

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

Office Use Only

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

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

25 Massachusetts Ave, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000422

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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

Kevin Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 10 2012

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">2137038.36</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">2006007.82</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">53954.36</span>	<span style="border: 1px solid black; padding: 2px;">784077.51</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">2059962.18</span>	<span style="border: 1px solid black; padding: 2px;">2921115.87</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">463978.22</span>	<span style="border: 1px solid black; padding: 2px;">1325131.91</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">1595983.96</span>	<span style="border: 1px solid black; padding: 2px;">1595983.96</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y  
 09 01 2012

To:

 M M / D D / Y Y Y Y Y Y  
 09 30 2012
**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).....

25410.37

366382.74

(ii) Unitemized .....

28525.78

414189.22

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

53936.15

780571.96

(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) .....

53936.15

780571.96

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

850.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

18.21

155.55

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

53954.36

784077.51

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

53954.36

784077.51

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	478.22	8870.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	478.22	8870.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	463500.00	1307000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	8861.88
(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	8861.88
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	463978.22	1325131.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	463978.22	1325131.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53936.15	780571.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8861.88
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53936.15	771710.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	478.22	8870.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	478.22	8870.03

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

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

FOR LINE NUMBER: PAGE 6 OF 141

(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. Renuka Dilip Patel MD**

Mailing Address 8357 Florence Ave

City State Zip Code  
Downey CA 90240-3928

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 M / D D D / Y Y Y Y Y Y  
09 07 2012

Transaction ID : 47634674

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Nickey Glenn Knutson MD**

Mailing Address 8100 S Walker Ave  
Ste 230

City State Zip Code  
Oklahoma City OK 73139-9405

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 M / D D D / Y Y Y Y Y Y  
09 07 2012

Transaction ID : 47634675

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William Clayton Stafford MD**

Mailing Address 110 Metker Trl  
Stanford Immediate Care

City State Zip Code  
Stanford KY 40484-1020

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 ▼

237.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 07 2012

Transaction ID : 47634681

Amount of Each Receipt this Period

26.36

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

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

1526.36

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 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. Spurgeon Wm Clark III MD**

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMORY HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

09 / 07 / 2012

Transaction ID : 47635028

Amount of Each Receipt this Period

166.70

Full Name (Last, First, Middle Initial)

**B. Louis James Kraus MD**

Mailing Address 910 Skokie Blvd  
STE230

City

Northbrook

State

IL

Zip Code

60062-4040

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 ▼

666.68

Date of Receipt

09 / 07 / 2012

Transaction ID : 47635033

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

**C. Leanne Japree Roberts**

Mailing Address 62 Willow St  
# 1

City

Bloomfield

State

NJ

Zip Code

07003-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 07 / 2012

Transaction ID : 47635036

Amount of Each Receipt this Period

83.40

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

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

416.76

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 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. Linda Werner MD**

Mailing Address PO Box 1960

City State Zip Code  
Soldotna AK 99669-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHREACH HEALTHCARE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838726**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Mark Mandabach MD**

Mailing Address 619 19th St S  
UAB Dept of Anesthesiology

City State Zip Code  
Birmingham AL 35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAHSF PSYCHIATRY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.66

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838727**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. James Thos Hay MD**

Mailing Address 477 N El Camino Real  
Ste A306

City State Zip Code  
Encinitas CA 92024-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH COAST FAMILY MEDICAL GROUP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838728**

Amount of Each Receipt this Period

41.66

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

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

108.32

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 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. Craig Alvin Backs MD**

Mailing Address 1776 Chatham Rd

City  
Springfield

State  
IL

Zip Code  
62704-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST JOHNS HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838729

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. David Glen Morrell MD**

Mailing Address 2121 N 1700 W

City  
Layton

State  
UT

Zip Code  
84041-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838733

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **c. Charles Frederick Willson MD**

Mailing Address 600 Moye Blvd  
 Brody 3E139 Dept Peds

City  
Greenville

State  
NC

Zip Code  
27834-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST CAROLINA UNIV PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838734

Amount of Each Receipt this Period

41.66

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

124.98

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Nirnanjan Marino Selvarajah MD**

Mailing Address 36 Ironwood Rd

City

New Hartford

State

NY

Zip Code

13413-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : 47838736**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Marcy L Zwelling MD**Mailing Address 3771 Katella Ave  
Ste 108

City

Los Alamitos

State

CA

Zip Code

90720-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : 47838737**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Scott Robert Hannum DO**

Mailing Address 6554 Lake Burden View Dr

City

Windermere

State

FL

Zip Code

34786-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VASCULAR CLINIC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : 47838738**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gary Robert Katz MD**

Mailing Address 7918 Wisteria Ct

City State Zip Code  
Dublin OH 43016-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER HEALTHCARE SERVICES, INC.

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838739**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Steven Anthony Severyn MD**

Mailing Address 1231 Granville Rd

City State Zip Code  
Newark OH 43055-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO STATE SPINE CENTER

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838741**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Peter Michael Daloni MD**

Mailing Address 2400 Highland Rd

City State Zip Code  
Hermitage PA 16148-2868

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 ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838742**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Edward Daglish MD**

Mailing Address 311 W Noble Ave

City State Zip Code  
 Visalia CA 93277-2669

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 VISALIA FAMILY PRACTICE MEDICAL GROU Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 21 2012

Transaction ID : 47838743

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Julia Virginia Johnson MD**

Mailing Address 119 Belmont St  
 Umass Memorial Medical Center

City State Zip Code  
 Worcester MA 01605-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 UMASS MEMORIAL HOSPITAL Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 21 2012

Transaction ID : 47838744

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. William Alan Handelman MD**

Mailing Address 780 Litchfield St Ste 200

City State Zip Code  
 Torrington CT 06790-6268

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 NEPHROLOGY ASSOC Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 21 2012

Transaction ID : 47838745

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Weeks Culclasure MD**

Mailing Address 3325 Love Cir

City

Nashville

State

TN

Zip Code

37212-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOWELL ALLEN CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838746

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michael Vest DO**

Mailing Address 13 Wineberry Dr

City

Hockessin

State

DE

Zip Code

19707-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

YALE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838747

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Gary Lewis Woods MD**

Mailing Address 264 Pleasant St

City

Concord

State

NH

Zip Code

03301-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONCORD ORTHOPAEDICS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838748

Amount of Each Receipt this Period

41.66

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas Neil Rooke MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : 47838749</b></p>		
<p>Mailing Address 2017 Parkview Dr</p>			<p>Amount of Each Receipt this Period  41.66</p>		
City Springfield	State IL	Zip Code 62704-2153			
FEC ID number of contributing federal political committee. C					
Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS		Occupation Physician			
<p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Aggregate Year-to-Date ▼</p> 333.28			
<p>Full Name (Last, First, Middle Initial)  <b>B. Hector R Trevino-Guerra MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : 47838750</b></p>		
<p>Mailing Address 2176 E Garrison St  Ste C</p>			<p>Amount of Each Receipt this Period  41.66</p>		
City Eagle Pass	State TX	Zip Code 78852-5072			
FEC ID number of contributing federal political committee. C					
Name of Employer SELF-EMPLOYED		Occupation Physician			
<p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Aggregate Year-to-Date ▼</p> 333.28			
<p>Full Name (Last, First, Middle Initial)  <b>C. Kenneth Ian Barron MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : 47838751</b></p>		
<p>Mailing Address 1030 President Ave  Ste 2002</p>			<p>Amount of Each Receipt this Period  41.66</p>		
City Fall River	State MA	Zip Code 02720-5923			
FEC ID number of contributing federal political committee. C					
Name of Employer TRUESDALE OBGYN		Occupation Physician			
<p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Aggregate Year-to-Date ▼</p> 333.28			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			124.98		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher James Conlin MD**

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRA FLINT PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

**Transaction ID : 47838752**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. David Lawrence Blandford MD**

Mailing Address 1937 Old Main St  
Ste 1

City

Maysville

State

KY

Zip Code

41056-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KENTUCKY EYE INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

**Transaction ID : 47838753**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. John Albert Kazmierowski MD**

Mailing Address 2415 NE 134th St  
Ste 301

City

Vancouver

State

WA

Zip Code

98686-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLERGY ASTHMA & DERMATOLOGY ASSO

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 21 / 2012

**Transaction ID : 47838754**

Amount of Each Receipt this Period

41.66

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James D Palmer MD**

Mailing Address 200 Jose Figueres Ave  
Ste 415

City State Zip Code  
San Jose CA 95116-1596

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 ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838755**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michele Anne Nedelka MD**

Mailing Address 10813 Hurley Ct

City State Zip Code  
Glen Allen VA 23060-6478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VCU HEALTH SYSTEMS

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838760**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**c. Kevin Christopher Reilly MD**

Mailing Address 108 Deer Grove Ct

City State Zip Code  
Elizabethtown KY 42701-6986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY

Occupation

Neuroradiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838761**

Amount of Each Receipt this Period

41.66

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

104.15

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Roy Gilbert Soto MD**

Mailing Address 355 Sycamore Ct

City

Bloomfield

State

MI

Zip Code

48302-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA ASSOCIATE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838762**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. William T Bradley MD**

Mailing Address 2800 E Broad St  
Ste 504

City

Mansfield

State

TX

Zip Code

76063-6417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROLOGY ASSOCIATES OF ARLINGTON  
PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838764**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. Terrance Wm Breen MD**

Mailing Address 5503 Rutgers Rd

City

La Jolla

State

CA

Zip Code

92037-7822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838765**

Amount of Each Receipt this Period

41.66

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124.98

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Peter Poje MD**

Mailing Address 3580 Sheridan Dr  
Ste 115

City Amherst State NY Zip Code 14226-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRIC ENT ASSOCIATES

