

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 07 01 2006 through 07 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 08 16 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**

Write or Type Committee Name
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

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	2463176.32									
(c) Total Receipts (from Line 19)	56432.56	1304314.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2519608.88	3350431.38								
7. Total Disbursements (from Line 31)	97801.73	928624.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2421807.15	2421807.15								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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	30862.91	952336.73
(i) Itemized (use Schedule A)	15387.35	286084.60
(ii) Unitemized	46250.26	1238421.33
(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)	46250.26	1238421.33
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	5191.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10182.30	60702.13
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))	56432.56	1304314.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56432.56	1304314.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	3266.73	11172.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3266.73	11172.17
22. Transfers to Affiliated/Other Party Committees.....	50.00	86697.06
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	65000.00	800350.00
24. Independent Expenditure (use Schedule E)	29485.00	29485.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	220.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	220.00
29. Other Disbursements.....	0.00	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))..	97801.73	928624.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	97801.73	928624.23

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)	46250.26	1238421.33
34. Total Contribution Refunds (from Line 28(d))	0.00	220.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46250.26	1238201.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3266.73	11172.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5191.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3266.73	5981.17

**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 / 37
	<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)
WALTER E APP, MD

Mailing Address 4026 ORMOND ROAD

City LOUISVILLE State KY Zip Code 40207

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
 07 / 07 / 2006

Transaction ID: SA11A1.19335

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JOHN HULSE ARMSTRONG, MD

Mailing Address PO BOX 016960

City MIAMI State FL Zip Code 33101

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

Name of Employer US ARMY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2006

Transaction ID: SA11A1.19410

Amount of Each Receipt this Period
 55.55

C. Full Name (Last, First, Middle Initial)
JAMES C BOMMARITO, MD

Mailing Address 4330 165TH AVENUE SE

City SNOHOMISH State WA Zip Code 98290

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

Name of Employer EVERETT CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11A1.19337

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1055.55
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 37
	<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

Full Name (Last, First, Middle Initial) A. ROBERT BONVINO, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address 206 DOE TRAIL		Transaction ID: SA11A1.19416	
City MORGANVILLE	State NJ	Zip Code 07751	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. C			
Name of Employer NEW YORK UNIVERSITY	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 591.58		

Full Name (Last, First, Middle Initial) B. JANE BOTTSFORD, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address 1003 SEVEN SPRINGS ROAD		Transaction ID: SA11A1.19429	
City SPARTANBURG	State SC	Zip Code 29307	Amount of Each Receipt this Period 45.45
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 ▼ 227.25		

Full Name (Last, First, Middle Initial) C. JANE BOTTSFORD, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006	
Mailing Address 1003 SEVEN SPRINGS ROAD		Transaction ID: SA11A1.19428	
City SPARTANBURG	State SC	Zip Code 29307	Amount of Each Receipt this Period 45.45
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 ▼ 272.70		

SUBTOTAL of Receipts This Page (optional) ▶	132.56
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 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MICHAEL CYS

Mailing Address 7415 SOUTH REACH DRIVE

City State Zip Code
FAIRFAX STATION VA 22039

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 ▼
291.62

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: SA11A1.19417

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
THOMAS DAYSPRING, MD

Mailing Address 516 HAMBURG TPKE

City State Zip Code
WAYNE NJ 07470

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 ▼
272.70

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: SA11A1.19419

Amount of Each Receipt this Period
45.45

C. Full Name (Last, First, Middle Initial)
RANJIT S DHALIWAL, MD

Mailing Address 3835 HONORS WAY

City State Zip Code
AUGUST GA 30907

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

Name of Employer SELF-EMPLOYED
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2006

Transaction ID: SA11A1.19340

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	587.11
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 9 / 37
	<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)
RANJIT S DHALIWAL, MD

Mailing Address 3835 HONORS WAY

City State Zip Code
AUGUST GA 30907

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 ▼
1000.00

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

Transaction ID: SA11A1.19341

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHIGAN DOCTORS PAC

Mailing Address PO BOX 769

City State Zip Code
EAST LANSING MI 48826

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 ▼
22470.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: SA11A1.19375

Amount of Each Receipt this Period
2890.00

C. Full Name (Last, First, Middle Initial)
NC MEDICAL POL EDUC & ACTION CMMT

Mailing Address PO BOX 25834

City State Zip Code
RALEIGH NC 27611

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 ▼
12350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.19343

