FEC FORM 1		STATEMEI ORGANIZ			PAGE 1 / 16
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5
	MEDIC	AL ASSOCIATIO	N POLITICAL AC		MMITTEE
ADDRESS (number and	d street)	25 Massachusetts Ave, NW			
(Check if ac is changed)	ldress	Suite 600			
		Washington └		DC STATE ▲	20001-7400 − ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRES	S			
(Check if ac is changed)	dress	ampaconline@ama-assn.or	rg		
		Optional Second E-Mail Add	dress		
COMMITTEE'S WEB I (Check if ac is changed)		RESS (URL)			
2. DATE 12	/ D 17	2024			
3. FEC IDENTIFIC/	ATION NU	MBER ► C C	00000422		
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined thi	s Statement and to the best	of my knowledge and belief it	t is true, correc	ct and complete.
Type or Print Name of	Treasurer	Jordan, John, Robert, Mr.,			
Signature of Treasurer	Jordar	n, John, Robert, Mr.,		Date 1:	2 / D D / Y Y Y Y 2 17 2024
NOTE: Submission of fa	alse, errone		may subject the person signing TION SHOULD BE REPORTED		to the penalties of 52 U.S.C. §30109 YS.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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12/17/2024 14 : 00

FEC Form	1 (Revised 03/2022)	Page 2
5. TYPE C	DF COMMITTEE:	
Candid	late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate
Name Candio		
Candio Party	date Office Affiliation Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate	
(d)	Committee: (National, State (Democration of the state) This committee is a or subordinate) committee of the state Republican	ic, n, etc.) Party
Politica	al Action Committee (PAC):	
(e) 🗙	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	X Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

L .		
	FEC Form 1 (Revised 02/2009)	Page 3
V	Vrite or Type Committee Name	
	AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM	1ITTEE
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor

		DN		
Mailing Address	330 N Wabash Ave			
	Ste 39300			
	Chicago			60611-5885
		CITY 🔺	STATE ▲	ZIP CODE
Relationship: X Connected	Organization Affi	liated Organization	oint Fundraising Representati	ve Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jordan, Joł	nn, Robert, Mr.,
Full Name	
Mailing Address	25 Massachusetts Ave NW
	Ste 600
	Washington DC 20001-7400
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 202 789 7457

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	lordan, John, Robert, Mr.,
Mailing Address	25 Massachusetts Ave NW
	Ste 600
	Washington DC 20001-7400
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number

FEC Form 1	(Revised 02/2009)
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Full Name of Designated Agent	Folk, Terri, , Ms.,
Mailing Address	25 Massachusetts Ave NW
	Ste 600
	Washington DC 20001-7400
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Designated Agent	Telephone number 202 - 789 - 7461

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	PNC Bar	nk				
Mailing Address		PO Box 19	12			
		Washingto	n 		DC 20074	
				CITY 🔺	STATE 🔺	ZIP CODE ▲
Name of Bank, D	epository, e	tc.				
Mailing Address						
				CITY 🔺	STATE A	ZIP CODE ▲

Page 4

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

g) c	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 22		
	-			
		Montgomery		36101-0022
	Deletienshin			
	Relationship:		STATE 🔺	ZIP CODE A
	Connected	I Organization X Affiliated Committee Joint I	Fundraising Representa	ative Leadership PAC Sponsor
	Designated Agent: Identify	Affiliated Committee Joint I by name, address (phone number – optional) Nicole, , Mrs.,	Fundraising Representa	Leadership PAC Sponsor
	Designated Agent: Identify Lonetto, Full Name	by name, address (phone number - optional)	Fundraising Representa	Leadership PAC Sponsor
	Designated Agent: Identify	v by name, address (phone number – optional) Nicole, , Mrs.,	Fundraising Representa	Leadership PAC Sponsor
	Designated Agent: Identify Lonetto, Full Name	v by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW 5te 600		
	Designated Agent: Identify Lonetto, Full Name	by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW	Fundraising Representa	Leadership PAC Sponsor
	Designated Agent: Identify Lonetto, Full Name	v by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW Ste 600 Washington		
	Designated Agent: Identify Lonetto, Full Name Mailing Address	v by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW 5te 600 Washington CITY	DC STATE	
	Designated Agent: Identify Full Name Lonetto, Full Name Mailing Address TITLE OR POSITION	v by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW 5te 600 Washington CITY	DC STATE	20001-7400
	Designated Agent: Identify Lonetto, Full Name Mailing Address TITLE OR POSITION Designated Agent	r by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW Ste 600 Washington CITY ▲ Tele ries: List all banks or other depositories in which th	L L L L L L L L L L L L L L L L L L L	20001-7400 = 1000000000000000000000000000000000
	Designated Agent: Identify Full Name Lonetto, Full Name Mailing Address TITLE OR POSITION Designated Agent Banks or Other Deposito safety deposit boxes or main Name of Bank, PNC A	r by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW Ste 600 Washington CITY ▲ ries: List all banks or other depositories in which the intains funds.	L L L L L L L L L L L L L L L L L L L	20001-7400 = 1000000000000000000000000000000000
	Designated Agent: Identify Full Name Lonetto, Full Name Mailing Address TITLE OR POSITION Designated Agent Banks or Other Deposito safety deposit boxes or main Name of Bank, PNC A Depository, etc.	r by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW Ste 600 Washington CITY ▲ ries: List all banks or other depositories in which the intains funds.	L L L L L L L L L L L L L L L L L L L	20001-7400 = 1000000000000000000000000000000000
	Designated Agent: Identify Full Name Lonetto, Full Name Mailing Address TITLE OR POSITION Designated Agent Banks or Other Deposito safety deposit boxes or main Name of Bank, PNC A	r by name, address (phone number – optional) Nicole, , Mrs., 25 Massachusetts Ave NW Ste 600 Washington CITY A ries: List all banks or other depositories in which the intains funds.	L L L L L L L L L L L L L L L L L L L	$20001-7400$ $20001-7400$ $ZIP CODE \land$ $202 - 789 - 7433$