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838766**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Charles Joseph Nivens MD**

Mailing Address 19 Rose Hill Dr

City Bluffton State SC Zip Code 29910-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET EAST COOPER SPINE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838767**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Damon Michael Dietrich MD**

Mailing Address 229 English Turn Dr

City New Orleans State LA Zip Code 70131-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST JEFFERSON PHYSICIAN SERVICES

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838768**

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Albert Corwin MD**

Mailing Address 4516 Robin Ln

City

Midland

State

TX

Zip Code

79707-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ONCOLOGY

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838769**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Juan Francisco Fitz MD**

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COVENANT MEDICAL GROUP

ADMINISTRATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838770**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Michael Armstrong Jr. MD**

Mailing Address 8700 Stony Point Pkwy  
Ste 110

City

Richmond

State

VA

Zip Code

23235-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838771**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Masud Iqbal Malik MD**

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838772**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Scott Alan Hopkins MD**

Mailing Address 4252 Highland Dr Ste 200

City

Salt Lake City

State

UT

Zip Code

84124-2690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTERN UROLOGICAL CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838773**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. Dennis Lee Galinsky MD**

Mailing Address 600 N Fairbanks Ct  
Apt 2501

City

Chicago

State

IL

Zip Code

60611-5856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOMC MACNEAL RADIATION THERAPY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838775**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jason Michael Goldman MD**

Mailing Address 3001 Coral Hills Dr  
Ste 340

City State Zip Code  
Coral Springs FL 33065-4172

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 ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838777**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Elmer G Smith MD**

Mailing Address 1305 Airport Fwy  
Ste 405

City State Zip Code  
Bedford TX 76021-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL EDGE HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838778**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Gregory Laurence Heacock MD**

Mailing Address 2002 Medical Pkwy  
Ste 230

City State Zip Code  
Annapolis MD 21401-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANNAPOLIS ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838779**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

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(check only one)

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☒ 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. Charles Franklin Tate MD**

Mailing Address 1090 SW 15th St

City

Boca Raton

State

FL

Zip Code

33486-6858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGIST OF N FT LAUDERDALE PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838780**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Richard Allen Dart MD**

Mailing Address 1000 N Oak Ave

Marshfield Clinic Research Foundat

City

Marshfield

State

WI

Zip Code

54449-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838781**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Harold A Woodcome MD**

Mailing Address 690 Eddy St

Retina Consultants

City

Providence

State

RI

Zip Code

02903-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETINA CONSULTANTS, INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838782**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Theodore A Calianos MD**

Mailing Address 151 Whitmar Rd

City

State

Zip Code

Cotuit

MA

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : 47838783

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jeffrey Joseph Kaufhold MD**

Mailing Address 9600 Deer Face Ct

City

State

Zip Code

Dayton

OH

45458-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NEPHROLOGY ASSOC OF DAYTON

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : 47838785

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Charles F Pattavina MD**

Mailing Address 360 Broadway  
St Joseph Hospital

City

State

Zip Code

Bangor

ME

04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ST. JOSEPH HEALTH CARE

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : 47838786

Amount of Each Receipt this Period

41.66

**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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joseph Robt Sellers MD**

Mailing Address 265 N Grand St

City State Zip Code  
Cobleskill NY 12043-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BASSETT HEALTHCARE CLINIC COOPERST

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838787**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Robert Port Herwick MD**

Mailing Address 490 Post St  
Ste 700

City State Zip Code  
San Francisco CA 94102-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DERMATOLOGY MED GRP OF SAN  
FRANCISCO

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838788**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Carol Jean Ziel MD**

Mailing Address 2025 Frontis Plaza Blvd Ste 100  
Duke Eye Ctr Winston-Salem

City State Zip Code  
Winston Salem NC 27103-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUKE EYE CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838789**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jose F Arrascue MD**

Mailing Address 5503 S Congress Ave Ste 103

City

Atlantis

State

FL

Zip Code

33462-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH PALM BEACH NEPHROLOGY PA

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838790**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Juan Michael Pardo MD**

Mailing Address 2002 Medical Pkwy  
Ste 230

City

Annapolis

State

MD

Zip Code

21401-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838791**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Clarence William Brown MD**

Mailing Address 4605 Golf Rd

City

Skokie

State

IL

Zip Code

60076-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838792**

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Johnson Cash MD**

Mailing Address 833 Saint Vincents Dr  
Ste 401

City State Zip Code  
Birmingham AL 35205-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHVIEW MEDICAL GROUP PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838793**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Arthur Michael Lauretano MD**

Mailing Address 3 Meeting House Rd Ste 24

City State Zip Code  
Chelmsford MA 01824-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSACHUSETTS EAR NOSE AND  
THROAT ASSO

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838795**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Paul Anthony Pipia MD**

Mailing Address 450 Clarkson Ave  
Box 30

City State Zip Code  
Brooklyn NY 11203-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY PHYSICIANS OF BROOKLYN IN

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838796**

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dinesh Kushangi MD**

Mailing Address 15604 Shawnee Dr

City

Overland Park

State

KS

Zip Code

66223-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAKC - KANSAS

Occupation

Anesthesiologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : 47838797

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Dragos Macelaru MD**

Mailing Address 11668 State Route 30

City

Malone

State

NY

Zip Code

12953-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : 47838798

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Corey E Collins DO**

Mailing Address 60 Fairchild Dr

City

Reading

State

MA

Zip Code

01867-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS EYE AND EAR INFIRMARY

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : 47838799

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

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(check only one)

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☒ 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. Sharon R Metzger Richens MD**

Mailing Address 161 W 200 N  
Ste 200

City State Zip Code  
St George UT 84770-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EYE CARE SPECIALISTS PS

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838801**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Dionne Hart MD**

Mailing Address 1506 Century Knoll Ln NE

City State Zip Code  
Rochester MN 55906-7717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOJ

Occupation  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838802**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Charles Rothberg MD**

Mailing Address 331 E Main St

City State Zip Code  
Patchogue NY 11772-3142

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 ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838803**

Amount of Each Receipt this Period

41.66

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

124.98

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 141  
(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			

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**

<b>A. Thomas Edward Sullivan MD</b> Full Name (Last, First, Middle Initial) Mailing Address 6 Brackenbury Ln City State Zip Code Beverly MA 01915-3822 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation SELF-EMPLOYED Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : 47838804</b> Amount of Each Receipt this Period 41.66
<b>B. Mr. Rodrigo A Sierra</b> Full Name (Last, First, Middle Initial) Mailing Address 3727 N Panssen Ave City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AMERICAN MEDICAL ASSOCIATION AMA Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : 47838805</b> Amount of Each Receipt this Period 41.66
<b>C. Ross Calvin Bloomberg MD</b> Full Name (Last, First, Middle Initial) Mailing Address 4470 Dockray Dr City State Zip Code Nashport OH 43830-9057 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation SELF-EMPLOYED Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.02			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : 47838806</b> Amount of Each Receipt this Period 41.66
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			124.98
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 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. Robert Thomas Lyon MD**

Mailing Address 6525 Mercedes Ave

City  
Dallas

State  
TX

Zip Code  
75214-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DALLAS ANESTHESIOLOGY ASSOCIATES

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.98

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838807

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ted Louie MD**

Mailing Address 44 Buckingham Dr

City

Belle Mead

State

NJ

Zip Code

08502-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HIGHLAND PARK MEDICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838808

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Erich Bryan Groos MD**

Mailing Address 2400 Patterson St  
Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORNEA CONSULTANTS OF NASHVILLE PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 21 / 2012

Transaction ID : 47838809

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ronald Michael Kline MD**

Mailing Address 446 Beardsley Cir

City

Henderson

State

NV

Zip Code

89052-2669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMPREHENSIVE CANCER CTRS OF NV

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838810**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Raj Behari Lal MD**

Mailing Address 2809 Meyers Rd

City

Oak Brook

State

IL

Zip Code

60523-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 47838811**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Howard Bradley Chodash MD**

Mailing Address 3804 Indian Lands Ln

City

Springfield

State

IL

Zip Code

62711-8214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTHCARE NETWORK ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2012

**Transaction ID : 47848361**

Amount of Each Receipt this Period

41.66

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

124.98

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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. James Raymond Fowler MD**

Mailing Address 3864 Parkview Cir

City

Salt Lake Cty

State

UT

Zip Code

84124-2319

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 ▼

375.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	2		2	0	1	2		

**Transaction ID : 47848363**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michael Jay Springer MD**

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROFESSIONAL READERS GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	2		2	0	1	2		

**Transaction ID : 47848364**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Kathleen Blake MD**

Mailing Address 15 Charles Plz Apt 1402

City

Baltimore

State

MD

Zip Code

21201-3941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW MEXICO HEART INSTITUTE-ALBUQUE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	3		2	0	1	2		

**Transaction ID : 47848434**

Amount of Each Receipt this Period

83.33

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

166.65

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. You Sung Sang MD**

Mailing Address 79 Wawecus St  
Ste 101

City State Zip Code  
Norwich CT 06360-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORWICH GI ASSOCIATES PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848435**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Dieter Pohl MD**

Mailing Address 34 Eames St

City State Zip Code  
Providence RI 02906-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND SURGEONS

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848436**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Albert Ray MD**

Mailing Address 7035 Convoay Ct  
Southern Ca Permanente Med Group

City State Zip Code  
San Diego CA 92111-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER FDN HEALTH PLAN NATION HQ