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	3790.00
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 / 37
	<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)
NC MEDICAL POL EDUC & ACTION CMMT

Mailing Address PO BOX 25834

City State Zip Code
RALEIGH NC 27611

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
12700.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: SA11A1.19344

Amount of Each Receipt this Period
350.00

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

Mailing Address 4965 US HIGHWAY 42

City State Zip Code
LOUISVILLE KY 40222

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
19050.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2006

Transaction ID: SA11A1.19329

Amount of Each Receipt this Period
1050.00

C. Full Name (Last, First, Middle Initial)
JOHN D FROST, MD

Mailing Address 3823 W 100TH AVENUE

City State Zip Code
ANCHORAGE AK 99515

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
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: SA11A1.19382

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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 / 37
	<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) A. SANDRA K FROST		Date of Receipt MM / DD / YYYY 07 / 07 / 2006
Mailing Address 488 LEAF LN		Transaction ID: SA11A1.19338
City SOMERSET	State KY	Zip Code 42503
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	

Full Name (Last, First, Middle Initial) B. MARGARET GARIKES		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 136 F STREET SE		Transaction ID: SA11A1.19351
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation ASSOCIATION EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) C. JEFF GONZALEZ, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 1228 WEST AVENUE		Transaction ID: SA11A1.19402
City MIAMI BEACH	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer UNIV OF MIAMI	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	583.32
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 12 / 37
	<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)
JEFFREY GORDON, MD

Mailing Address 29 AMARYLLIS LANE

City State Zip Code
LUMBERTON NJ 08048

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

Name of Employer Occupation
RUNCOCAS ANESTHESIOLOGY 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
07 / 07 / 2006

Transaction ID: SA11A1.19331

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM EDWARD GUPTILL, MD

Mailing Address 8 CREEPING JENNY LANE

City State Zip Code
TAUNTON MA 02780

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

Name of Employer Occupation
ST ANNE'S HOSPITAL 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
07 / 19 / 2006

Transaction ID: SA11A1.19389

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
THOMAS P HEALY, JR

Mailing Address 571 MAIN STREET

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Occupation
AMERICAN MEDICAL ASSOCIATION LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.19362

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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 / 37
	<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)
JULIUS W HOBSON, JR

Mailing Address 3600 38TH STREET NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer AMERICAN MEDICAL ASSOCIATION
Occupation ASSOCIATION EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: SA11A1.19353

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
TRIPTI KATARIA, MD

Mailing Address 843 W ADAMS

City CHICAGO State IL Zip Code 60607

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

Name of Employer NORTHWESTERN MED FOUNDATION
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.20

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: SA11A1.19400

Amount of Each Receipt this Period
55.55

C. Full Name (Last, First, Middle Initial)
EDIT K MASABA, MD

Mailing Address 122 E. BROADWAY

City SALEM State NY Zip Code 12865

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

Name of Employer SELF-EMPLOYED
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2006

Transaction ID: SA11A1.19333

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	597.21
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 / 37
	<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) A. JOY A MAXEY, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 3091 MAPLE DRIVE		Transaction ID: SA11A1.19359	
City ATLANTA	State GA	Zip Code 30305	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62		

Full Name (Last, First, Middle Initial) B. ARIZONA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 810 W BETHANY HOME ROAD		Transaction ID: SA11A1.19368	
City PHOENIX	State AZ	Zip Code 85013	Amount of Each Receipt this Period 350.00
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 ▼ 12040.00		

Full Name (Last, First, Middle Initial) C. ARKANSAS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address PO BOX 55088		Transaction ID: SA11A1.19324	
City LITTLE ROCK	State AR	Zip Code 72215	Amount of Each Receipt this Period 350.00
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 ▼ 5190.00		

SUBTOTAL of Receipts This Page (optional) ▶	741.66
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 15 / 37
	<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) A. ARKANSAS MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address PO BOX 55088		Transaction ID: SA11A1.19377
City LITTLE ROCK	State AR	Zip Code 72215
Amount of Each Receipt this Period 250.00		
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 ▼ 5440.00	

Full Name (Last, First, Middle Initial) B. CALIFORNIA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 221 MAIN STREET		Transaction ID: SA11A1.19373
City SAN FRANCISCO	State CA	Zip Code 94105
Amount of Each Receipt this Period 1818.33		
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 ▼ 52509.19	

