# 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)

| CITY ▲ | STATE ▲ | ZIP CODE ▲ |
|---|---|---|
| WASHINGTON | DC | 20001-7400 – |

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☒ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period 12 / 01 / 2025 through 12 / 31 / 2025

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 JORDAN, ROB, , MR.,

Signature of Treasurer *JORDAN, ROB, , MR.,* Date 01 / 09 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)



Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 12/01/2025 To: 12/31/2025

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2025 | | 488089.41 |
| (b) Cash on Hand at Beginning of Reporting Period | 1157493.54 | |
| (c) Total Receipts (from Line 19) | 35971.56 | 1099302.96 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1193465.10 | 1587392.37 |
| 7. Total Disbursements (from Line 31) | 23055.77 | 416983.04 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1170409.33 | 1170409.33 |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

# DETAILED SUMMARY PAGE
of Receipts



Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 12/01/2025 To: 12/31/2025

| 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) | 29728.47 | 869365.73 |
| (ii) Unitemized | 1320.00 | 148674.09 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 31048.47 | 1018039.82 |
| (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) ▶ | 31048.47 | 1018039.82 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 4923.09 | 81263.14 |
| 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)) ▶ | 35971.56 | 1099302.96 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 35971.56 | 1099302.96 |

# DETAILED SUMMARY PAGE
of Disbursements



| 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 | 2585.94 | 61741.97 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 2585.94 | 61741.97 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 19000.00 | 341250.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 | 2700.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0.00 | 2700.00 |
| 29. Other Disbursements (Including Non-Federal Donations) | 1469.83 | 11291.07 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) | 23055.77 | 416983.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 23055.77 | 416983.04 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)



| 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) | 31048.47 | 1018039.82 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2700.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31048.47 | 1015339.82 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 2585.94 | 61741.97 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶ | 2585.94 | 61741.97 |

Image# 202601159794004873

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARRON, KENNETH, IAN, , MD

Mailing Address 630 RAINIER RD

City: CHARLOTTESVLE | State: VA | Zip Code: 22903-4045

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TRUESDALE OBGYN
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A432D973837E0452B898

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FULLER, GREGORY, MICHAEL, , MD

Mailing Address 9101 NORTHAMPTON DR

City: N RICHLND HLS | State: TX | Zip Code: 76182-1540

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NORTH HILLS FAMILY PRACTICE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A71314144DB394A14ADD

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GHOSE, AMIT, , , MD

Mailing Address 3955 PATIENT CARE DR STE A

City: LANSING | State: MI | Zip Code: 48911-4271

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CAPITAL INTERNAL MEDICINE ASSOC PC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A0F1E9F71CD6F49A4958

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.40

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

Image# 202601159794004874

# 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)
PAGE 7 OF 74

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERTZKA, ROBERT, ERNEST, , 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 (for Individual): ANESTHESIA SERVICE MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A1C07922C1AED4571984

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KLINGMAN, JEFFREY, GILBERT, , MD

Mailing Address 285 GLORIETTA BLVD

City: ORINDA | State: CA | Zip Code: 94563-3542

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): KAISER PERMANENTE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A433CC92C90BE42399C9

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUBIN-JOHNSON, NIVA, , , MD

Mailing Address 118 E 83RD ST

City: CHICAGO | State: IL | Zip Code: 60619-4711

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): QUALITY PRIMARY CARE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A002B61CA37364157A73

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.77

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

Image# 202601159794004875

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MASSINGILL, G, SEALY, , MD

Mailing Address 3887 S HILLS CIR

City: FORT WORTH | State: TX | Zip Code: 76109-2758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UNIV OF NORTH TX HEALTH SCIENCE CTR
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2025

Transaction ID : AA3C4AEE042884493BCB

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MOSER, KIMBERLY, , MRS.,

Mailing Address 3216 HIGH RIDGE DR

City: TAYLOR MILL | State: KY | Zip Code: 41015-4411

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): N/A
Occupation (for Individual): PHYSICIAN SPOUSE

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

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 12 / 03 / 2025

Transaction ID : A9DB5D81624944C1EB4E

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MOSER, NEAL, JOS, , MD

Mailing Address 3216 HIGH RIDGE DR

City: TAYLOR MILL | State: KY | Zip Code: 41015-4411

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INTERNAL MEDICINE ASSOCIATES OF NORTHE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2025

Transaction ID : A22B74C417A0347C8920

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 333.32

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

Image# 202601159794004876

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEEBLES, JON, KLINTON, , MD

Mailing Address 531 12TH ST NE

City: WASHINGTON | State: DC | Zip Code: 20002-6309

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MID-ATLANTIC PERMANENTE MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A7BEED8791ADF4D57858

Amount of Each Receipt this Period: 1250.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PINTO, GREGORY, L, , MD

Mailing Address 414 MAPLE AVE
STE 200

City: SARATOGA SPGS | State: NY | Zip Code: 12866-5533

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SARATOGA HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A760BC9C377A744E4AEB

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SPILLMAN, MONIQUE, A, , MD

Mailing Address 109 N SPRUCE ST

City: LITTLE ROCK | State: AR | Zip Code: 72205-3834

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TEXAS ONCOLOGY
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : AF369C2EF055B41A5B26

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1333.40

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

Image# 202601159794004877

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VARNUM, CORLISS, ADAM, , 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 (for Individual): PORT CITY FAMILY MEDICINE PC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : A8F7B33C5CF254575A9E

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABRAHAM, JERRY, PUTHENPURAKAL, , MD

Mailing Address 420 S SAN PEDRO ST APT 228

City: LOS ANGELES | State: CA | Zip Code: 90013-2186

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8EC020028F1843D891C

Amount of Each Receipt this Period: 83.30

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AJRAWAT, HARBHAJAN, SINGH, , MD

Mailing Address 1152 RIVER BAY RD

City: ANNAPOLIS | State: MD | Zip Code: 21409-4832

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MID ATLANTIC UROLOGY ASSOCIATES LLC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5748FE0AF7E54D1DB2E

Amount of Each Receipt this Period: 41.70

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.33

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

Image# 202601159794004878

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALBERTINI, JOHN, GERALD, , MD