CITY

DC

STATE **A**

20006

ZIP CODE

Washington

5(g) or ((h). Joint Fundraising	y Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. N	lame of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
		PICAL ASSOCIATION POLITICAL ACTION C		C)
	Mailing Address	4107 LAUREL STREET		
			AK	99508-5334
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
_				
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
8. D	Full Name		L L L L L L L L L L L L L L L L L L L	
9. B S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. B Si N	Full Name		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail lame of Bank, Depository, etc.		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail lame of Bank, Depository, etc.		ephone Number	

1.								
				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name c	of Any Connected	Organization, Af	filiated Committee, Joint	Fundraising R	epresentative	e, or Leader	ship PAC Sp	onsor
ARK	ANSAS MEDICA	L SOCIETY PA	(C					
М	ailing Address	PO BOX 55088	3					
								1 1
		Little Rock			AR I	72215-{	5088	
R	elationship:				L STATE ▲			
		I Organization	✓ Affiliated Committee	1	ing Representa		eadership PAC	
		organization			gep.eeee			openee
-			ss (phone number – option					
Mail	ling Address							
				1				1 1
דוד	LE OR POSITION					Z		
		•						
				Telephone	Number			

1			FEC ID number	С		
2.			FEC ID number	С		
3.			FEC ID number	С		
4.			FEC ID number	С		
-	Drganization, Affiliated Cor		aising Representativ	ve, or Leade	ership PAC S	onsor
	AL ASSOCIATION PAC-I					
Mailing Address	555 CAPITOL MALL					
Maining Address	l #400					
	Sacramento			05914	4502	
	Jaciamento			95814		
	Organization X Affiliated of by name, address (phone r		STATE ▲		ZIP CODE	
Connected	Organization X Affiliated (Committee Joint				
Connected	Organization X Affiliated (Committee Joint				
Connected Designated Agent: Identify Full Name	Organization X Affiliated (Committee Joint				
Connected Designated Agent: Identify Full Name	Organization X Affiliated (Committee Joint				
Connected	Organization X Affiliated of by name, address (phone r	Committee Joint umber – optional)				
Connected Designated Agent: Identify Full Name	Organization X Affiliated of by name, address (phone r	Committee Joint	Fundraising Represen		_eadership PA(

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5(g) or (h	n). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
		Organization, Affiliated Committee, Joint Fundrai S PAC-MICHIGAN STATE MEDICAL SOCIE		, or Leadership PAC Sponsor
l				
	Mailing Address	PO BOX 769		
		East Lansing		48826-0769
	Relationship:		STATE A	
	Connected	l Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number – optional)		
8. De		<pre>v by name, address (phone number - optional)</pre>		
8. De	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8. De	Full Name	<pre>v by name, address (phone number – optional) </pre>		
8. De	Full Name			
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8. De	Full Name			· · · · · · · · · · · · · · · · · · ·
	Full Name		phone Number	
9. B a	Full Name		phone Number	
9. Ba sat	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION		phone Number	s funds, holds accounts, rents
9. Ba sa Na	Full Name		ephone Number	s funds, holds accounts, rents
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.		ephone Number	s funds, holds accounts, rents
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.		ephone Number	s funds, holds accounts, rents