Full Name (Last, First, Middle Initial) C. CONNECTICUT MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 160 ST RONAN STREET		Transaction ID: SA11A1.19380
City NEW HAVEN	State CT	Zip Code 06511
Amount of Each Receipt this Period 350.00		
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 ▼ 20010.00	

SUBTOTAL of Receipts This Page (optional) ▶	2418.33
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 / 37
	<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) A. FLORIDA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address PO BOX 10269		Transaction ID: SA11A1.19384
City TALLAHASSEE	State FL	Zip Code 32302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 540.00
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 ▼ 34450.00	

Full Name (Last, First, Middle Initial) B. LOUISIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 6767 PERKINS ROAD		Transaction ID: SA11A1.19327
City BATON ROUGE	State LA	Zip Code 70802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 710.00
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 ▼ 17340.00	

Full Name (Last, First, Middle Initial) C. LOUISIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 6767 PERKINS ROAD		Transaction ID: SA11A1.19328
City BATON ROUGE	State LA	Zip Code 70802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
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 ▼ 18540.00	

SUBTOTAL of Receipts This Page (optional) ▶	2450.00
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 17 / 37
	<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) A. LOUISIANA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 6767 PERKINS ROAD		Transaction ID: SA11A1.19378	
City State Zip Code BATON ROUGE LA 70802	Amount of Each Receipt this Period 410.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 18950.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MINNESOTA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address PO BOX 18655		Transaction ID: SA11A1.19371	
City State Zip Code MINNEAPOLIS MN 55418	Amount of Each Receipt this Period 910.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 9310.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MISSISSIPPI MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address PO BOX 2548		Transaction ID: SA11A1.19374	
City State Zip Code RIDGELAND MS 39158	Amount of Each Receipt this Period 420.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 8690.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1740.00
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 / 37
	<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)
MISSOURI MEDICAL PAC

Mailing Address PO BOX 1402

City State Zip Code
JEFFERSON CITY MO 65102

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 24150.00

Date of Receipt
07 / 28 / 2006

Transaction ID: SA11A1.19376

Amount of Each Receipt this Period
730.00

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

Mailing Address 233 S 13TH STREET

City State Zip Code
LINCOLN NE 68508

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2135.00

Date of Receipt
07 / 21 / 2006

Transaction ID: SA11A1.19369

Amount of Each Receipt this Period
900.00

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

Mailing Address 2 PRINCESS ROAD

City State Zip Code
LAWRENCEVILLE NJ 08648

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

Name of Employer Occupation
N/A N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7600.00

Date of Receipt
07 / 07 / 2006

Transaction ID: SA11A1.19325

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional)	▶	2480.00
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 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. OHIO MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 3401 MILL RUN DRIVE		Transaction ID: SA11A1.19385
City State Zip Code HILLIARD OH 43206	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 20370.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PENNSYLVANIA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address PO BOX 8820		Transaction ID: SA11A1.19342
City State Zip Code HARRISBURG PA 17105	Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 37150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PENNSYLVANIA MEDICAL PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address PO BOX 8820		Transaction ID: SA11A1.19383
City State Zip Code HARRISBURG PA 17105	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 37950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
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 / 37
	<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)
RHODE ISLAND MEDICAL PAC

Mailing Address 235 PROMENADE STREET

City PROVIDENCE State RI Zip Code 02908

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 ▼
4180.00

Date of Receipt
07 / 21 / 2006

Transaction ID: SA11A1.19370

Amount of Each Receipt this Period
1200.00

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

Mailing Address 4205 DOVER ROAD

City RICHMOND State VA Zip Code 23221

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 ▼
5650.00

Date of Receipt
07 / 14 / 2006

Transaction ID: SA11A1.19346

Amount of Each Receipt this Period
1300.00

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

Mailing Address 2033 SIXTH AVENUE

City SEATTLE State WA Zip Code 98121

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 ▼
27950.00

Date of Receipt
07 / 21 / 2006

Transaction ID: SA11A1.19379

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)	▶	3700.00
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 21 / 37
	<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)
INDEPENDENT MEDICINES PAC

Mailing Address 2301 21ST AVENUE SOUTH

City State Zip Code
NASHVILLE TN 37212

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 ▼
17450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: SA11A1.19372

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
ROBERT J OLIVE, MD

Mailing Address PO BOX 22150

City State Zip Code
HOT SPRINGS AR 71903

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

Name of Employer ORTHOPAEDIC ASSOCIATES 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
07 / 20 / 2006

