name (Last, First, Middle Initial)

C. LOUISIANA MEDICAL PAC

Mailing Address

6767 PERKINS ROAD

City

BATON ROUGE

State

LA

Zip Code

70802

Date of Receipt

N M / D E / Y Y Y Y  
03 / 20 / 2001

Amount of Each Receipt this Period

1500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

Primary General  
Other (specify) ▼

Election Year-to-Date ▼

19360.00

Transaction ID: SA11A1.7082

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3050.00**

**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 13 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. JOY MAXEY**

Mailing Address  
3001 MAPLE DRIVE STE. 315  
City State Zip Code  
ATLANTA GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2001

Amount of Each Receipt this Period  
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.7138

Full Name (Last, First, Middle Initial)  
**B. MEDICAL SOC OF THE ST OF NY PAC**

Mailing Address  
ONE COMMERCE PLAZA  
City State Zip Code  
ALBANY NY 12210

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2001

Amount of Each Receipt this Period  
39020.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 78040.00

Transaction ID: SA11A1.7071

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

Mailing Address  
PO BOX 18855  
City State Zip Code  
MINNEAPOLIS MN 55418

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2001

Amount of Each Receipt this Period  
1370.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3570.00

Transaction ID: SA11A1.7072

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **41740.00**

**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 14 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
PO BOX 5229

City State Zip Code  
JACKSON MS 39296

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Amount of Each Receipt this Period  
2850.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 10900.00

Transaction ID: SA11A1.7052

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

Mailing Address  
PO BOX 5229

City State Zip Code  
JACKSON MS 39296

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 11150.00

Transaction ID: SA11A1.7053

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

Mailing Address  
PO BOX 5229

City State Zip Code  
JACKSON MS 39296

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2001

Amount of Each Receipt this Period  
4350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 16500.00

Transaction ID: SA11A1.7088

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7250.00**

**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)

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11a  11b  11c  12  
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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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2001

Mailing Address  
2021 ELEVENTH AVENUE

City State Zip Code  
HELENA MT 59601

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.7068

**B.** Full Name (Last, First, Middle Initial)  
NC MEDICAL POL EDUC & ACTION COMMITTEE

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Mailing Address  
PO BOX 25834

City State Zip Code  
RALEIGH NC 27611

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
3870.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3870.00

Transaction ID: SA11A1.7068

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

Mailing Address  
7770 JEFFERSON NE

City State Zip Code  
ALBUQUERQUE NM 87109

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.7083

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4620.00**

**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 16 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. OHIO MEDICAL PAC**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 3401 MILL RUN DRIVE \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 HILLIARD OH 43206

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 03 / 20 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 10450.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 N/A N/A

Receipt For: \_\_\_\_\_ Election Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 18760.00

Transaction ID: SA11A1.7081

**B. OKLAHOMA MEDICAL PAC**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 PO BOX 54520 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 OKLAHOMA CITY OK 73154

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 03 / 12 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 2400.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 NA NA

Receipt For: \_\_\_\_\_ Election Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 3350.00

Transaction ID: SA11A1.7058

**C. PENNSYLVANIA MEDICAL PAC**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 PO BOX 8820 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 HARRISBURG PA 17105

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 03 / 12 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 2250.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 N/A N/A

Receipt For: \_\_\_\_\_ Election Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 6400.00

Transaction ID: SA11A1.7054

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>15100.00</b>
<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 17 / 28

(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

Mailing Address  
108 FRANCIS STREET

City State Zip Code  
PROVIDENCE RI 02903

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
820.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 820.00

Transaction ID: SA11A1.7075

**B.** Full Name (Last, First, Middle Initial)  
RONALD P BANGASSER

Mailing Address  
12724 VALLEY VIEW LANE

City State Zip Code  
REDLANDS CA 92373

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Occupation  
BEAVER MEDICAL GROUP PHYSICIAN