Mailing Address 1450 PROFESSIONAL PARK DR
STE 150

City: WINSTON SALEM | State: NC | Zip Code: 27103-1307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SKIN SURGERY CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 499.92

Date of Receipt: 12 / 06 / 2025
Transaction ID : A7AD5FE72A6594EED9AB

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALLISON, CHRISTOPHER, FREDERICK, , MD

Mailing Address 10 HOSPITAL DR
NORTHERN CUMBERLAND MED CT

City: BRIDGTON | State: ME | Zip Code: 04009-1148

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BAYSTATE HEALTH SYSTEM
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A0AC4367EA3EB40C8A3C

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARMSTRONG, ANTHONY, JOS, , MD

Mailing Address 4126 N HOLLAND SYLVANIA RD
STE 220

City: TOLEDO | State: OH | Zip Code: 43623-3537

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WESTFIELD OB GYN ASSOCIATES
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ABF1AB1F429434BC5944

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 125.06

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

Image# 202601159794004879

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARMSTRONG, GRAYSON, WILKES, , MD

Mailing Address 243 CHARLES ST
MASSACHUESTTS EYE & EAR IN

City: BOSTON | State: MA | Zip Code: 02114-3096

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MASSACHUSETTS GENERAL HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A55341AA98CBF478F96B

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARORA, HANS, CHIN, , MD

Mailing Address 601 LAKE HOGAN FARM RD

City: CHAPEL HILL | State: NC | Zip Code: 27516-4331

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UNC HEALTH
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A2FDF969BBAE24B47823

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARORA, KAVITA, SHAH, , MD

Mailing Address 601 LAKE HOGAN FARM RD

City: CHAPEL HILL | State: NC | Zip Code: 27516-4331

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): THOMAS JEFFERSON UNIVERSITY HOSPITAL
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ACEEEEE453352456785E

Amount of Each Receipt this Period: 208.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 624.96

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

Image# 202601159794004880

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ASKEW, CHRISTOPHER, TODD, MR.,

Mailing Address 2943 MCKINLEY ST NW

City: WASHINGTON | State: DC | Zip Code: 20015-1217

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE9AEA49B6B6F4290BEE

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AZRAK, ELIE, , , MD

Mailing Address 13345 BUCKLAND HALL RD

City: SAINT LOUIS | State: MO | Zip Code: 63131-1214

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST LOUIS CARDIOLOGY CONSULTANTS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A623DE3CFD6D3432B899

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BAJWA, OMER, , , MD

Mailing Address 5416 RAPIDAN CT

City: LOTHIAN | State: MD | Zip Code: 20711-9673

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UNIVERSITY OF MARYLAND CAPITAL REGION
Occupation (for Individual): RESIDENT

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AD1CC4EF5F8E7415BB4E

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 666.73

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

Image# 202601159794004881

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERGER, MICHELLE, A, , MD

Mailing Address 6700 VALBURN DR

City: AUSTIN | State: TX | Zip Code: 78731-1802

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A1FBE4A8475354EBEB5B

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERKENSTOCK, ORAN, LEE, , MD

Mailing Address 460 WOLF VIEW CV

City: CORDOVA | State: TN | Zip Code: 38018-7629

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PRIMARY CARE SPECIALISTS INC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 4063.02

Date of Receipt: 12 / 06 / 2025
Transaction ID : A40CBBC9A63CD463D815

Amount of Each Receipt this Period: 322.97

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERNARDO, PETER, AUGUSTO, , MD

Mailing Address 3356 HOMESTEAD RD S

City: SALEM | State: OR | Zip Code: 97302-9752

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NAVIHEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A7DAAB30B2FFA4C169BB

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 489.63

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

Image# 202601159794004882

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BISHOF, CHRISTINE, PABIN, , MD

Mailing Address 262 E SOUTH ST

City: ELMHURST | State: IL | Zip Code: 60126-4024

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): OSF HEALTHCARE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AC0599D17300C4E3387F

Amount of Each Receipt this Period: 83.32

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BLOCK-ABRAHAM, DANA, M, , DO

Mailing Address 1002 GLYNDON ST SE

City: VIENNA | State: VA | Zip Code: 22180-5921

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INOVA PERINATAL ASSOCIATES
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AA7D0BAC773FB4DB2BBE

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOHRER-CLANCY, JESSE, IAN, , MD

Mailing Address 17549 OAK MEADOW LN

City: LAKE OSWEGO | State: OR | Zip Code: 97034-7616

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NORTHWEST ACUTE CARE SPECIALISTS
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : ADFEB6CC2FADC42A4B5C

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 500.02

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

Image# 202601159794004883

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, ANNA, MARY, , MD

Mailing Address 7468 HARDING CV
APT 103

City: GERMANTOWN | State: TN | Zip Code: 38138-2003

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): GREEN BAY ONCOLOGY LTD
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A23F572062D164436A9D

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, CLARENCE, WILLIAM, , MD

Mailing Address 324 PEARL ST
APT 1

City: LA CROSSE | State: WI | Zip Code: 54601-3281

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): EMPLIFY HEALTHCARE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ADE87D438DE6D441A9D8

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BRYAN, JENNIFER, JOINER, , MD

Mailing Address 88 GRANDVIEW CIR

City: BRANDON | State: MS | Zip Code: 39047-7398

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST. DOMINIC FAMILY PRACTICE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 583.26

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8B0201FD29FE42F79CB

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1125.03

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

Image# 202601159794004884

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUCKLEY, BROOKE, MATTERN, , MD

Mailing Address 1249 WATER CLIFF DR

City: BLOOMFLD HLS | State: MI | Zip Code: 48302-1975

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HENRY FORD WYANDOTTE HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 3874.92

Date of Receipt: 12 / 06 / 2025
Transaction ID : A089D834FB06E4B299B4

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CABBABE, EDMOND, BECHIR, , MD

Mailing Address 1249 TAKARA CT

City: SAINT LOUIS | State: MO | Zip Code: 63131-1013

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST. LOUIS PLASTIC SURGERY CONSULTANTS,
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A4D53451A4C3843D1885

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CALIANOS, THEODORE, A, , II MD