Transaction ID: SA11A1.19367

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ND COMMISSION ON MED POL ACTION

Mailing Address PO BOX 5538

City State Zip Code
BISMARK ND 58501

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 ▼
3100.00

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

Transaction ID: SA11A1.19326

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<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) A. JEANIE OWEN		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 8417 HICKORY STREET		Transaction ID: SA11A1.19365
City OMAHA	State NE	Zip Code 68124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NEBRASKA METHODIST HOSPITAL	Occupation NURSE	
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. JOHN STEVEN POLSLEY, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 162 NEW HAVEN DRIVE		Transaction ID: SA11A1.19395
City URBANA	State OH	Zip Code 43078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer FAMILY PHYSICIANS OF URBANA	Occupation PHYSICIAN	
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) C. NESTOR A RAMIREZ-LOPEZ, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 800 E CARPENTER STREET		Transaction ID: SA11A1.19357
City SPRINGFIELD	State IL	Zip Code 62769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.62	

SUBTOTAL of Receipts This Page (optional)	▶	141.66
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 23 / 37
	<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) A. KEVIN C REILLY, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 1526 CHALET DRIVE		Transaction ID: SA11A1.19393	
City State Zip Code CHERRY HILL NJ 08003	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer US ARMY	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. DAVID J SCHIFELING, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 900 W CLAIRMONT DRIVE		Transaction ID: SA11A1.19387	
City State Zip Code EAU CLAIRE WI 54701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MARSHFIELD CLINIC	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) C. MEDICAL SOC OF THE ST OF NY PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address ONE COMMERCE PLAZA		Transaction ID: SA11A1.19345	
City State Zip Code ALBANY NY 12210	Amount of Each Receipt this Period 3440.00		
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 ▼ 63020.00		

SUBTOTAL of Receipts This Page (optional) ▶	3590.00
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 24 / 37
	<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) A. ROY W VANDIVER, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 3562 PIEDMONT ROAD		Transaction ID: SA11A1.19431
City ATLANTA State GA Zip Code 30305	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. C		
Name of Employer MAG MUTUAL Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 249.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROY W VANDIVER, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 3562 PIEDMONT ROAD		Transaction ID: SA11A1.19432
City ATLANTA State GA Zip Code 30305	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. C		
Name of Employer MAG MUTUAL Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 291.62	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN M VAN ETTA, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 1535 SKYWOOD LANE		Transaction ID: SA11A1.19421
City DULUTH State MN Zip Code 55805	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. C		
Name of Employer ST LUKES INT MED ASSOC Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 291.62	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 37
	<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) A. JOHN M VAN ETTA, MD		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1535 SKYWOOD LANE		Transaction ID: SA11A1.19422
City DULUTH	State MN	Zip Code 55805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer ST LUKES INT MED ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

Full Name (Last, First, Middle Initial) B. STEVEN R WEST, MD		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 15636 FIDDESTICKS BOULEVARD		Transaction ID: SA11A1.19424
City FORT MYERS	State FL	Zip Code 33912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer SWFNG	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) C. JIM WILSON		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 2100 CONNECTICUT AVENUE, NW		Transaction ID: SA11A1.19396
City WASHINGTON	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.55
Name of Employer AMERICAN MEDICAL ASSOCIATION	Occupation EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.20	

SUBTOTAL of Receipts This Page (optional)	▶	138.87
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 26 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
BERND A WOLLSCHLAEGER, MD

Mailing Address 16899 NE 15TH AVENUE

City State Zip Code
N MIAMI BEACH FL 33162

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
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: SA11A1.19391

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
LAMBERT WU, MD

Mailing Address 929 SW MULVANE STREET

City State Zip Code
TOPEKA KS 66606

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 ▼
341.62

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: SA11A1.19355

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)	▶	91.66
TOTAL This Period (last page this line number only)	▶	30862.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 37	
	(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 State Zip Code
WASHINGTON DC 20090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60702.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Transaction ID: SA17.19445

Amount of Each Receipt this Period
10182.30

INTEREST

SUBTOTAL of Receipts This Page (optional)	▶	10182.30
TOTAL This Period (last page this line number only)	▶	10182.30

**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 28 / 37

<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. AMA POLITICAL EDUCATION FUND

Mailing Address 1101 VERMONT AVENUE NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement REIMBURSEMENT-TAXES