or(h). Joint	0	rticipant:							
1. 💷					FEC ID number	С			
2.					FEC ID number	С			
3.					FEC ID number	С			
4.					FEC ID number	С			
Nome of Any	Connected Orga	nization Affiliat	ed Committee, Join	t Eundraiai	ng Ponrocontatiu		dorchin	PAC Sno	noor
-	-	EDICAL ASSO			ng nepresentativ	e, or Lea		FAC Spo	11501
Mailing A	ddress	021 11TH AVENUE	E 						
	L								
	I H	lelena				596	601-4882	-	
Relations	hip:		CITY A	· · · · ·	STATE A		ZIP (
[Connected Orga	anization × Aff	liated Committee	Joint Fur	draising Represent	ative	Leaders	hip PAC S	Sponsor
Designated Ac	jent: Identify by r	name, address (p	hone number – opti	onal)					
Designated Ag Full Name	gent: Identify by r	name, address (p	hone number – opti	onal)					
		name, address (p	hone number – opti	onal)					
Full Name		name, address (p	hone number – opti	onal)					
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Full Name Mailing Add TITLE OR	dress POSITION ▼ er Depositories: boxes or maintair	List all banks or		Telepl	none Number				 nts
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Full Name Mailing Add TITLE OR Banks or Othe safety deposit I Name of Bank, Depository, etc.	dress	List all banks or		Telepl	none Number				

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5(g) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	-	Drganization, Affiliated Committee, Joint Fun CAL POLITICAL ACTION COMMITTEE	draising Representative	e, or Leadership PAC Sponsor
L				
L				
	Mailing Address	2 PRINCESS ROAD		
			NJ	08648-2320
	Relationship:	CITY A	STATE A	
	Connected	Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				-
	TITLE OR POSITION		STATE A	
		1	Telephone Number	- -
9. Ba saf	nks or Other Depositori fety deposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	h the committee deposit	s funds, holds accounts, rents
	me of Bank, pository, etc.			
	Mailing Address			
	č			
		CITY A	STATE A	ZIP CODE

5(g) or (h)	Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. Na r	ne of Any Connected C	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
		EDICAL SOCIETY FEDERAL POLITICAL		
	Mailing Address	PO BOX 25834		
		Raleigh		27611-5834
	Relationship:		STATE ▲	
	Connected	Organization X Affiliated Committee Joi	nt Fundraising Representa	tive Leadership PAC Sponsor
8. Des	ignated Agent: Identify	by name, address (phone number - optional)		
	Full Name			<u> </u>
	Mailing Address			
				· · · · · · I_ · · · · I
		CITY ▲	STATE A	
	TITLE OR POSITION			_ _
			Telephone Number	
9. Bar safe	nks or Other Depositori Pety deposit boxes or main	es: List all banks or other depositories in which ntains funds.	h the committee deposit	s funds, holds accounts, rents
	ne of Bank, pository, etc.			
	Mailing Address			
1		CITY A	STATE A	ZIP CODE

5(g) or (h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	ame of Any Connected C	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1622 E INTERSTATE AVE		
		Bismarck		58503-0512
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
				-
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE 🔺
			elephone Number	
	anks or Other Depositori afety deposit boxes or mai	es: List all banks or other depositories in which ntains funds.	the committee deposit	s funds, holds accounts, rents
	ame of Bank, epository, etc.			
	Mailing Address			
		[
I I		CITY 🔺	STATE	ZIP CODE

or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
TEXAS MEDICAL AS	Drganization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Sponsor
Mailing Address	401 W 15TH STREET		
			78701-1624
Relationship:	CITY A	STATE	
Decignated Agents Identify	by name, address (phone number - optional)		
Full Name			
Full Name			
Full Name			
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Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.		elephone Number	
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5(g) or	(h). Joint Fundraising	g Participant:			
	1.		FEC	ID number	С
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- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising R	epresentative	, or Leadership PAC Sponsor
		;			
	Mailing Address	310 EAST 4500 SOUTH			
		#500			
		Salt Lake City			84107-4250
	Relationship:	CITY 🔺		STATE A	ZIP CODE A
_	Connected	Organization X Affiliated Committee	Joint Fundrais	ing Representa	tive Leadership PAC Sponsor
8. C	Designated Agent: Identify	by name, address (phone number - optic	onal)		
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8. [by name, address (phone number - optic	onal)		
8. C	Full Name	by name, address (phone number - optic	onal)		
8. [Full Name	by name, address (phone number – optic	onal)		
8. [Full Name		onal)		
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_	Full Name			Number	
9. 6	Full Name			Number	
9. E S	Full Name Mailing Address TITLE OR POSITION			Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma			Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.			Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.			Number	

r(h). Joint Fund							
1.			FEC	ID number	С		
2.			FEC	ID number	С		
3.			FEC	ID number	С		
4.			FEC	ID number	С		
-	-	Affiliated Committee, Joint	Fundraising R	epresentativ	e, or Leade	rship PAC S	ponsor
Mailing Addres	s 330 EAST L						
	Madison			I WI I	53715	-2074	
Relationship:				STATE A			
		ы. Г.	-	_			
	nnected Organization	X Affiliated Committee	Joint Fundrais	ng Represent		eadership PA	C Spons
	-			ng Represent			
Designated Agent:	-			ng Represent			
Designated Agent:	-			ng Represent			
Designated Agent:	-			ng Represent			
Designated Agent: Full Name	Identify by name, add			ng Representa			
Designated Agent:	Identify by name, add	Iress (phone number – optio					