Mailing Address 151 WHITMAR RD

City: COTUIT | State: MA | Zip Code: 02635-2931

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CAPE COD COSMETIC SURGERY CENTER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5ED188D750BE4AE6999

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.65

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

Image# 202601159794004885

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CAMPAGNOLO, MARY, F, , MD

Mailing Address 3242 US HIGHWAY 206
VIRTUA FAM MED OF MANSFIELD BLD A

City: BORDENTOWN | State: NJ | Zip Code: 08505-4517

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): VIRTUA MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A85F71570DD194DB0BC9

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARPENTER, MARY, SUSAN, , MD

Mailing Address PO BOX 769

City: WINNER | State: SD | Zip Code: 57580-0769

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): FAMILY PRACTICE ASSOC OF WINNER PLLC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A558C44CFFCEB4F5E96B

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CASSIDY, JOHN, BRENNAN, , MD

Mailing Address 120 TUSTIN AVE
STE C

City: NEWPORT BEACH | State: CA | Zip Code: 92663-4729

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WEST COAST LASER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A88F8D405743049828CF

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 375.03

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

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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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CAVERZAGIE, KELLY, JOHN, , MD

Mailing Address 3601 S RIVER PKWY
UNIT 317

City: PORTLAND | State: OR | Zip Code: 97239-4554

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): OREGON HEALTH AND SCIENCE UNIVERSITY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE10922833F2B44A6AA1

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CERTA, KENNETH, MICHAEL, , MD

Mailing Address 17 FOX HUNT CIR

City: PLYMOUTH MTNG | State: PA | Zip Code: 19462-1428

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): THOMAS JEFFERSON UNIVERSITY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A2F76F90E98AB4F8CB49

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHATMAN, ROBYN, FORTNER, , MD

Mailing Address 6310 ELWYNNE DR

City: CINCINNATI | State: OH | Zip Code: 45236-4014

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TRISTATE HEALTH SYSTEMS INC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8D729BB48ADC494A91B

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.32

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

Image# 202601159794004887

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHERVENAK, DONALD, MICHAEL, , MD

Mailing Address 813 SUN VALLEY WAY

City: FLORHAM PARK | State: NJ | Zip Code: 07932-3047

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): FLORHAM PARK OB/GYN
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A4F4E534F115E4D8FA65

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHU, BETTY, SHUWEIN, , MD

Mailing Address 492 VINEWOOD AVE

City: BIRMINGHAM | State: MI | Zip Code: 48009-1308

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HENRY FORD WEST BLOOMFIELD HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A3F549D7D1B6E4480906

Amount of Each Receipt this Period: 208.32

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLARK, SPURGEON, WM, , 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 (for Individual): EMORY HEALTHCARE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A745828B22D874C2E919

Amount of Each Receipt this Period: 416.35

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 833.00

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COBB, JULIANA, , , MD

Mailing Address 10521 SHADOW RIDGE LN
APT 302

City: LOUISVILLE | State: KY | Zip Code: 40241-5409

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): N/A
Occupation (for Individual): RESIDENT

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

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A42596432E00A4F08BA9

Amount of Each Receipt this Period: 20.87

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COHEN, JOSHUA, M, , MD

Mailing Address 411 W END AVE
APT 3B/4B

City: NEW YORK | State: NY | Zip Code: 10024-5719

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BROOKLYN PSYCHIATRY ASSOC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A20D2FF5A539E48E1AC5

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CORKER, JOHN, ROBERT, , MD

Mailing Address 3725 MAPLE PARK AVE

City: CINCINNATI | State: OH | Zip Code: 45209-2212

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PARKLAND HOSPITAL
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5CED11FD43E045C9B3F

Amount of Each Receipt this Period: 333.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 562.57

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

Image# 202601159794004889

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CORREA MARQUEZ, RICARDO, , , SR MD

Mailing Address 24333 STONEHEDGE DR

City: WESTLAKE | State: OH | Zip Code: 44145-4870

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CLEVELAND CLINIC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A21246CD8338A4DC5847

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COX, GEORGE, E., MR.,

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 (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A161EC711D8354D659FA

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CROWLEY, KATIE, , MS.,

Mailing Address 25 MASSACHUSETTS AVE NW STE 600

City: WASHINGTON | State: DC | Zip Code: 20001-7400

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : AC73E8A0C6E92467086F

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.40

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

Image# 202601159794004890

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DAS, SHAMIE, , , MD

Mailing Address 531 ASBURY CIR
STE N340

City: ATLANTA | State: GA | Zip Code: 30322-1006

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): EMORY CLINIC AMBULATORY SURGERY CENTER
Occupation (for Individual): RESIDENT

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF20983D39FD844CCA3E

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DATTA, VASANT, , , MD

Mailing Address 9727 PEMBROKE DR

City: HAGERSTOWN | State: MD | Zip Code: 21740-1568

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MERITUS MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A17D584CB4AFB4FEE838

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAL, CLIFFORD, LANIER, , III MD

Mailing Address 7607 FOREST AVE STE 220

City: RICHMOND | State: VA | Zip Code: 23229-4913

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RICHMOND SURGICAL GROUP
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AA44C4E43EDD442AD94C

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.69

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

Image# 202601159794004891

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEPERSIO, RICHARD, JOHN, , MD

Mailing Address 7680 DANNAHER DR

City: POWELL | State: TN | Zip Code: 37849-4052

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): GREATER KNOXVILLE EAR NOSE & THROAT AS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ACBD78A5475674D01881

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLEHAY, GARY, LEE, , MD

Mailing Address 5555 N SHERIDAN RD APT 1402

City: CHICAGO | State: IL | Zip Code: 60640-1636

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): LOYOLA UNIVERSITY PHYSICIAN FOUNDATION
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A0A08AA71B0824E3D9E7

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EARLY, JOHN, STOCKTON, , MD

Mailing Address 3921 MARQUETTE ST

City: DALLAS | State: TX | Zip Code: 75225-5432

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TEXAS ORTHOPAEDIC ASSOCIATES LLP
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A187E930A9C874329A21

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 249.99

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

Image# 202601159794004892

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EDWARDS, WILLARDA, V, , MD

Mailing Address 1005 NORTH POINT BLVD
STE 724

City: BALTIMORE | State: MD | Zip Code: 21224-3473

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): EDWARDS AND STEPHENS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AAF2BB55168CA4B0797D