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.19317

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

3060.00

Full Name (Last, First, Middle Initial)

B. 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.19446

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

206.73

SUBTOTAL of Disbursements This Page (optional) ►

3266.73

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

3266.73

**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 29 / 37

<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)

A. INDEPENDENT MEDICINES PAC

Mailing Address PO BOX 120909

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
TRANSFER OF FUNDS JOINT FUNDRAISING

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.19306

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00

**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 30 / 37

<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. COLE FOR CONGRESS		Transaction ID: SB23.19444 Date of Disbursement
Mailing Address PO BOX 722256		<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City NORMAN	State OK	Zip Code 73070
Purpose of Disbursement 2006 PRIMARY-VOID 6/30/2006 CHK		<input type="text" value="011"/> Category/ Type
Candidate Name TOM COLE		
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: 4	
		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT HANK JOHNSON		Transaction ID: SB23.19308 Date of Disbursement
Mailing Address 5240 SNAPPINGER PARK DRIVE		<input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City DECATUR	State GA	Zip Code 30035
Purpose of Disbursement 2006 PRIMARY RUN-OFF		<input type="text" value="011"/> Category/ Type
Candidate Name HENRY C 'HANK' JR JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: GA	District: 04 Runoff	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. COMMITTEE TO REELECT ED TOWNS		Transaction ID: SB23.19315 Date of Disbursement
Mailing Address 438 LEWIS AVENUE		<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City BROOKLYN	State NY	Zip Code 11233
Purpose of Disbursement 2006 PRIMARY		<input type="text" value="011"/> Category/ Type
Candidate Name EDOLPHUS TOWNS		
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: 10	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL 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) A. FRIENDS OF DAVE WELDON		Transaction ID: SB23.19434 Date of Disbursement 07 / 31 / 2006
Mailing Address PO BOX 968		Amount of Each Disbursement this Period 5000.00
City MELBOURNE State FL Zip Code 32902	Purpose of Disbursement 2006 PRIMARY Candidate Name DAVE WELDON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL 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. GINGREY FOR CONGRESS		Transaction ID: SB23.19304 Date of Disbursement 07 / 26 / 2006
Mailing Address PO BOX U		Amount of Each Disbursement this Period 5000.00
City MARIETTA State GA Zip Code 30060	Purpose of Disbursement 2006 GENERAL Candidate Name J PHILLIP MD GINGREY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.19442 Date of Disbursement 07 / 31 / 2006
Mailing Address PO BOX 14070		Amount of Each Disbursement this Period -5000.00
City ALBUQUERQUE State NM Zip Code 87191	Purpose of Disbursement 2006 GENERAL-VOID 6/29/2005 CHECK 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 37

<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. JEFF CRANK FOR CONGRESS		Transaction ID: SB23.19310 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 912 NORTH CIRCLE DRIVE		Amount of Each Disbursement this Period 5000.00
City COLORADO SPRINGS State CO Zip Code 80909	Purpose of Disbursement 2006 PRIMARY Candidate Name JEFFREY G CRANK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05 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. JIM JORDAN FOR CONGERSS		Transaction ID: SB23.19438 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1709 STATE ROUTE 560S		Amount of Each Disbursement this Period 5000.00
City URBANA State OH Zip Code 43078	Purpose of Disbursement 2006 GENERAL Candidate Name JAMES D JORDAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: SB23.19314 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 1809 SOUTH PLYMOUTH ROAD		Amount of Each Disbursement this Period 3000.00
City MINNETONKA State MN Zip Code 55305	Purpose of Disbursement 2006 PRIMARY Candidate Name JAMES M RAMSTAD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 37

<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. KAGEN 4 CONGRESS		Transaction ID: SB23.19319 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 100 WEST LAWRENCE STREET		Amount of Each Disbursement this Period 2500.00
City APPLETON State WI Zip Code 54911	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name STEVEN LESLIE KAGEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LUCAS FOR CONGRESS		Transaction ID: SB23.19443 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO BOX 1726		Amount of Each Disbursement this Period -2000.00
City OKLAHOMA CITY State OK Zip Code 73101	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY-VOID 6/30/2006 CHK		
Candidate Name FRANK D LUCAS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK 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) C. MAC COLLINS FOR CONGRESS		Transaction ID: SB23.19303 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address PO BOX 962		Amount of Each Disbursement this Period 5000.00
City JACKSON State GA Zip Code 30233	011 Category/ Type	
Purpose of Disbursement 2006 GENERAL		
Candidate Name MICHAEL A COLLINS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARK UDALL FOR CONGRESS		Transaction ID: SB23.19311	
Mailing Address 8690N WOLFF COURT		Date of Disbursement 07 / 28 / 2006	
City WESTMINSTER	State CO	Zip Code 80031	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 PRIMARY		011 Category/ Type	
Candidate Name MARK UDALL			
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: CO	District: 02		