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848437**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ronald Lee Morton MD**

Mailing Address 1001 Tower Way Ste 150

City State Zip Code  
 Bakersfield CA 93309-1586

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 ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2012

**Transaction ID : 47848438**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Raj Ambay MD, DDS**

Mailing Address 27716 Cashford Cir  
 Tampa Institute of Plastic Surgery

City State Zip Code  
 Wesley Chapel FL 33544-6962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TAMPA INSTITUTE FOR PLASTIC SURGERY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2012

**Transaction ID : 47848439**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Joseph Payne Annis MD**

Mailing Address 3 Sundown Pkwy

City State Zip Code  
 Austin TX 78746-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT PHYSICIANS-ADMINISTRATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2012

**Transaction ID : 47848440**

Amount of Each Receipt this Period

83.33

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

208.32

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Srinivas B Mukkamala MD**

Mailing Address 1170 Charter Dr  
Ste F

City State Zip Code  
Flint MI 48532-3587

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 ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848441

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Alan Barth Pillersdorf MD**

Mailing Address 1620 S Congress Ave  
Ste 100

City State Zip Code  
Palm Springs FL 33461-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLASTIC SURGERY OF PALM BEACH PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848442

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. William Chas Sternfeld MD FACS**

Mailing Address 4235 Secor Rd

City State Zip Code  
Toledo OH 43623-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOLEDO CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848443

Amount of Each Receipt this Period

83.33

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

249.99

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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. Carl Alexander Sirio MD**

Mailing Address 50 Quail Hill Rd

City

Blawnox

State

PA

Zip Code

15238-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH MEDICAL CTR

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

**Transaction ID : 47848444**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Evangelos Megariotis MD**

Mailing Address 21 Ravona St

City

Clifton

State

NJ

Zip Code

07012-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

**Transaction ID : 47848445**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

**Transaction ID : 47848446**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marilyn Joan Heine MD**

Mailing Address 900 Twining Rd

City

State

Zip Code

Dresher

PA

19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEVERN EMERGENCY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

708.31

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848447

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter Scott Lund MD FACS**

Mailing Address 311 W 24th St  
Ste 101

City

State

Zip Code

Erie

PA

16502-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLIED UROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848448

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Ruth Jean Schulze MD**

Mailing Address 577 Chestnut Ridge Rd  
Ste 2

City

State

Zip Code

Woodcliff Lk

NJ

07677-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S TOTAL HEALTH OF WOODCLIFF L

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848449

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Robt Mc Gill MD**

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848450**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Perry Lynn Haney MD**

Mailing Address PO Box 6680

City

Denver

State

CO

Zip Code

80206-0680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPINEONE, INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848451**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Roni Ephrat MD**

Mailing Address 116 Broadway

City

Norwood

State

NJ

Zip Code

07648-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN ANESTHESIA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848452**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas James Madejski MD**

Mailing Address 100 Ohio St  
Ste C

City State Zip Code  
Medina NY 14103-1191

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 ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848453**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Michael Allan Sandler MD**

Mailing Address 4270 Barcroft Way

City State Zip Code  
Orchard Lake MI 48323-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HENRY FORD MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848454**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Robert Puchalski MD**

Mailing Address PO Box 520

City State Zip Code  
Lugoff SC 29078-0520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH CAROLINA ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848455**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

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☒ 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. Samantha Leona Rosman MD**

Mailing Address 39A Danforth St

City

Jamaica Plain

State

MA

Zip Code

02130-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848456**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Betty Shuwein Chu MD**

Mailing Address 233 Warrington Rd

City

Bloomfield

State

MI

Zip Code

48304-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848457**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Dale Clifford Moquist MD**

Mailing Address 14023 Southwest Fwy  
Physicians at Sugarcreek

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEMORIAL HERMANN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848458**

Amount of Each Receipt this Period

83.33

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

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

208.32

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas P. Healy Jr.**

Mailing Address 547 S Clark St Apt 1401

City

Chicago

State

IL

Zip Code

60605-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848459

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mokarram Husain Jafri Jr. MD**

Mailing Address 6 Oakhurst Ct

City

Clifton Park

State

NY

Zip Code

12065-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA GROUP OF ALBANY

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848460

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Gerald Edward Harmon MD**

Mailing Address 9699 Ocean Hwy  
PO Box 289

City

Pawleys Isl

State

SC

Zip Code

29585-7425

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 ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848461

Amount of Each Receipt this Period

83.33

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

249.99

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Michael Van Etta MD**

Mailing Address 1535 Skywood Ln

City

Duluth

State

MN

Zip Code

55805-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LUKES INTERNAL MEDICINE ASSOCIATE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848463**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Linda Lee Van Etta MD**

Mailing Address 1001 E Superior St

Assoc/St Lukes Lakeview 201

City

Duluth

State

MN

Zip Code

55802-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LUKES INTERNAL MEDICINE

ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Physician

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848464**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Nestor A Ramirez-Lopez MD**

Mailing Address 1319 Grandview Dr

City

Champaign

State

IL

Zip Code

61820-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHSIDE NEONATAL & INFANT CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848465**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joy Ann Maxey MD**

Mailing Address 3091 Maple Dr NE Ste 315

City State Zip Code  
 Atlanta GA 30305-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 ATLANTA CHILDRENS CLINICAL CENTER PC Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2012

**Transaction ID : 47848466**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Elvin C Irvin MD**

Mailing Address 555 E Cheves St

City State Zip Code  
 Florence SC 29506-2617

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2012

**Transaction ID : 47848467**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Keith Francis De Sonier MD**

Mailing Address 555 Dr Michael Debakey Dr  
 Ste 103

City State Zip Code  
 Lake Charles LA 70601-5700

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2012

**Transaction ID : 47848468**

Amount of Each Receipt this Period

83.33

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Steven Polsley MD**

Mailing Address 900 Scioto St  
Ste 7

City Urbana State OH Zip Code 43078-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY PHYSICIANS OF URBANA INC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848469**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. George E. Cox**

Mailing Address 10308 Fleming Ave.

City Bethesda State MD Zip Code 20814-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN MEDICAL ASSOCIATION

Occupation  
AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848470**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Keith Irvin Adams MD**

Mailing Address 416 Munro Rd

City Mill Hall State PA Zip Code 17751-8463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTH SERVICES OF CLARION INC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848471**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Gregory Jude Gallina MD**

Mailing Address 255 W Spring Valley Ave  
Ste 103

City State Zip Code  
Maywood NJ 07607-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLON RECTAL SURGERY PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848472**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. James Allan Goodyear MD FACS**

Mailing Address 125 Medical Campus Dr  
Ste 310

City State Zip Code  
Lansdale PA 19446-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH PENN SURGICAL ASSOCIATES

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848473**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **c. Mary Susan Carpenter MD**

Mailing Address PO Box 769

City State Zip Code  
Winner SD 57580-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY PRACTICE ASSOC OF WINNER PLLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848474**

Amount of Each Receipt this Period

83.33

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

249.99

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Gary Lee Dillehay MD**

Mailing Address 5555 N Sheridan Rd  
Apt 1402

City State Zip Code  
Chicago IL 60640-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOYOLA UNIVERSITY PHYSICIAN FOUNDATI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848475**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Stuart Gitlow MD**

Mailing Address 153 Gaskill St

City State Zip Code  
Woonsocket RI 02895-1011

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848476**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Randolph J Gould MD FACS**

Mailing Address 1801 Windy Ridge Pt

City State Zip Code  
Virginia Bch VA 23454-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORFOLK SURGICAL GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

849.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848477**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven James Hattamer MD**

Mailing Address 8 Prospect St

Dept Of Anesthesiology

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848478

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Michael Jos Sexton MD**

Mailing Address 12 Erica Ct

City

Novato

State

CA

Zip Code

94947-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848480

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Joel Thos Bundy MD**

Mailing Address 3000 Coliseum Dr

Attn: Administration

City

Hampton

State

VA

Zip Code

23666-5963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIDEWATER KIDNEY SPECIALISTS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848481

Amount of Each Receipt this Period

83.33

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

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

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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. James J Dehen MD**

Mailing Address 2024 S 6th St

City

Brainerd

State

MN

Zip Code

56401-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRAINERD MEDICAL CENTER INC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848482

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Thomas Danl Griffin MD**

Mailing Address 741 Hunt Ln

City

Flourtown

State

PA

Zip Code

19031-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARTHUR K BALIN MD PHD PC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848483

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Russell Clark Libby MD**

Mailing Address 1347 Lancia Dr

City

McLean

State

VA

Zip Code

22102-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIRGINIA PEDIATRIC GROUP LTD

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848484

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Aaron Edward George**

Mailing Address 135 Beechwood Ln

City

Chambersburg

State

PA

Zip Code

17201-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848485

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jack M Chapman MD**

Mailing Address 2061 Beverly Rd

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848486

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Georgia Anne Tuttle MD**

Mailing Address 129 Mechanic St

The Skin Care Ctr

City

Lebanon

State

NH

Zip Code

03766-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848488

Amount of Each Receipt this Period

83.33

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

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

208.32

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Susan Rudd Bailey MD**

Mailing Address 5929 Lovell Ave

Fwaa

City

Fort Worth

State

TX

Zip Code

76107-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORT WORTH ALLERGY ASTHMA ASSOCIAT

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848489**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. John E Christie MD**

Mailing Address 2661 Riva Rd

Bldg 600

City

Annapolis

State

MD

Zip Code

21401-7353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848490**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Mrs. Margaret Garikes**