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EGBERT, LISA, BOHMAN, , MD

Mailing Address 790 W RAHN RD

City: DAYTON | State: OH | Zip Code: 45429-2043

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PARAGON WOMEN'S CARE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AB0B4C7479823488E8E5

Amount of Each Receipt this Period: 458.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EHRENFELD, JESSE, MENACHEM, , MD

Mailing Address 9200 W WISCONSIN AVE

City: MILWAUKEE | State: WI | Zip Code: 53226-3522

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MEDICAL COLLEGE OF WI
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A632E4C487E084571B24

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 749.99

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

Image# 202601159794004893

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EPPES, THOMAS, WALTON, , JR MD

Mailing Address 2056 FOX HILL RD

City: LYNCHBURG | State: VA | Zip Code: 24503-6468

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CENTRAL VIRGINIA FAMILY PHYSICIANS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AA0E53848E5194DD682E

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EPSTEIN, STEPHEN, K, , MD

Mailing Address 117 RICHDALE RD

City: NEEDHAM | State: MA | Zip Code: 02494-1900

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HARVARD MEDICAL FACULTY PHYSICIANS AT
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5FBBF927FE48434EA70

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EVANGELISTA, MARISTELLA, SALGADO, , MD

Mailing Address 1293 SOUTHFIELD RD

City: BIRMINGHAM | State: MI | Zip Code: 48009-3081

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HENRY FORD HEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC9FD79D0AC6245E3AEE

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.73

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

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# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FAIRBROTHER, HILARY, EVE, , MD

Mailing Address 6431 FANNIN ST

City: HOUSTON | State: TX | Zip Code: 77030-1501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UT HEALTH SCIENCES CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AD8DE7E0077A34A06A28

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FAN, NANCY, C, , MD

Mailing Address 532 GREENHILL AVE

City: WILMINGTON | State: DE | Zip Code: 19805-1851

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST. FRANCIS HEALTHCARE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A632EB9310ADD4C89A45

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FERGUSON, E, SCOTT, , MD

Mailing Address 200 S RHODES ST
STE B

City: WEST MEMPHIS | State: AR | Zip Code: 72301-4213

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): OUTPATIENT RADIOLOGY CLINIC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF3167D3E11D6428889B

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 708.44

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

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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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FIGY, SEAN, CHRISTOPHER, , MD

Mailing Address 4918 CASS ST

City: OMAHA | State: NE | Zip Code: 68132-2913

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AA2ADDFB07E794368B21

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLAGG, SETH, YAWKI, , MD

Mailing Address 1529 DALE DR

City: SILVER SPRING | State: MD | Zip Code: 20910-1503

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): KAISER PERMANENTE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ADB86F81856B34825878

Amount of Each Receipt this Period: 416.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FOLK, TERRI, , MS.,

Mailing Address 25 MASSACHUSETTS AVE NW STE 600

City: WASHINGTON | State: DC | Zip Code: 20001-7400

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A3A92121525E9458EA83

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 708.40

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

Image# 202601159794004896

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FORD, LINDA, B C, , MD

Mailing Address 3503 SAMSON WAY
STE 108

City: BELLEVUE | State: NE | Zip Code: 68123-4303

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ASTHMA & ALLERGY CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A86917A5EAA2448E7868

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FOUNTAIN, CHERYL, GIBSON, , MD

Mailing Address 1219 LAKEPOINTE ST

City: GROSSE PT PK | State: MI | Zip Code: 48230-1011

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BEAUMONT HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 491.55

Date of Receipt: 12 / 06 / 2025
Transaction ID : A24FE9AA95BBB46CF969

Amount of Each Receipt this Period: 33.29

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FOURAS, GEORGE, ALEX, , MD

Mailing Address 510 S VERMONT AVE
FL 18

City: LOS ANGELES | State: CA | Zip Code: 90020-1912

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): LOS ANGELES COUNTY DEPARTMENT OF MENTA
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF1D7F3EC52C74000A12

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 324.95

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

Image# 202601159794004897

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FREEMAN, WILLIAM, TROY, , MD

Mailing Address 36428 OAK PARK AVE

City: PRAIRIEVILLE | State: LA | Zip Code: 70769-3279

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HOOD MEMORIAL HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE66DC5EA13854206922

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GARIKES, MARGARET, , MRS.,

Mailing Address 136 F ST SE

City: WASHINGTON | State: DC | Zip Code: 20003-2603

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF6C4C1AEDEAA442C862

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GIBLIN, MICHAEL, , MR.,

Mailing Address 25 MASSACHUSETTS AVE NW STE 600

City: WASHINGTON | State: DC | Zip Code: 20001-7400

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A2F21E73F605E4F8B996

Amount of Each Receipt this Period: 41.70

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.40

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

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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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GIFFLER, RONALD, FREDERIC, , MD

Mailing Address 3141 W MCNAB RD

City: POMPANO BEACH | State: FL | Zip Code: 33069-4806

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): FIRSTPATH
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A372AD9A3643547A0986

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GITLOW, STUART, , , MD

Mailing Address 153 GASKILL ST

City: WOONSOCKET | State: RI | Zip Code: 02895-1011

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AAFCFDDC43BF94D1EBE

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GNANADEV, DEV APPANNAGARI, , , MD

Mailing Address PO BOX 670

City: REDLANDS | State: CA | Zip Code: 92373-0221

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ARROWHEAD COMMUNITY SURGICAL
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A204969DBD10E49D680D

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 333.36

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

Image# 202601159794004899

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GOLDBERG, ROSS, FREDERICK, , MD

Mailing Address 1500 NW 12TH AVE

City: MIAMI | State: FL | Zip Code: 33136-1051

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): JACKSON MEMORIAL HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1083.40

Date of Receipt: 12 / 06 / 2025
Transaction ID : A57D92768C2B44737A28

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GORDON, VICTORIA, , , DO

Mailing Address 2930 COMMERCE ST

City: HOUSTON | State: TX | Zip Code: 77003-1634

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCA HOUSTON HEALTHCARE
Occupation (for Individual): RESIDENT