Full Name (Last, First, Middle Initial) B. MAX BURNS FOR CONGRESS		Transaction ID: SB23.19305	
Mailing Address PO BOX 1965		Date of Disbursement 07 / 26 / 2006	
City SYLVANIA	State GA	Zip Code 30467	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2006 GENERAL		011 Category/ Type	
Candidate Name O MAXIE BURNS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 12		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Transaction ID: SB23.19301	
Mailing Address 425 SECOND STREET NE		Date of Disbursement 07 / 10 / 2006	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement 2006 ANNUAL CONTRIBUTION		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:		

SUBTOTAL of Disbursements This Page (optional)	21000.00
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)

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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	<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. NITA LOWEY FOR CONGRESS		Transaction ID: SB23.19316 Date of Disbursement 07 / 12 / 2006
Mailing Address PO BOX 271		Amount of Each Disbursement this Period 1000.00
City WHITE PLAINS	State NY	
Zip Code 10605		011 Category/ Type
Purpose of Disbursement 2006 PRIMARY		
Candidate Name NITA M LOWEY		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 18	

Full Name (Last, First, Middle Initial) B. PERLMUTTER FOR CONGRESS		Transaction ID: SB23.19313 Date of Disbursement 07 / 28 / 2006
Mailing Address 3440 YOUNGFIELD STREET		Amount of Each Disbursement this Period 5000.00
City WHEAT RIDGE	State CO	
Zip Code 80033		011 Category/ Type
Purpose of Disbursement 2006 PRIMARY		
Candidate Name EDWIN PERLMUTTER		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 07	

Full Name (Last, First, Middle Initial) C. PRYCE FOR CONGRESS		Transaction ID: SB23.19439 Date of Disbursement 07 / 31 / 2006
Mailing Address 145 E RICH STREET		Amount of Each Disbursement this Period 5000.00
City COLUMBUS	State OH	
Zip Code 43215		011 Category/ Type
Purpose of Disbursement 2006 GENERAL		
Candidate Name DEBORAH PRYCE		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 15	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Transaction ID: SB23.19435 Date of Disbursement 07 / 31 / 2006
Mailing Address PO BOX 5577		Amount of Each Disbursement this Period 2000.00
City NEW YORK State NY Zip Code 10027	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name CHARLES B RANGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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. SHEILA JACKSON LEE FOR CONGRESS		Transaction ID: SB23.19302 Date of Disbursement 07 / 20 / 2006
Mailing Address 4412 ALMEDA ROAD		Amount of Each Disbursement this Period 1000.00
City HOUSTON State TX Zip Code 77004	011 Category/ Type	
Purpose of Disbursement 2006 GENERAL		
Candidate Name SHEILA JACKSON LEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS COMMITTEE		Transaction ID: SB23.19436 Date of Disbursement 07 / 31 / 2006
Mailing Address 306 WINKWORTH PARKWAY		Amount of Each Disbursement this Period 1000.00
City SYRACUSE State NY Zip Code 13215	011 Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name JAMES T WALSH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	65000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C C00000422
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
NMB RESEARCH

Date
MM / DD / YYYY
07 / 24 / 2006

Mailing Address
128 SOUTH ROYAL STREET

Amount
16000.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID: SE24.19281

Purpose of Expenditure
POLL

Category/Type
005

Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOHN SCHWARZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
16000.00

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
THE LUKENS COMPANY

Date
MM / DD / YYYY
07 / 28 / 2006

Mailing Address
2800 S SHIRLINGTON ROAD

Amount
13485.00

City State Zip Code
ARLINGTON VA 22206

Transaction ID: SE24.19299

Purpose of Expenditure
POSTAGE

Category/Type
004

Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOHN SCHWARZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
29485.00

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	29485.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	29485.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature
KEVIN WALKER

Date
MM / DD / YYYY
08 / 16 / 2006