Mailing Address 4003 Sharp Place

City

Alexandria

State

VA

Zip Code

22304-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848491**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John M De Figueiredo MD**

Mailing Address PO Box 573

City

Cheshire

State

CT

Zip Code

06410-0573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848492**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter Amberg Hollmann MD**

Mailing Address 74 Fort Ave

City

Cranston

State

RI

Zip Code

02905-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE CROSS BLUE SHIELD OF RI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848493**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Badri N Nath MD**

Mailing Address 41990 Cook St

Ste B201

City

Palm Desert

State

CA

Zip Code

92211-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848494**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Leonard Allison Brabson Sr. MD**

Mailing Address 939 Emerald Ave Ste 806

Clark Tower

City

Knoxville

State

TN

Zip Code

37917-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848495

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Frederick Ray Ridge MD**

Mailing Address 1043 N 1000 W

City

Linton

State

IN

Zip Code

47441-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848496

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jordan Metz Vanlare**

Mailing Address 790 Riverside Dr

Apt 6L

City

New York

State

NY

Zip Code

10032-7437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

Transaction ID : 47848497

Amount of Each Receipt this Period

41.66

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

208.32

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Jesse Menachem Ehrenfeld MD**

Mailing Address 900 20th Ave S  
Apt 1611

City State Zip Code  
Nashville TN 37212-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS GENERAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848498**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Gary Joe Price MD**

Mailing Address 5 Durham Rd  
PO Box 368

City State Zip Code  
Guilford CT 06437-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GARY PRICE, MD, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848499**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. William Alfred Mc Dade MD**

Mailing Address 5401 S Ingleside Ave

City State Zip Code  
Chicago IL 60615-5013

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 ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848500**

Amount of Each Receipt this Period

83.33

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

249.99

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<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. Benjamin Zev Galper MD**Mailing Address 49 Marion St  
Apt 6C

City	State	Zip Code
Brookline	MA	02446-4499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIGHAM AND WOMEN'S HOSPITAL

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

Transaction ID : 47848501

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Raghav Govindarajan MD**

Mailing Address 3623 San Simeon Cir

City	State	Zip Code
Weston	FL	33331-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEVELAND CLINIC FLORIDA

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

Transaction ID : 47848502

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Albert J Osbahr MD**

Mailing Address 1106 Daisy Ln

City	State	Zip Code
Hickory	NC	28602-9539

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 ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

Transaction ID : 47848503

Amount of Each Receipt this Period

83.33

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

166.65

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Prasanta Chandra Chandra MD**

Mailing Address PO Box 8868

City

Turnersville

State

NJ

Zip Code

08012-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOCKHOLM OB-GYN

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848504

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. John R Jordan**

Mailing Address 5100 Williamsburg Blvd

City

Arlington

State

VA

Zip Code

22207-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.30

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848505

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Alik Sunil Widge MD**

Mailing Address 126 12th Ave E

City

Seattle

State

WA

Zip Code

98102-5804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

Resident Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848506

Amount of Each Receipt this Period

41.66

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

208.32

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Michael Montgomery MD MPH FAA**

Mailing Address 2636 Country Side Dr

City

Orange Park

State

FL

Zip Code

32003-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA JACKSONVILLE PI

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848507

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Carol Sadie Shapiro MD MBA**

Mailing Address 7822 Gingerbread Ln

City

Fairfax Station

State

VA

Zip Code

22039-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848508

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Susan Eva Skochelak MD**

Mailing Address 401 N Wabash Ave

Unit 48J

City

Chicago

State

IL

Zip Code

60611-3790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848509

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Venu Vadlamudi MD**

Mailing Address 6254 Opal Ln

City

Grand Blanc

State

MI

Zip Code

48439-7823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHIGAN STATE UNIVERSITY

Occupation

Diagnostic Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848510**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Jay Yarlagadda**

Mailing Address 268 South 9th Street Unit C

City

Philadelphia

State

PA

Zip Code

19107-5735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848511**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. Sadeq Ali Quraishi MD**

Mailing Address 350 College Rd

City

Concord

State

MA

Zip Code

01742-5408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848512**

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen Francis Darrow MD**

Mailing Address 5324 30th Ave S

City

Minneapolis

State

MN

Zip Code

55417-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MINNESOTA

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.98

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848513

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ernesto G Zavaleta MD**

Mailing Address 1099 Citrus Tower Blvd

City

Clermont

State

FL

Zip Code

34711-1947

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 ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848514

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mutaz Billah Habal MD FRCSC**

Mailing Address 6358 W Maclaurin Dr

City

Tampa

State

FL

Zip Code

33647-1164

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 ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848515

Amount of Each Receipt this Period

83.33

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

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

208.32

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gerald Robert Stephenson Jr. MD**

Mailing Address 1000 9th Ave

City

Fort Worth

State

TX

Zip Code

76104-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS HEALTH CARE PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848516**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Joanne Bergquist**

Mailing Address 210 W Tacoma Ave

City

Latrobe

State

PA

Zip Code

15650-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848517**

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

**c. Joan E Goforth Baumer MD**

Mailing Address 910 Houston St Apt 701

City

Fort Worth

State

TX

Zip Code

76102-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHN PETER SMITH HLTH NETWORK

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848518**

Amount of Each Receipt this Period

83.33

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

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

333.32

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Sherman C Yu MD**

Mailing Address 1200 Binz St  
Ste 950

City Houston State TX Zip Code 77004-6943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848519

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Donald D Timmerman MD**

Mailing Address 1817 Main St

City Glastonbury State CT Zip Code 06033-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT VALLEY HOSP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848520

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Jerry D McLaughlin MD**

Mailing Address 5419 N Lovington Hwy  
Ste 25

City Hobbs State NM Zip Code 88240-9135

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 ▼

708.35

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848521

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan Lane Plummer MD**

Mailing Address 1365 Clifton Rd NE

The Emory Clinic

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Corliss Adam Varnum MD**

Mailing Address 79 Regan Dr

City

Oswego

State

NY

Zip Code

13126-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848523

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Sara Suzanne Woodward MD**

Mailing Address 510 S Kingshighway Blvd

Mallinckrodt Inst Of Radiology

City

Saint Louis

State

MO

Zip Code

63110-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARNES JEWISH HOSPITAL

Occupation

Resident Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.02

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848524

Amount of Each Receipt this Period

41.66

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

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

374.99

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sunita S Mann MD**

Mailing Address 23 Embury Farm Rd

City

Marlboro

State

NJ

Zip Code

07746-1081

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848525**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John Jos Kennedy Jr. MD**

Mailing Address 1675 Providence Ave

City

Schenectady

State

NY

Zip Code

12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848526**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Mark Chas Komorowski MD**

Mailing Address 610 S Trumbull St

City

Bay City

State

MI

Zip Code

48708-7656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848527**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Joel Koretz MD**

Mailing Address 1939 Lake Rd

City

Ontario

State

NY

Zip Code

14519-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848528

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Glenn Allen Loomis MD**

Mailing Address 334 Thomas More Pkwy  
Ste 160

City

Crestview Hills

State

KY

Zip Code

41017-3496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPARROW HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848529

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Patrick Wm Mc Cormick MD FACS**

Mailing Address 2222 Cherry St # 2-M200

City

Toledo

State

OH

Zip Code

43608-2673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROSURGICAL NETWORK INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848530

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Kay Miller MD**

Mailing Address 22 S 900 E

City

Salt Lake City

State

UT

Zip Code

84102-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERMOUNTAIN EAR NOSE & THROAT SPE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848531**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Judith Richmond Pryblich DO**

Mailing Address 5422 Holiday Dr

City

Allentown

State

PA

Zip Code

18104-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LUKES PHYSICIAN GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848532**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Lance Allen Talmage MD**

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROMEDICA PHYSICIAN GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848533**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. David Thos Hannan MD**

Mailing Address 3669 Countryside Ln  
Box 110

City Marion State NY Zip Code 14505-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCADIA FAMILY PRACTICE PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848534

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Robert Cameron More MD**

Mailing Address 6 Sand Hill Rd  
Ste 102

City Flemington State NJ Zip Code 08822-4946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNTERDON ORTHOPEDIC INSTITUTE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848535

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Stephen Alan Imbeau MD**

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

City Florence State SC Zip Code 29506-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLERGY ASTHMA & SINUS CENTER

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 23 / 2012

Transaction ID : 47848536

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. William Austin Dolan MD</b></p>		<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 23 / 2012</div> </div> </p>	
<p>Mailing Address 880 Westfall Rd  Ste A</p>		<p><b>Transaction ID : 47848537</b></p>	
<p>City Rochester</p>	<p>State NY</p>	<p>Zip Code 14618-2611</p>	<p>Amount of Each Receipt this Period  <div> <div>83.33</div> </div> </p>
<p>FEC ID number of contributing federal political committee. <b>C</b></p>			
<p>Name of Employer  GENESEE VALLEY ORTHOPAEDIC CENTER</p>	<p>Occupation  Physician</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>749.97</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Angelo S Carrabba MD</b></p>		<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 23 / 2012</div> </div> </p>	
<p>Mailing Address 811 Blue Hills Ave</p>		<p><b>Transaction ID : 47848538</b></p>	
<p>City Bloomfield</p>	<p>State CT</p>	<p>Zip Code 06002-3709</p>	<p>Amount of Each Receipt this Period  <div> <div>83.33</div> </div> </p>
<p>FEC ID number of contributing federal political committee. <b>C</b></p>			
<p>Name of Employer  SELF-EMPLOYED</p>	<p>Occupation  Physician</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>749.97</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Diana Reiko Shiba MD</b></p>		<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 23 / 2012</div> </div> </p>	
<p>Mailing Address 43112 15th St W  Kaiser Dept. Of Ophthalmology</p>		<p><b>Transaction ID : 47848539</b></p>	
<p>City Lancaster</p>	<p>State CA</p>	<p>Zip Code 93534-6219</p>	<p>Amount of Each Receipt this Period  <div> <div>41.66</div> </div> </p>
<p>FEC ID number of contributing federal political committee. <b>C</b></p>			
<p>Name of Employer  UNIVERSITY OF CALIFORNIA, SAN DIEGO</p>	<p>Occupation  Physician</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>374.94</div> </div> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<div> <div>208.32</div> </div>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<div> <div></div> </div>	