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ABE3D65CDAA384476B81

Amount of Each Receipt this Period: 41.73

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRADY, BRIAN, PAGE, , MD

Mailing Address 1100 VAN NESS AVE
5TH FL

City: SAN FRANCISCO | State: CA | Zip Code: 94109-6978

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): GOLDEN GATE UROLOGY INC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF249D971F9EF40E2B7D

Amount of Each Receipt this Period: 416.73

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 558.46

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

Image# 202601159794004900

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARMON, GERALD, EDWARD, , MD

Mailing Address 117 SHEARWATER CT

City: GEORGETOWN | State: SC | Zip Code: 29440-7072

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WACCAMAW MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC7ED16DEF4D24A1A9BF

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, PATRICE, A, , MD

Mailing Address 1230 BOCKING WAY

City: BROOKHAVEN | State: GA | Zip Code: 30319-0006

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A621417AE607E472FA3C

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAY, JAMES, THOS, , MD

Mailing Address 14202 RECUERDO DR

City: DEL MAR | State: CA | Zip Code: 92014-2956

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NORTH COAST FAMILY MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 444.36

Date of Receipt: 12 / 06 / 2025
Transaction ID : AAA72BDADB8B04EE7817

Amount of Each Receipt this Period: 37.03

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 453.69

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

Image# 202601159794004901

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HEINE, MARILYN, JOAN, , MD

Mailing Address 900 TWINING RD

City: DRESHER | State: PA | Zip Code: 19025-1726

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): REGIONAL HEMATOLOGY & ONCOLOGY PA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A9DDAEA803A2B4836B43

Amount of Each Receipt this Period: 833.30

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENRY-DINDIAL, NICOLE, A, , MD

Mailing Address 7 OVERHILL WAY

City: BERKELEY HTS | State: NJ | Zip Code: 07922-2649

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PARAMOUNT MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A952329ECC7F8490D989

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERNANDEZ, DONALDO, MANUEL, , MD

Mailing Address 30 S CIRCLE DR

City: SANTA CRUZ | State: CA | Zip Code: 95060-1819

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SUTTER HEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A54BDDB4F42CE455E819

Amount of Each Receipt this Period: 125.01

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1041.68

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

Image# 202601159794004902

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLMANN, PETER, AMBERG, , MD

Mailing Address 74 FORT AVE

| City | State | Zip Code |
|---|---|---|
| CRANSTON | RI | 02905-3610 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| BLUE CROSS BLUE SHIELD OF RI | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A4E81284F572E405C98D

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOVEN, ARDIS, DEE, , MD

Mailing Address 2912 SWEET WILLIAM CT

| City | State | Zip Code |
|---|---|---|
| LEXINGTON | KY | 40502-2975 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| BLUEGRASS CARE CLINIC | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A9C6B40F03C1C40DA82A

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HSU, ALBERT, LIYUAN, , MD

Mailing Address PO BOX 9156

| City | State | Zip Code |
|---|---|---|
| CINCINNATI | OH | 45209-0156 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| MU HEALTH CARE | PHYSICIAN |

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A613D4D97E4574AE19D1

Amount of Each Receipt this Period: 83.38

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 250.08

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

Image# 202601159794004903

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
IMBEAU, STEPHEN, ALAN, , MD

Mailing Address 822 AUTUMN CIR

City: COLUMBIA | State: SC | Zip Code: 29206-4993

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ALLERGY ASTHMA & SINUS CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 264.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A85E3ACF651114F70AB1

Amount of Each Receipt this Period: 22.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JARED, MATTHEW, JEFFERSON, , MD

Mailing Address 1401 WINDING RIDGE RD

City: EDMOND | State: OK | Zip Code: 73034-1401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC2C1402A1A1B4277893

Amount of Each Receipt this Period: 208.35

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, TRACHELLA, CHATON, , MD

Mailing Address 532 RIVERSIDE AVE STE 103

City: JACKSONVILLE | State: FL | Zip Code: 32202-4914

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BAPTIST PRIMARY CARE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AD3B9F5E9029E42DF813

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 272.01

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

Image# 202601159794004904

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JONES, SHAWN, CURTIS, , MD

Mailing Address 2605 KENTUCKY AVE
STE 601

City: PADUCAH | State: KY | Zip Code: 42003-3806

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PURCHASE ENT
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AA7E4AFA12A264908BC7

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JORDAN, ROB, , MR.,

Mailing Address 25 MASSACHUSETTS AVE NW
STE 600

City: WASHINGTON | State: DC | Zip Code: 20001-7400

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A980539846C0248F0B25

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JUMPER, CYNTHIA, ANN, , MD

Mailing Address 1215 AVENUE J
STE 603

City: LUBBOCK | State: TX | Zip Code: 79401-4038

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TTUHSC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A65C07F9510DF4CB192D

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 500.03

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

Image# 202601159794004905

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENNEDY, JOHN, MARTIN, , MD

Mailing Address 210 VIA LA SOLEDAD

City: REDONDO BEACH | State: CA | Zip Code: 90277-6626

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AAA102978556940588D9

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENNETT, JERRY, DALE, , MD

Mailing Address 1605 E BROADWAY
STE 300

City: COLUMBIA | State: MO | Zip Code: 65201-8023

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): JERRY D KENNETT MD PC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A493F45FA7CFB4314A33

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KIEF, JAN, MARIE, , MD

Mailing Address 4740 HEBRON DR

City: MERRITT IS | State: FL | Zip Code: 32953-8180

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A60896292CAAB4633BC0

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 333.40

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

Image# 202601159794004906

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KITHCART, AARON, PAUL, , MD

Mailing Address 200 E 87TH ST
APT 19D

City: NEW YORK | State: NY | Zip Code: 10128-3139

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BRINGHAM AND WOMEN'S HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A336A0D6E917C4E2DAF1

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOBLER, WILLIAM, ERIC, , 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 (for Individual): OSF MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5F5C89EABD6E4998A10

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOLOWICH, PATRICIA, ANN, , MD

Mailing Address 690 AMSTERDAM ST

City: DETROIT | State: MI | Zip Code: 48202-3410

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HENRY FORD HEALTH SYSTEM
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A62A30140A8E14DB2B6C