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.7080

**C.** Full Name (Last, First, Middle Initial)  
ROY W VANDIVER MD

Mailing Address  
5858 BAHIA MAR CIRCLE

City State Zip Code  
STONE MOUNTAIN GA 30087

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
450.00

Name of Employer Occupation  
MAG MUTUAL EXECUTIVE

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.7058

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1770.00**

**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 18 / 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
PO BOX 1118B

City State Zip Code  
COLUMBIA SC 29211

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NA NA

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 8550.00

Transaction ID: SA11A1.7046

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL SUK

Mailing Address  
181 WEST 61ST APT. 4D

City State Zip Code  
NEW YORK NY 10023

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.7134

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

Mailing Address  
401 W 15TH STREET

City State Zip Code  
AUSTIN TX 78701

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2001

Amount of Each Receipt this Period  
29820.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 83720.00

Transaction ID: SA11A1.7084

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **32270.00**

**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: PAGE 19 / 28

(check only one)

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

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

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

Mailing Address  
540 EAST FIFTH SOUTH

City State Zip Code  
SALT LAKE CITY UT 84102

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1550.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5050.00

Transaction ID: SA11A1.7065

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

Mailing Address  
4205 DOVER ROAD

City State Zip Code  
RICHMOND VA 23221

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
850.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 8850.00

Transaction ID: SA11A1.7078

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

Mailing Address  
2033 SIXTH AVENUE

City State Zip Code  
SEATTLE WA 98121

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
5750.00

Name of Employer Occupation  
N/A N/A

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 8600.00

Transaction ID: SA11A1.7078

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8150.00**

**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 / 28
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
A. WYOMING MEDICAL PAC

Mailing Address  
PO DRAWER 4009

City State Zip Code  
CHEYENNE WY 82003

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
350.00

Name of Employer NA	Occupation NA
------------------------	------------------

Receipt For: Election Year-to-Date ▼

Primary General Other (specify) ▼ 1500.00

Transaction ID: SA11A1.7077

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>173620.00</b>

**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)

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

**A.** Full Name (Last, First, Middle Initial)  
RIGGS INVESTMENT MANAGEMENT COMPANY

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2001

Mailing Address  
PO BOX 96211

City State Zip Code  
WASHINGTON DC 20090

Amount of Each Receipt this Period  
1627.36

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GAIN ON INVESTMENTS

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 20792.43

Transaction ID: SA17.7091

**B.** Full Name (Last, First, Middle Initial)  
RIGGS INVESTMENT MANAGEMENT COMPANY

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2001

Mailing Address  
PO BOX 96211

City State Zip Code  
WASHINGTON DC 20090

Amount of Each Receipt this Period  
4176.25

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INTEREST

Receipt For: Election Year-to-Date ▼  
Primary General  
Other (specify) ▼ 24968.68

Transaction ID: SA17.7092

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>5803.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5803.61</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. PAYMENTECH</b>		Date of Disbursement 03 / 31 / 2001
Mailing Address 4 NORTHEASTERN BLVD City SALEM State NH Zip Code 13079		Amount of Each Disbursement this Period 442.18
Purpose of Disbursement CREDIT CARD BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7123
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RIGGS INVESTMENT MANAGEMENT COMPANY</b>		Date of Disbursement 03 / 31 / 2001
Mailing Address PO BOX 98211 City WASHINGTON State DC Zip Code 20090		Amount of Each Disbursement this Period 1163.77
Purpose of Disbursement ACRUED INTEREST PAID		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7124
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RIGGS INVESTMENT MANAGEMENT COMPANY</b>		Date of Disbursement 03 / 31 / 2001
Mailing Address PO BOX 98211 City WASHINGTON State DC Zip Code 20090		Amount of Each Disbursement this Period 189.50
Purpose of Disbursement BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7125
State: District:		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1795.45</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. RIGGS NATIONAL BANK</b>		Date of Disbursement 03 / 14 / 2001
Mailing Address PO BOX 1912 City WASHINGTON		Amount of Each Disbursement this Period 54000.00
State DC	Zip Code 20074	
Purpose of Disbursement INCOMETAXES-2000		Transaction ID: 5B21B.7127
Candidate Name		
Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>54000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>55795.45</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)

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

Full Name (Last, First, Middle Initial)  
A. MEDICAL SOC OF THE ST OF NY PAC

Date of Disbursement

03<sup>rd</sup> : 27<sup>th</sup> : 2001

Mailing Address

ONE COMMERCE PLAZA

City

ALBANY

State

NY

Zip Code

12210

Amount of Each Disbursement this Period

10.00

Purpose of Disbursement

TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: SB22.7093

B.