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John S Mc Intyre MD**

Mailing Address 2000 Winton Rd S  
Ste 303

City State Zip Code  
Rochester NY 14618-3970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITY MENTAL HEALTH

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848540**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Devdutta G Sangvai MD**

Mailing Address 708 Oxboro Cir

City State Zip Code  
Durham NC 27713-8298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUKE UNIVERSITY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848541**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David George Gerkin MD**

Mailing Address 2300 Lakemoor Dr

City State Zip Code  
Knoxville TN 37920-2815

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2012

**Transaction ID : 47848542**

Amount of Each Receipt this Period

83.33

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

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

249.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 141  
(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Franklin Jr. MD**

Mailing Address 5335 Summerfield Ln

City	State	Zip Code
Signal Mtn	TN	37377-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEPHROLOGY ASSOCIATESOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

**Transaction ID : 47848544**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Paul Erik Houmann MD**

Mailing Address 3 Kershaw Ct

City	State	Zip Code
Greenville	SC	29607-5986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : 47848719**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Spurgeon Wm Clark III MD**

Mailing Address 502 Isabella St

City	State	Zip Code
Waycross	GA	31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMORY HEALTHCAREOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : 47848902**

Amount of Each Receipt this Period

83.33

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

208.32

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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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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. Thomas Walton Eppes Jr. MD**

Mailing Address PO Box 389

City

Forest

State

VA

Zip Code

24551-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL VIRGINIA FAMILY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 47848914**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Erick Allen Eiting MD**Mailing Address 1111 S Grand Ave  
Apt 805

City

Los Angeles

State

CA

Zip Code

90015-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACOBI MEDICAL CENTER

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 47848927**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Robert Ernest Hertzka MD**

Mailing Address PO Box 1018

City

Rcho Santa Fe

State

CA

Zip Code

92067-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA SERVICE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 47849088**

Amount of Each Receipt this Period

83.33

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

208.32

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Earl Thorp MD**

Mailing Address 6470 Pentz Rd  
Ste B

City State Zip Code  
Paradise CA 95969-3674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARADISE MEDICAL GROUP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : 47849089**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Nancy Louise Mueller MD**

Mailing Address 610 E Palisade Ave

City State Zip Code  
Englewood NJ 07632-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47858718**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Mr. Kenneth D. Lancin**

Mailing Address 610 East Palisade Avenue

City State Zip Code  
Englewood Cliffs NJ 07632-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47858719**

Amount of Each Receipt this Period

208.33

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

499.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Lisa Bohman Egbert MD**

Mailing Address 7720 Paragon Rd  
Ste A1

City Dayton State OH Zip Code 45459-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARAGON WOMEN'S CARE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

09 / 25 / 2012

Transaction ID : 47858720

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Janice Tildon-Burton MD**

Mailing Address 2600 Glasgow Ave  
Ste 207

City Newark State DE Zip Code 19702-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.01

Date of Receipt

09 / 25 / 2012

Transaction ID : 47858727

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **c. Maryanne C Bombaugh MD**

Mailing Address 81 Clowes Dr

City Falmouth State MA Zip Code 02540-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1791.68

Date of Receipt

09 / 25 / 2012

Transaction ID : 47858729

Amount of Each Receipt this Period

208.33

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

624.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lambert Anthony Wu MD**

Mailing Address 929 SW Mulvane St  
Cotton Oneil Heart Ctr

City State Zip Code  
Topeka KS 66606-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STORMONTVALE HEALTHCARE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47858730**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Luis S Alonzo MD**

Mailing Address 108 Dakota Dr

City State Zip Code  
Hutchinson KS 67502-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORIZONS MENTAL HEALTH CENTER

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47858731**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Thu Nguyen Howell MD**

Mailing Address 2222 Neilson Way Unit 301

City State Zip Code  
Santa Monica CA 90405-2281

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 ▼

1785.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47858732**

Amount of Each Receipt this Period

357.15

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

773.81

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. William Lee Hamilton MD</b></p> <p>Mailing Address 5171 S Cottonwood St  Ste 750</p> <p>City State Zip Code  Salt Lake Cty UT 84107-5705</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  INTERMOUNTAIN HEALTHCARE Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1874.97</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47861825</b></p> <p>Amount of Each Receipt this Period  208.33</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Mr. Kevin Walker</b></p> <p>Mailing Address 10635 Canterbury Rd.</p> <p>City State Zip Code  Fairfax Station VA 22039-1927</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AMERICAN MEDICAL ASSOCIATION AMA Executive</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1874.97</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47861836</b></p> <p>Amount of Each Receipt this Period  208.33</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. Alexander Ding MD</b></p> <p>Mailing Address 4 Longfellow Pl  Apt 2910</p> <p>City State Zip Code  Boston MA 02114-2826</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  PARTNERS HEALTH CARE Resident Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  791.65</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47861844</b></p> <p>Amount of Each Receipt this Period  125.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>541.66</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 47864610**

Amount of Each Receipt this Period

148.82

Full Name (Last, First, Middle Initial)

**B. James Clay Hays Jr. MD**

Mailing Address 970 Lakeland Dr  
Ste 61

City

Jackson

State

MS

Zip Code

39216-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON HEART CLINIC PA

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : 47864612**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Michael Bradley Simon MD**

Mailing Address 35 Gellatly Dr

City

Wappingers Fl

State

NY

Zip Code

12590-6452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : 47864615**

Amount of Each Receipt this Period

250.03

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

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

898.85

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Bryant Sanford MD**

Mailing Address 1001 E Superior St

Lakeview Building Suite L401

City

Duluth

State

MN

Zip Code

55802-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST LUKES INTERNAL MEDICINE ASSOCIATE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2012

Transaction ID : 47864617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Bernard C Fruge Jr. MD**

Mailing Address 320 Settlers Trace Blvd

City

Lafayette

State

LA

Zip Code

70508-6060

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  
09 / 24 / 2012

Transaction ID : 47864623

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Venesa Jean Ingold MD**

Mailing Address 640 S 73rd Pl

City

Kansas City

State

KS

Zip Code

66111-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANSAS UNIVERSITY ANESTHESIA FOUNDA

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  
09 / 24 / 2012

Transaction ID : 47864625

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Sullivan Kennedy MD**

Mailing Address 9725 3rd Ave NE  
Ste 500

City State Zip Code  
Seattle WA 98115-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWEST ASTHMA AND ALLERGY CENT

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  
09 / 24 / 2012

**Transaction ID : 47864626**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher M Flynn MD**

Mailing Address 175 College St

City State Zip Code  
Battle Creek MI 49037-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US VETERANS MEDICAL CENTER

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  
09 / 25 / 2012

**Transaction ID : 47866979**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David Michael Misch MD**

Mailing Address 250 Avenue K SW  
Ste 200

City State Zip Code  
Winter Haven FL 33880-3919

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  
09 / 25 / 2012

**Transaction ID : 47866980**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Richard John Gnaedinger MD</b></p> <p>Mailing Address 3565 W Johnson Rd</p> <p>City State Zip Code  La Porte IN 46350-8577</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47866994</b></p> <p>Amount of Each Receipt this Period  250.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Gina Rae Busch MD</b></p> <p>Mailing Address 9 Courtney Dr  Sedgely Office Park</p> <p>City State Zip Code  Charleston WV 25304-2699</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  365.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47867005</b></p> <p>Amount of Each Receipt this Period  365.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. Carlo O Bayrakdari MD</b></p> <p>Mailing Address 50 Ogden Rd</p> <p>City State Zip Code  Scarsdale NY 10583-3021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : 47867014</b></p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>1115.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mrs. Marilyn Ade**

Mailing Address 550 30th Ave

City  
Moline

State  
IL

Zip Code  
61265-5975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2012

**Transaction ID : 47867047**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael E Migliori MD**

Mailing Address 120 Dudley St  
Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

09 / 26 / 2012

**Transaction ID : 47867121**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Alan F Strobel MD**

Mailing Address 14 Warren Ln

City

Jericho

State

NY

Zip Code

11753-1432

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

09 / 28 / 2012

**Transaction ID : 47902584**

Amount of Each Receipt this Period

500.00

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

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

1208.33

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Hisham Salem Majzoub MD**

Mailing Address 3020 Saint Johns Blvd Ste E3  
 St Johns Clinic

City State Zip Code  
 Joplin MO 64804-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 FREEMAN HEALTH SYSTEM-WEST

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  
 09 / 28 / 2012

**Transaction ID : 47902645**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Tai-Wen Chen MD**

Mailing Address 211 Easy St

City State Zip Code  
 Uniontown PA 15401-3129

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  
 09 / 28 / 2012

**Transaction ID : 47902646**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Bryan Richard Neuwirth MD**

Mailing Address 2753 Birdie Ln NE

City State Zip Code  
 Conover NC 28613-9493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 BILLIE AND ANDERSON DRS