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.44

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

Image# 202601159794004907

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOMOROWSKI, MARK, CHAS, , 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 (for Individual): KOMOROWSKI PLASTIC SURGERY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A369F19E140A54D3E881

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEE, DON, SUK, , MD

Mailing Address 9751 W PRAIRIE GRASS WAY

City: FRANKLIN | State: WI | Zip Code: 53132-7201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): COLUMBIA ST MARY'S HOSPITAL HPL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A259F53B5F5A043048A5

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEE, GEORGE, ROZIER, , III MD

Mailing Address 336 22ND AVE N
REAL TIME NEUROMONITORING ASSOC

City: NASHVILLE | State: TN | Zip Code: 37203-1844

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : AC72A52B96A8942CAA76

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 583.44

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

Image# 202601159794004908

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEE, KEAGAN, H, , MD

Mailing Address 4131 DIRECTORS ROW

City: HOUSTON | State: TX | Zip Code: 77092-8703

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SAGIS, PLLC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A693FD2F2539245B998B

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LESKO, JOSHUA, DAVID, , MD

Mailing Address 620 JOHN PAUL JONES CIR DEPT EMD

City: PORTSMOUTH | State: VA | Zip Code: 23708-2111

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): FAIRVIEW PARK HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF2A923F11BDD4E5D888

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LIBERMAN, JUSTIN, SCOTT, , MD

Mailing Address 1100 9TH AVE

City: SEATTLE | State: WA | Zip Code: 98101-2756

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): VIRGINIA MASON MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A926AA616024545EF93F

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.73

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

Image# 202601159794004909

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUCAS, MARSHALL, , , MD

Mailing Address 8701 NEW TRAILS DR
STE 150

City: THE WOODLANDS | State: TX | Zip Code: 77381-4546

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): JASON D BARON MD PA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A300D27BDDE424FBF855

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUTZKANIN, ANDREW, , , III MD

Mailing Address 2948 CHURCH RD

City: ELIZABETHTOWN | State: PA | Zip Code: 17022-9089

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PENN STATE HEALTH
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A1AB206B48DC840B7A74

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MA, LORALIE, DAWN, , MD

Mailing Address 11605 MIRROR POND CT

City: FULTON | State: MD | Zip Code: 20759-2305

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST. AGNES
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A402A98B7962A4B34881

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.69

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

Image# 202601159794004910

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MANSHADI, RAMIN, , , MD

Mailing Address 2633 PACIFIC AVE

City: STOCKTON | State: CA | Zip Code: 95204-4429

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SAN JOAQUIN CARDIOLOGY GROUP ADMIN OFF
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A2BF668B9D92E4B4FA77

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MEDLOCK, MICHAEL, DEAN, , MD

Mailing Address 43 TURNING MILL RD

City: LEXINGTON | State: MA | Zip Code: 02420-1319

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NORTH SHORE MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ABEC77BF319874D41AF1

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MENDELSOHN, MARC, , , MD

Mailing Address 660 S EUCLID AVE # 8072

City: SAINT LOUIS | State: MO | Zip Code: 63110-1010

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WASHINGTON UNIVERSITY ST LOUIS
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A01E4FF851F054D529A9

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 583.40

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

Image# 202601159794004911

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIGLIORI, MICHAEL, E, , MD

Mailing Address 1 HOPPIN ST

City: PROVIDENCE | State: RI | Zip Code: 02903-4141

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): OPHTHALMIC PLASTIC SURGERY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AA750756E42174FF7AE6

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILANI, CARLO, JOSEPHETTOR, , MD

Mailing Address 12 WEATHERVANE HL

City: WESTPORT | State: CT | Zip Code: 06880-2328

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HOSPITAL FOR SPECIAL SURGERY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A66A17E0C73124651A81

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILSTEIN, MARK, JOSEPH, , MD

Mailing Address 535 W 110TH ST APT 6C

City: NEW YORK | State: NY | Zip Code: 10025-2025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MONTEFIORE MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A27676615D49D4298B7D

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.73

**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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MONTGOMERY, JOHN, MICHAEL, , MD

Mailing Address 2636 COUNTRY SIDE DR

| City | State | Zip Code |
|---|---|---|
| ORANGE PARK | FL | 32003-4951 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| UNIVERSITY OF FLORIDA JACKSONVILLE PHY | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AAF2F8FC247764E70B70

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MORE, ROBERT, CAMERON, , MD

Mailing Address 8100 WESCOTT DR STE 101

| City | State | Zip Code |
|---|---|---|
| FLEMINGTON | NJ | 08822-4671 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| HUNTERDON ORTHOPEDIC INSTITUTE | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AEA384B6373034B0ABB6

Amount of Each Receipt this Period: 200.00

☐ Memo Item

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

Mailing Address 3075 S BIRCH ST

| City | State | Zip Code |
|---|---|---|
| DENVER | CO | 80222-6712 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| COPIC | PHYSICIAN |

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A6C4BD0024CB74E25B44

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 491.66

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

Image# 202601159794004913

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUELLER, NANCY, LOUISE, , MD

Mailing Address 610 E PALISADE AVE

City: ENGLEWD CLFS | State: NJ | Zip Code: 07632-1801

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A2E9CD9960BD34493846

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUKKAMALA, SRINIVAS, B, , MD

Mailing Address 1170 CHARTER DR STE F

City: FLINT | State: MI | Zip Code: 48532-3587

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A6CFD26B32D8A4FD0B92

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NAPEKOSKI, KARL, MICHAEL, , MD

Mailing Address 145 W BAILEY RD

City: NAPERVILLE | State: IL | Zip Code: 60565-4199

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): EDWARD-ELMHURST HEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1033.44

Date of Receipt: 12 / 06 / 2025
Transaction ID : A81ABF5B3AC344596A73

Amount of Each Receipt this Period: 86.12

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 919.60

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

Image# 202601159794004914

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NEPOMUCENO, HELENE, MIRANDA LEODONES, , MD

Mailing Address 4380 REMORA DR

City: UNION CITY | State: CA | Zip Code: 94587-2539

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): STANFORD
Occupation (for Individual): RESIDENT