C.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **10.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **10.00**



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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				

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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 DAVE OBEY</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address PO BOX 1322 City: WAUSAU State: WI Zip Code: 54402		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.7114
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC NATIONAL COMMITTEE</b>		Date of Disbursement 03 / 12 / 2001
Mailing Address 430 S CAPITOL STREET SE City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement 2001 ANNUAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.7097
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAURICE HINCHEY</b>		Date of Disbursement 03 / 26 / 2001
Mailing Address PO BOX 4497 City: KINGSTON State: NY Zip Code: 12402		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2002 PRIMARY		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.7107
State: District:		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>18000.00</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)

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<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				

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

Full Name (Last, First, Middle Initial) <b>A. GANSKE FOR SENATE</b>		Date of Disbursement 03 / 02 / 2001
Mailing Address 521 E LOCUST 2ND FLOOR City: DES MOINES State: IA Zip Code: 50309		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 PRIMARY	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: X Primary General Other (specify) ▼	State: District:	Transaction ID: SB23.7095

Full Name (Last, First, Middle Initial) <b>B. HASTERT FOR CONGRESS COMMITTEE</b>		Date of Disbursement 03 / 26 / 2001
Mailing Address PO BOX 625 City: BATAVIA State: IL Zip Code: 60510		Amount of Each Disbursement this Period 450.00
Purpose of Disbursement 2002 PRIMARY	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: X Primary General Other (specify) ▼	State: District:	Transaction ID: SB23.7109

Full Name (Last, First, Middle Initial) <b>C. JOHN SWEENEY FOR CONGRESS</b>		Date of Disbursement 03 / 16 / 2001
Mailing Address 429 CLIFTON CORPORATE PARK City: CLIFTON PARK State: NY Zip Code: 12065		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: X Primary General Other (specify) ▼	State: District:	Transaction ID: SB23.7101

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6450.00</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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. MURRAY FOR CONGRESS</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address 555 SOUTH FLOWER STREET City: LOS ANGELES State: CA Zip Code: 90071		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 SPECIAL PRIMARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼ Special-Primary	Transaction ID: SB23.7142	
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. NETHERCUTT FOR CONGRESS 2000</b>		Date of Disbursement 03 / 16 / 2001	
Mailing Address PO BOX 1925 City: SPOKANE State: WA Zip Code: 99201		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2000 GENERAL DEFICIT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary      X General Other (specify) ▼	Transaction ID: SB23.7103	
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. REELECT CONGRESSMAN KUCINICH COMMITTEE</b>		Date of Disbursement 03 / 26 / 2001	
Mailing Address 3856 N HIGH STREET City: COLUMBUS State: OH Zip Code: 43214		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: X Primary      General Other (specify) ▼	Transaction ID: SB23.7105	
State:            District:			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>8000.00</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)

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<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				

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

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Disbursement 03 / 27 / 2001
Mailing Address 310 FIRST STREET SE City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement 2001 ANNUAL CONTRIBUTION		Transaction ID: SB23.7111
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	
State:                      District:		

Full Name (Last, First, Middle Initial) <b>B. STEVE ISRAEL FOR CONGRESS COMMITTEE</b>		Date of Disbursement 03 / 16 / 2001
Mailing Address 15 ORMOND STREET City State Zip Code DIX HILLS NY 11748		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY		Transaction ID: SB23.7089
Candidate Name		
Office Sought: House Senate President	Disbursement For: X Primary      General Other (specify) ▼	
State:                      District:		

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>16000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>48450.00</b>