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  
 09 / 28 / 2012

**Transaction ID : 47902648**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. William Clayton Stafford MD</b></p> <p>Mailing Address 110 Metker Trl Stanford Immediate Care</p> <p>City State Zip Code Stanford KY 40484-1020</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">263.60</span> </p>		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>            09 / 28 / 2012  <b>Transaction ID : 47902657</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">263.60</span> </p>
<p>Full Name (Last, First, Middle Initial) <b>B. Alfred Charles Cox MD</b></p> <p>Mailing Address 17575 Darden Rd</p> <p>City State Zip Code South Bend IN 46635-1109</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">525.00</span> </p>		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>            09 / 28 / 2012  <b>Transaction ID : 47902722</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span> </p>
<p>Full Name (Last, First, Middle Initial) <b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span> </p>		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span> </p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<span style="border: 1px solid black; padding: 2px;">51.36</span>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<span style="border: 1px solid black; padding: 2px;">25410.37</span>

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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. PNC ADVISORS**

Mailing Address PO BOX 96211

City  
Washington

State Zip Code  
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 ▼

155.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : 48028657**

Amount of Each Receipt this Period

18.21

Interest

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

18.21

18.21

<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

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

#### A. FIRST NATIONAL MERCHANT SOLUTIONS

Transaction ID : 48028693

Amount of Each Disbursement this Period

Category/  
Type

478.22

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

### Credit Card Bank Charges

Date of Disbursement

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

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

478.22

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

478.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 141

<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. Carper For Senate**

Mailing Address PO Box 2882

City  
WilmingtonState  
DEZip Code  
19805Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : 47610202**

Amount of Each Disbursement this Period

4000.00
---------

2012 Primary

Full Name (Last, First, Middle Initial)

**B. John Carney For Congress**

Mailing Address PO Box 2162

City  
WilmingtonState  
DEZip Code  
19899Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Rep. John Carney**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : 47610203**

Amount of Each Disbursement this Period

2000.00
---------

2012 Primary

Full Name (Last, First, Middle Initial)

**C. Visclosky For Congress**

Mailing Address Post Office Box 10003

City  
MerrillvilleState  
INZip Code  
46411Purpose of Disbursement  
2012 General

011

Category/  
Type

Candidate Name

**Rep. Peter J. Visclosky**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : 47610204**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Walorski For Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546

**Transaction ID : 47610205**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Ms. Jackie Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

2012 General

Full Name (Last, First, Middle Initial)

**B. Hoosiers For Rokita, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address 7643 East U.S. 36

City	State	Zip Code
Avon	IN	46123

**Transaction ID : 47610206**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Theodore Rokita**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

2012 General

Full Name (Last, First, Middle Initial)

**C. Luke Messer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address 345 W Broadway

City	State	Zip Code
Shelbyville	IN	46176

**Transaction ID : 47610207**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Allen Messer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 06

2012 General

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

11000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 141

<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. Andre Carson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address P.O. Box 1863

City	State	Zip Code
Indianapolis	IN	46206

**Transaction ID : 47610208**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Andre Carson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 07

2012 General

Full Name (Last, First, Middle Initial)

**B. Friends Of Todd Young, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address PO Box 1053

City	State	Zip Code
Bloomington	IN	47402

**Transaction ID : 47610209**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Todd Young**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 09

2012 General

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

**Transaction ID : 47610210**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Tom Reed**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 23

2012 General

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

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. America Works PAC**

Mailing Address P.O. Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

**Transaction ID : 47630959**

Amount of Each Disbursement this Period

2500.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Crawford For Congress**

Mailing Address PO Box 16956

City	State	Zip Code
Jonesboro	AR	72403

Purpose of Disbursement  
2012 General

Candidate Name

**Mr. Eric Crawford**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AR	District: 01

Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : 47641881**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Re-Elect Tim Griffin For Congress Committee**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. John Griffin**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AR	District: 02

Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : 47641882**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

6500.00
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 141

<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. Womack For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address PO Box 508

**Transaction ID : 47641883**

City	State	Zip Code
Rogers	AR	72757

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 General

011

3000.00
---------

Candidate Name

**Rep. Steve Womack**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: AR District: 03

Full Name (Last, First, Middle Initial)

**B. Cotton For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address PO Box 379

**Transaction ID : 47641885**

City	State	Zip Code
Dardanelle	AR	72834

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 General

011

5000.00
---------

Candidate Name

**Mr. Thomas Cotton**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: AR District: 04

Full Name (Last, First, Middle Initial)

**C. Ricky Gill For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address P.O. Box 691900

**Transaction ID : 47641891**

City	State	Zip Code
Stockton	CA	95269

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 General

011

5000.00
---------

Candidate Name

**Mr. Ricky Gill**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: CA District: 09

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

13000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 141

<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. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City Fremont	State CA	Zip Code 94537
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Pete Stark**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

**Transaction ID : 47641893**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Mike Honda For Congress**Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City San Jose	State CA	Zip Code 95112
------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Michael M. Honda**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

**Transaction ID : 47641895**

Amount of Each Disbursement this Period

4000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Duncan D. Hunter For Congress**

Mailing Address 9340 Fuerte Drive Suite 302

City La Mesa	State CA	Zip Code 91941
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Duncan L. Hunter**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

**Transaction ID : 47641898**

Amount of Each Disbursement this Period

2500.00
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2012 General

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

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Angus King For US Senate Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address 135 Maine Street  
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement  
2012 General

011

**Transaction ID : 47641899**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Mr. Angus King**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District:

2012 General

Full Name (Last, First, Middle Initial)

**B. Pingree For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement  
2012 General

011

**Transaction ID : 47641994**

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**Rep. Chellie M. Pingree**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 01

2012 General

Full Name (Last, First, Middle Initial)

**C. Michaud For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
2012 General

011

**Transaction ID : 47641996**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Michael H. Michaud**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 02

2012 General

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

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City  
East LansingState  
MIZip Code  
48826Purpose of Disbursement  
2012 General

011

Candidate Name

**Sen. Debbie Stabenow**Category/  
Type

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47641998**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City  
GladstoneState  
MIZip Code  
49837Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Dan Benishek**Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: MI

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47641999**

Amount of Each Disbursement this Period

3500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress**Mailing Address 5915 Eastman Avenue  
Suite 100City  
MidlandState  
MIZip Code  
48640Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. David Lee Camp**Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47642008**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

13500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Upton For All Of Us**

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Frederick Stephen Upton**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 06

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642009**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Bob Brady For Congress**

Mailing Address 12518 Chilton Road

City	State	Zip Code
Philadelphia	PA	19154

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Robert A. Brady**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 01

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642010**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Fattah For Congress**

Mailing Address 3900 Ford Road Suite 12-O

City	State	Zip Code
Philadelphia	PA	19131

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Chaka Fattah**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 02

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642012**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Mike Kelly For Congress**

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. George Kelly**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47642019**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Patriots For Perry**

Mailing Address PO Box 147

City	State	Zip Code
Red Lion	PA	17356

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Scott Perry**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47642020**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Glenn W. Thompson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : 47642021**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Jim Gerlach For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

**Transaction ID : 47642022**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. James W. Gerlach**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 06

2012 General

Full Name (Last, First, Middle Initial)

**B. Bill Shuster For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address PO Box 27

City	State	Zip Code
Hollidaysburgh	PA	16648

**Transaction ID : 47642023**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. William Franklin Shuster**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 09

2012 General

Full Name (Last, First, Middle Initial)

**C. Marino For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address PO Box 653

City	State	Zip Code
Williamsport	PA	17703

**Transaction ID : 47642024**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Thomas Marino**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 10

2012 General

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

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Lou Barletta For Congress**

Mailing Address P.O. Box 128

City Hazleton	State PA	Zip Code 18201
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Lou Barletta**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642025**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Allyson Schwartz For Congress**

Mailing Address P.O. Box 2232

City Jenkintown	State PA	Zip Code 19046
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Allyson Y. Schwartz**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642026**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown	State PA	Zip Code 18105
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Charles W. Dent**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

**Transaction ID : 47642027**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

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

10500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. JOE-PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 47643146**

Amount of Each Disbursement this Period

5000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Jo Bonner For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address P.O.Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement  
2012 General

011

Candidate Name

Category/  
Type**Rep. Josiah Robins Bonner Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 01

**Transaction ID : 47652057**

Amount of Each Disbursement this Period

2000.00

2012 General

Full Name (Last, First, Middle Initial)

**C. Martha Roby For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement  
2012 General

011

Candidate Name

Category/  
Type**Rep. Martha Roby**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 02

**Transaction ID : 47652059**

Amount of Each Disbursement this Period

2000.00

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Michael D. Rogers**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652062**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Robert Aderholt For Congress**

Mailing Address P. O. Box 1158

City	State	Zip Code
Haleyville	AL	35565

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Robert B. Aderholt**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652063**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. mobrooksforcongress.com**

Mailing Address 7610 Foxfire Dr.