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

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AACB54BD1B15E411B9C6

Amount of Each Receipt this Period: 125.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NGUYEN, JACQUELINE, , , JD

Mailing Address 605 CHINA DOLL PL

City: HENDERSON | State: NV | Zip Code: 89012-7255

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): ATTORNEY

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF975C8F0495B4C73AD1

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ORSER, SHARI, LOUISE, , MD

Mailing Address 620 BIRCHWOOD DR

City: BISMARCK | State: ND | Zip Code: 58504-6214

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SANFORD HEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF57F4137E95746B3982

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 374.99

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

Image# 202601159794004915

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PARRY, LYNN, , , MD

Mailing Address 4591 TULE LAKE DR

City: LITTLETON | State: CO | Zip Code: 80123-2747

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): LYNN PARRY, MD, PC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A91AB27E44FFB46CB842

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PASICHOW, SCOTT, HOWARD, , MD

Mailing Address 29 S PIERSON RD

City: MAPLEWOOD | State: NJ | Zip Code: 07040-3408

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE87B9AD4FB9D4C53A70

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PHAN, MYPHUONG, THERESA, , MD

Mailing Address 2407 HULDY ST

City: HOUSTON | State: TX | Zip Code: 77019-6721

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HOUSTON METHODIST
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC469A34A477746C0ACB

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 341.70

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

Image# 202601159794004916

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PHILLIS, MARIA, ANN, , MD

Mailing Address 29449 EDGEDALE RD

City: CLEVELAND | State: OH | Zip Code: 44124-4725

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A00E62E438D324855AB8

Amount of Each Receipt this Period: 625.01

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PILLERSDORF, ALAN, BARTH, , MD

Mailing Address 4700 N CONGRESS AVE STE 103

City: WEST PALM BCH | State: FL | Zip Code: 33407-3284

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PLASTIC SURGERY OF PALM BEACH PA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AB2EA4DE553A1461BB0F

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PLENTY, NICOLE, LEE, , MD

Mailing Address 699 CHURCH S T NE STE 310

City: MARIETTA | State: GA | Zip Code: 30060

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WELLSTAR MEDICAL GROUP
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AB86BE36D4DFF4BEBB18

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 750.08

**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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POHL, DIETER, , , MD

Mailing Address 34 EAMES ST

City: PROVIDENCE | State: RI | Zip Code: 02906-3304

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RHODE ISLAND SURGEONS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8C75B17500B747E5BE5

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PONTZER, NATALIE, , MS.,

Mailing Address 2000 N ST NW
APT 305

City: WASHINGTON | State: DC | Zip Code: 20036-2809

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8DC37D4BAEC54DB2BE9

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POOLE, JOHN, WM, , MD

Mailing Address 240 SUNSET AVE

City: RIDGEWOOD | State: NJ | Zip Code: 07450-2421

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AB9B0492C041C4402B61

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 541.73

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

Image# 202601159794004918

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PUSHKIN, GARY, WM, , MD

Mailing Address 2506 SAINT PAUL ST

City: BALTIMORE | State: MD | Zip Code: 21218-4609

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): COHEN & PUSHKIN MD PA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A01222259C5D44EFAA34

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAO, NIRANJAN, VENKAT, , MD

Mailing Address 190 BUTLER RD

City: FRANKLIN PARK | State: NJ | Zip Code: 08823-1812

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CENTRAL JERSEY SURGICAL SPECIALISTS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A18A03FA4AF174A35B0B

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAO, VIVEK, U, , MD

Mailing Address 500 ADAMS AVE
STE 300

City: ODESSA | State: TX | Zip Code: 79761-4641

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A4CBC89AD9EB6403C9BC

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 708.44

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

Image# 202601159794004919

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RED, ANITA, D, , MD

Mailing Address 960 E GREEN ST
STE 306

City: PASADENA | State: CA | Zip Code: 91106-2401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AA721E51E7FB14F6EBB9

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REGE, SHEILA, DATTATRAYA, , MD

Mailing Address 5710 ROAD 92 STE 104

City: PASCO | State: WA | Zip Code: 99301-1889

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): LSU CLINIC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A50A8645FB4964B9AB0E

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REILLY, KEVIN, CHRISTOPHER, , SR MD

Mailing Address 2347 BUNDORAN DR

City: GROVETOWN | State: GA | Zip Code: 30813-0347

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): US ARMY
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A78F9540140DF4AC6974

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 875.14

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

Image# 202601159794004920

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RIBEIRA, RYAN, JOSEPH, , MD

Mailing Address 85 PROSPECT AVE

City: LOS GATOS | State: CA | Zip Code: 95030-7024

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): STANFORD MEDICINE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : AC580B1CF03AB4EB8BE0

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RICHTER, GARY, CULP, , MD

Mailing Address 1421 PEACHTREE ST NE APT 504

City: ATLANTA | State: GA | Zip Code: 30309-3015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): EMORY CLINIC GASTROENTEROLOGY AND DIGE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A63BF6F9FC89843ABBF8

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RITCHIE, WILLIAM, LUDLOW, , MD

Mailing Address 2100 LOUISIANA BLVD NE STE 410

City: ALBUQUERQUE | State: NM | Zip Code: 87110-5412

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NEW MEXICO ORTHOPAEDIC ASSOCIATES PC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2025

Transaction ID : A6030A7544C494AF0A52

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 708.48

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROCKOWER, STEPHEN, JAY, , MD

Mailing Address 6302 LANDON LN

City: BETHESDA | State: MD | Zip Code: 20817-5602

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AB16546796BB44658A5D

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROSTAMI, SOHEILA, , , MD

Mailing Address 1860 TOWN CENTER DR
STE 250

City: RESTON | State: VA | Zip Code: 20190-5899

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AD56A5C169C584A89A29

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROY, SION, KUMAR, , MD

Mailing Address 1000 W CARSON ST
HARBOR-UCLA MEDICAL CENTER

City: TORRANCE | State: CA | Zip Code: 90502-2004

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HARBOR UCLA HOSPITAL
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A0781E55CE8BB40E3828

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 375.03

**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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUNFALO, CLAYTON, FRANK, , MD