City	State	Zip Code
Huntsville	AL	35802

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Mo Brooks**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: AL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652064**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Bachus For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address P.O. Box 131134

City	State	Zip Code
Birmingham	AL	35213

**Transaction ID : 47652066**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Spencer Thomas Bachus III**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AL	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

**Transaction ID : 47652067**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Terrycina Sewell**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AL	District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

Full Name (Last, First, Middle Initial)

**C. Jeff Miller For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address P. O. Box 126

City	State	Zip Code
Pensacola	FL	32591

**Transaction ID : 47652068**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jeff B. Miller**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: FL	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Crenshaw For Congress Campaign**

Mailing Address 4963 Beach Boulevard

City Jacksonville	State FL	Zip Code 32207
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Ander Crenshaw**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652070**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Friends Of Bill Posey**

Mailing Address P. O. Box 360877

City Melbourne	State FL	Zip Code 32936
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Bill Posey**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652071**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Daniel Webster For Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando	State FL	Zip Code 32805
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Daniel Webster**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652073**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

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

6000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

2012 General

2012 General

2012 General

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 141

<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 Dennis Ross**

Mailing Address PO Box 7310

City Lakeland	State FL	Zip Code 33807
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Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Dennis A. Ross**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652080**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Tom Rooney For Congress**

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda	State FL	Zip Code 33950
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Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Thomas J. Rooney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652081**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Friends Of Trey Radel, Inc.**

Mailing Address P.O. Box 1329

City Fort Myers	State FL	Zip Code 33902
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Purpose of Disbursement  
2012 General

Candidate Name

**Mr. Henry Radel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47652084**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Mario Diaz-Balart For Congress**Mailing Address 8770 Sw 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Mario Diaz-Balart**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: FL District: 25Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652086**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Ileana Ros-Lehtinen**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: FL District: 27Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652088**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Steve Scalise**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: LA District: 01Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47652090**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Charles Boustany Jr. MD For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Mailing Address PO Box 80126

City Lafayette	State LA	Zip Code 70598
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**Transaction ID : 47653166**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

2012 General

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Fleming For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Mailing Address P.O. Box 1236

City Minden	State LA	Zip Code 71058
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**Transaction ID : 47653169**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John C. Fleming MD**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 04

2012 General

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Rodney Alexander For Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Mailing Address 319 Nancy'S Road

City Quitman	State LA	Zip Code 71268
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**Transaction ID : 47653171**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Rodney Alexander**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 05

2012 General

1000.00
---------

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Bill Cassidy For Congress**

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. William Cassidy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653174**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Justin Amash For Congress**

Mailing Address 1500 E Beltline Ave Se Ste 250

City	State	Zip Code
Grand Rapids	MI	49506

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Justin Amash**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653177**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Taj For Congress**

Mailing Address PO Box 871807

City	State	Zip Code
Canton	MI	48187

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Syed Taj**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653179**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. James B. Renacci**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653181**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Patrick L. Meehan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653183**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Fitzpatrick For Congress**

Mailing Address PO Box 185

City Langhorne	State PA	Zip Code 19047
-------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Michael G. Fitzpatrick**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653185**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

5500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Doyle For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address 205 Hawthorne Court

City	State	Zip Code
Pittsburgh	PA	15221

**Transaction ID : 47653186**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**Rep. Michael F. Doyle**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: PA District: 14

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

**Transaction ID : 47653188**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

**Rep. Tim F. Murphy**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: PA District: 18

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address PO Box 900427

City	State	Zip Code
Sandy	UT	84090

**Transaction ID : 47653189**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Sen. Orrin Grant Hatch**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2012 General

State: UT District:

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

12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Rob Bishop For Congress**

Mailing Address PO Box 1776

City	State	Zip Code
Brigham City	UT	84302

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Robert Bishop**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: UT	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653190**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Matheson For Congress**

Mailing Address P O Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. James D. Matheson**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: UT	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653191**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Friends Of Doc Hastings**

Mailing Address PO Box 2926

City	State	Zip Code
Pasco	WA	99302

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Richard Hastings**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WA	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653192**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 141

<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. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Cathy McMorris Rodgers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653193**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. People For Derek Kilmer**

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Derek Kilmer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653194**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Friends For Jim McDermott**

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Jim McDermott**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : 47653196**

Amount of Each Disbursement this Period

2000.00
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2012 General

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

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 141

<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 Reichert**

Mailing Address PO Box 2032

City Issaquah	State WA	Zip Code 98027
------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. David George Reichert**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653198**

Amount of Each Disbursement this Period

500.00
--------

2012 General

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

Candidate Name

**Mr. Dennis Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : 47653200**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
---------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Richard E. Neal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662405**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

10500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Re-Elect McGovern Committee**

Mailing Address PO Box 60405

City  
WorcesterState  
MAZip Code  
01606Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. James P. McGovern**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662407**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. The Niki Tsongas Committee**

Mailing Address PO Box 1454

City  
LowellState  
MAZip Code  
01853Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Nicola S. Tsongas**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662481**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. The Markey Committee**

Mailing Address PO Box 526

City  
MedfordState  
MAZip Code  
02155Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Edward J. Markey**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662482**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Capuano For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

**Transaction ID : 47662483**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Michael E. Capuano**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 07

2012 General

Full Name (Last, First, Middle Initial)

**B. Stephen F. Lynch For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address 105 Farragut Road

City	State	Zip Code
South Boston	MA	02127

**Transaction ID : 47662487**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Stephen F. Lynch**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 08

2012 General

Full Name (Last, First, Middle Initial)

**C. The Bill Keating Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address P.O. Box 3065

City	State	Zip Code
Buzzards Bay	MA	02532

**Transaction ID : 47662490**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. William Keating**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 09

2012 General

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

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 141

<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. Rogers For Congress**

Mailing Address PO Box 581

City Brighton	State MI	Zip Code 48116
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Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Michael J. Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662493**

Amount of Each Disbursement this Period

3500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Levin For Congress**

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Sander M. Levin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662496**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Clay Jr. For Congress**

Mailing Address PO Box 4544

City St. Louis	State MO	Zip Code 63108
-------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. William Lacy Clay Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : 47662500**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Ann Wagner For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

**Transaction ID : 47662502**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Ms. Ann Wagner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

2012 General

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress 2012**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address PO Box 125

City	State	Zip Code
Holts Summit	MO	65043

**Transaction ID : 47662506**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Blaine Luetkemeyer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 03

2012 General

Full Name (Last, First, Middle Initial)

**C. Vicky Hartzler For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address P.O. Box 415004

City	State	Zip Code
Kansas City	MO	64141

**Transaction ID : 47662511**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Vicky Hartzler**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 04

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Cleaver For Congress**

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Emanuel Cleaver II**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 05

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47662552**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Samuel B. Graves Jr.**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 06

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47662798**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Billy Long**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 07

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663288**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Team Emerson For Jo Ann Emerson**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address P.O. Box 822

400 Broadway, Suite 501

City

Cape Girardeau

State

MO

Zip Code

63702

Purpose of Disbursement

2012 General

011

Candidate Name

**Rep. Jo Ann Emerson**Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: MO

District: 08

**Transaction ID : 47663289**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Louie Gohmert For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address PO Box 8060

City

Tyler

State

TX

Zip Code

75711

Purpose of Disbursement

2012 General

011

Candidate Name

**Rep. Louie Gohmert**Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

**Transaction ID : 47663290**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Poe For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Mailing Address P.O. Box 14222

City

Humble

State

TX

Zip Code

77347

Purpose of Disbursement

2012 General

011

Candidate Name

**Rep. Ted Poe**Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 02

**Transaction ID : 47663293**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Jeb Hensarling**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 05

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663294**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Kevin Patrick Brady**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 08

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663295**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Al Green For Congress**

Mailing Address Post Office Box 20174

City	State	Zip Code
Houston	TX	77225

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Alexander Green**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 09

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663303**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Ruben Hinojosa For Congress**

Mailing Address 10125 N. 10th Street, Suite E

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Ruben Hinojosa**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663304**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. The Sheila Jackson Lee for US Congress Campaign Committee**

Mailing Address 4412 Alameda Road

City Houston	State TX	Zip Code 77004
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Sheila Jackson Lee**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663311**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock	State TX	Zip Code 79453
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Randy Neugebauer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663312**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Roger Williams For U S Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address P.O. Box 91061

City	State	Zip Code
Austin	TX	78709

**Transaction ID : 47663314**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Roger Williams**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 25

2012 General

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

**Transaction ID : 47663315**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Gene Green**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 29

2012 General

Full Name (Last, First, Middle Initial)

**C. John Carter For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Mailing Address 1717 North Ih-35  
Suite 304

City	State	Zip Code
Round Rock	TX	78664

**Transaction ID : 47663316**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John R. Carter**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 31

2012 General

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

9500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Moore For Congress**

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Gwendolynne Moore**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663317**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Ribble For Congress**

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Reid J. Ribble**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663318**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Doggett For Us Congress**

Mailing Address PO Box 5843

City	State	Zip Code
Austin	TX	78763

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Lloyd Doggett**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : 47663320**

Amount of Each Disbursement this Period

3000.00
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2012 General

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

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Friends Of Scott Desjarlais**

Mailing Address P O Box 90133

City  
NashvilleState  
TNZip Code  
37209Purpose of Disbursement  
2012 Primary-VOID

011

Candidate Name

**Rep. Scott Eugene DesJarlais**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

**Transaction ID : 47801764**

Amount of Each Disbursement this Period

-1000.00
----------

2012 Primary-VOID

Full Name (Last, First, Middle Initial)

**B. Andy Harris For Congress**

Mailing Address PO Box 604

City  
Bel AirState  
MDZip Code  
21014Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Andy Harris**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47830947**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppersberger For Congress Committee**Mailing Address 22 W. Padonia Road  
Suite C-141City  
TimoniumState  
MDZip Code  
21093Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. C.A. Dutch Ruppersberger**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47830948**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Donna Edwards For Congress**

Mailing Address P.O. Box 441153

City	State	Zip Code
Fort Washington	MD	20749

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Donna F. Edwards**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47830949**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Hoyer For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Steny H. Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47830952**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Cummings For Congress Campaign Committee**

Mailing Address PO Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Elijah E. Cummings**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47830956**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

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

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Chris Van Hollen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47830957**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Friends Of Sam Johnson**

Mailing Address P.O. Box 860096

City  
PlanoState  
TXZip Code  
75086Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Samuel Robert Johnson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47830958**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Hall For Congress Committee (Ralph Hall - Rockwall)**

Mailing Address Post Office Box 711

City  
RockwallState  
TXZip Code  
75087Purpose of Disbursement  
2012 General

Candidate Name

**Rep. Ralph M. Hall**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47830959**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

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

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. The Congressman Joe Barton Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

**Transaction ID : 47830960**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Joe L. Barton**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 06

2012 General

Full Name (Last, First, Middle Initial)

**B. Culberson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address P.O. Box 41964

City	State	Zip Code
Houston	TX	77241

**Transaction ID : 47831070**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John Abney Culberson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 07

2012 General

Full Name (Last, First, Middle Initial)

**C. McCaul For Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address 815-A Brazos Street  
Pmb 230

City	State	Zip Code
Austin	TX	78701

**Transaction ID : 47831227**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Michael T. McCaul**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 10

2012 General

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

2500.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Conaway For Congress**

Mailing Address PO Box 51272

City Midland	State TX	Zip Code 79710
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Michael K. Conaway**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 11	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47831387**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street, Suite 101

City Fort Worth	State TX	Zip Code 76102
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Kay Granger**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 12	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47831551**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Thornberry For Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo	State TX	Zip Code 79105
------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Mac Thornberry**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 13	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47831693**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Texans For Lamar Smith**

Mailing Address PO Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Lamar S. Smith**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47832040**

Amount of Each Disbursement this Period

500.00
--------

2012 General

Full Name (Last, First, Middle Initial)

**B. Olson For Congress Committee**

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Pete Olson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47832220**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Canseco For Congress**

Mailing Address 10004 Wurzbach Road #366

City	State	Zip Code
San Antonio	TX	78230

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Francisco Canseco**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47832466**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

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

4000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Kenny Marchant For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Mailing Address PO Box 110187

City	State	Zip Code
Carrollton	TX	75011

**Transaction ID : 47832679**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Kenny Marchant**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 24

2012 General

Full Name (Last, First, Middle Initial)

**B. Elect Blake Farenthold Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Mailing Address P.O. Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

**Transaction ID : 47832893**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Randolph Farenthold**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 27

2012 General

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Mailing Address 1519 Washington Street  
Suite 200

City	State	Zip Code
Laredo	TX	78040

**Transaction ID : 47833104**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Henry Cuellar**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 28

2012 General

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Eddie Bernice Johnson For Congress**

Mailing Address 3102 Maple Avenue, Suite 605

City	State	Zip Code
Dallas	TX	75201

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Eddie Bernice Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47833287**

Amount of Each Disbursement this Period

1500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address P.O. Box 999

City	State	Zip Code
Montross	VA	22520

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Robert J. Wittman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47833498**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Scott Rigell For Congress**Mailing Address 915 First Colonial Road  
Suite 100

City	State	Zip Code
Virginia Beach	VA	23454

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Edward Rigell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47833803**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

9500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Forbes For Congress**

Mailing Address PO Box 15100

City	State	Zip Code
Chesapeake	VA	23328

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. J. Randy Forbes**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47833971**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Robert Hurt For Congress**

Mailing Address PO Box 8

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Robert Hurt**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47834120**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Bob Goodlatte For Congress Committee**

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Robert W. Goodlatte**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47834285**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Cantor For Congress**

Mailing Address P.O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Eric I. Cantor**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 07

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47834453**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Moran For Congress**Mailing Address 311 North Washington Street  
Suite 200I

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. James P. Moran**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 08

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47834583**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith For Congress**

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. H Morgan Griffith**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 09

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47834772**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

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

11000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Friends Of Frank Wolf**

Mailing Address P.O. Box 221585

City Chantilly	State VA	Zip Code 20153
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Frank R. Wolf**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47835052**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Connolly For Congress**

Mailing Address PO Box 563

City Merrifield	State VA	Zip Code 22116
--------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Gerald E. Connolly**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47835053**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547
--------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Paul D. Ryan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47835054**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Mark Pocan For Congress**

Mailing Address 309 N Baldwin St

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Mark Pocan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47835055**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse	State WI	Zip Code 54601
-------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Ron Kind**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47835056**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Bill Flores For Congress**

Mailing Address PO Box 6207

City Bryan	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Bill Flores**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : 47836651**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Schweikert For Congress**

Mailing Address 8776 E Shea Blvd, Suite B3a-626

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. David Schweikert**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47836659**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City	State	Zip Code
New Haven	CT	06511

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Rosa L. DeLauro**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : 47836910**

Amount of Each Disbursement this Period

2000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Mica For Congress**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. John L. Mica**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868886**

Amount of Each Disbursement this Period

1500.00
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2012 General

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot	State ID	Zip Code 83221
-------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Mike K. Simpson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868910**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Donnelly For Indiana**

Mailing Address 1050 17th St Nw Ste 590

City Washington	State DC	Zip Code 20036
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Joseph Donnelly**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868921**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**Mailing Address 9333 N Meridian Street  
Suite 230

City Indianapolis	State IN	Zip Code 46260
----------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Ms. Susan Brooks**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868932**

Amount of Each Disbursement this Period

3000.00
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2012 General

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

11000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Kansans For Huelskamp**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Tim Huelskamp**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 01

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868939**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Lynn Jenkins**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 02

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868941**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Kevin Yoder**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 03

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868944**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City  
WichitaState  
KSZip Code  
67212Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Michael Pompeo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868946**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Paul Tonko For Congress**Mailing Address 911 Central Avenue  
PO Box 221City  
AlbanyState  
NYZip Code  
12206Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Paul David Tonko**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868947**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City  
WilsonState  
NCZip Code  
27894Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. George K. Butterfield**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868949**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City Dunn	State NC	Zip Code 28335
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Renee Ellmers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868950**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Walter Jones Committee**

Mailing Address PO Box 3962

City Greenville	State NC	Zip Code 27836
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Walter B. Jones Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868953**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 1986

City Raleigh	State NC	Zip Code 27602
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. David E. Price**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868954**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Virginia Foxx For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address P.O. Box 1100

City	State	Zip Code
Clemmons	NC	27012

**Transaction ID : 47868962**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Virginia Foxx**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 05

2012 General

Full Name (Last, First, Middle Initial)

**B. Coble For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address PO Box 1177

City	State	Zip Code
Greensboro	NC	27402

**Transaction ID : 47868964**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Howard Coble**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 06

2012 General

Full Name (Last, First, Middle Initial)

**C. David Rouzer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address PO Box 2267

City	State	Zip Code
Smithfield	NC	27577

**Transaction ID : 47868966**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. David Rouzer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 07

2012 General

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. Pittenger For Congress Llc**

Mailing Address PO Box 470848

City	State	Zip Code
Charlotte	NC	28247

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Robert Pittenger**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868968**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Mchenry For Congress**

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Patrick Timothy McHenry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868969**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. George Holding For Congress**

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. George Holding**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : 47868971**

Amount of Each Disbursement this Period

2500.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Tom Rice For Congress**Mailing Address 1107 48th Ave., N.  
Suite 210

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement  
2012 General

Candidate Name

**Mr. Tom Rice**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: SC District: 07Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 47868972**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Adam Hasner For Us House**

Mailing Address PO Box 276093

City Boca Raton State FL Zip Code 33427

Purpose of Disbursement  
2012 General

Candidate Name

**Mr. Adam Hasner**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: FL District: 22Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47894815**

Amount of Each Disbursement this Period

3000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Linda Lingle Senate Committee**Mailing Address C/O 46-001 Kamehameha Hwy  
Suite 301

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
2012 General

Candidate Name

**Ms. Linda Lingle**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: HI District:Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47894816**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

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

13000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Latta For Congress**

Mailing Address PO Box 106

City	State	Zip Code
Bowling Green	OH	43402

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Robert Latta**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OH	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

**Transaction ID : 47894817**

Amount of Each Disbursement this Period

4000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Whitehouse For Senate**

Mailing Address P.O. Box 40280

City	State	Zip Code
Providence	RI	02940

Purpose of Disbursement  
2012 General

011

Candidate Name

**Sen. Sheldon Whitehouse**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: RI	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

**Transaction ID : 47894818**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Cicilline Committee**

Mailing Address 236 Hope Street

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. David Cicilline**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: RI	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

**Transaction ID : 47894819**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

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

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Langevin For Congress**

Mailing Address 181a Knight Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. James R. Langevin**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: RI	District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47894820**

Amount of Each Disbursement this Period

1000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Marsha Blackburn**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN	District: 07	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47894821**

Amount of Each Disbursement this Period

1000.00
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2012 General

Full Name (Last, First, Middle Initial)

**C. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Jason E. Chaffetz**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: UT	District: 03	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47894822**

Amount of Each Disbursement this Period

3000.00
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2012 General

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

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 141

<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. Filemon Vela For Congress**

Mailing Address 333 Ebony Avenue

City	State	Zip Code
Brownsville	TX	78520

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Filemon Vela**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47895486**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**B. Castro For Congress**

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Joaquin Castro**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47895487**

Amount of Each Disbursement this Period

5000.00
---------

2012 General

Full Name (Last, First, Middle Initial)

**C. Beto O'Rourke For Congress**

Mailing Address 1209 Prospect

City	State	Zip Code
El Paso	TX	79902

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Robert O'Rourke**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 47895488**

Amount of Each Disbursement this Period

5000.00
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2012 General

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

15000.00
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463500.00
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