Mailing Address 16403 PASCAL DR

City: PRAIRIEVILLE | State: LA | Zip Code: 70769-5870

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A237561068D9C43A1A6E

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SANTIAGO, ROMERO, NAVARANJAN, , MD

Mailing Address 2713 CASTLEROCK DR

City: URBANA | State: IL | Zip Code: 61802-7295

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CARLE HEALTH
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A0792E2022FD3484F961

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SARMA, KARTHIK, VENKATARAMAN, , MD

Mailing Address 675 18TH ST

City: SAN FRANCISCO | State: CA | Zip Code: 94143-4200

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UCLA CALTECH
Occupation (for Individual): RESIDENT

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE71899770D4440E79E6

Amount of Each Receipt this Period: 20.87

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 145.98

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

Image# 202601159794004923

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SAVAGE, JUDITH, G, , MD

Mailing Address 110 S MARION ST
UNIT 501

City: OAK PARK | State: IL | Zip Code: 60302-2876

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A54BC71341DA041ED815

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHLECHTER, BENJAMIN, , , MD

Mailing Address 2603 KEISER BLVD STE 207

City: WYOMISSING | State: PA | Zip Code: 19610-3341

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SPRING RIDGE PLASTIC SURGERY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC9F97DD4597648E4BF3

Amount of Each Receipt this Period: 208.37

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SECREST, LESLIE, HAROLD, , MD

Mailing Address 8222 DOUGLAS AVE
STE 604

City: DALLAS | State: TX | Zip Code: 75225-5937

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): COMMUNITY MENTAL HEALTH CENTER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC6132D05209E4B518FB

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.85

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

Image# 202601159794004924

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SELLERS, JOSEPH, ROBT, , MD

Mailing Address 265 N GRAND ST

City: COBLESKILL | State: NY | Zip Code: 12043-4127

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BASSETT HEALTHCARE CLINIC COOPERSTOWN
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A42ED4C5C6B1442A599F

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHAH, PARESH, C, , MD

Mailing Address 525 E 68TH ST
OFC

City: NEW YORK | State: NY | Zip Code: 10065-4870

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NYU LANGONE HEALTH
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A5D6DEE829E8E460486A

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHELBY, EUGENE, MC KINLEY, , MD

Mailing Address 300 E 3RD ST
APT 1009

City: LITTLE ROCK | State: AR | Zip Code: 72201-1672

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NATIONAL PARK MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A382E22C99D6346D0A55

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.65

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

Image# 202601159794004925

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHERMAN, MORTON, EUGENE, , MD

Mailing Address 17 CANON DR

City: GREENWOOD VILLAGE | State: CO | Zip Code: 80111-3210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AURORA MEDICAL ASSOCIATES
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC5A0B5C0358C4821B3A

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SIMON, MICHAEL, BRADLEY, , MD

Mailing Address 3664 SPINNAKER CT

City: JACKSONVILLE | State: FL | Zip Code: 32277-2397

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NAPA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A64DE2A42A0C34931943

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STERNSTEIN, MICHAELA, , MS.,

Mailing Address 330 N WABASH AVE
FL 45

City: CHICAGO | State: IL | Zip Code: 60611-5697

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A41E32A6622D74529BA9

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.32

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

Image# 202601159794004926

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STREED, CARL, GUSTAF, , JR MD

Mailing Address 116 FARQUHAR ST
APT 2

City: BOSTON | State: MA | Zip Code: 02131-1419

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): BOSTON MEDICAL CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ABB4242A6C3C24FF19FC

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SUMMERER, ROBERT, J, , DO

Mailing Address 323 SW 10TH ST

City: MADISON | State: SD | Zip Code: 57042-3200

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A9C94C6FDAAD848948EF

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SWEE, DAVID, ETHAN, , MD

Mailing Address 605 LAREINE AVE

City: BRADLEY BEACH | State: NJ | Zip Code: 07720-1342

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A78190307EAAF4E4E894

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 500.14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SWIKERT, DONALD, JOSEPH, , MD

Mailing Address 413 S LOOP RD

City: EDGEWOOD | State: KY | Zip Code: 41017-5446

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ST ELIZABETH HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A79411AD90C6A435D9D4

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SWIKERT, NANCY, JEWELL, , MD

Mailing Address 10003 COUNTRY HILLS CT

City: UNION | State: KY | Zip Code: 41091-9774

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PATIENT FIRST PHYSICIANS GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A1519881E17C04DFEBCD

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TEMPORAL, MICHAEL, PHILIPP, , MD

Mailing Address 801 N 29TH ST

City: BILLINGS | State: MT | Zip Code: 59101-0905

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 240.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A62FB4A004D6B4F08858

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 186.66

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

Image# 202601159794004928

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMAS, JAMES, WASHINGTON, , MD

Mailing Address 1466 W LAMPLIGHTER LN

City: NORTH WALES | State: PA | Zip Code: 19454-3696

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8104D0A0A26A4DADA9E

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THORNTON, JOE, , MR.,

Mailing Address 330 N WABASH AVE FL 46

City: CHICAGO | State: IL | Zip Code: 60611-5696

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AMERICAN MEDICAL ASSOCIATION
Occupation (for Individual): AMA EXECUTIVE

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A704B9EB9B61F4063A0A

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILDON-BURTON, JANICE, , , MD

Mailing Address 4735 OGLETOWN STANTON RD STE 1109

City: NEWARK | State: DE | Zip Code: 19713-2089

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CHRISTIANACARE WOMEN HEALTH
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A03ECE8EC2E064E628E2

Amount of Each Receipt this Period: 458.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 625.07

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

Image# 202601159794004929

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TOLER, JEREMY, MICHAEL, , MD

Mailing Address 200 HENRY CLAY AVE

City: NEW ORLEANS | State: LA | Zip Code: 70118-5720

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A803B539A382C4AE396F

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TOMEI, KRYSTAL, LYNNE, , MD

Mailing Address 2998 OLD BRAINARD RD

City: PEPPER PIKE | State: OH | Zip Code: 44124-5332

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UH CHILDREN'S HOSPITAL
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A7F4D2E0D7E034F55882

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UNDERWOOD, WILLIE, , , III MD

Mailing Address 661 LAFAYETTE AVE

City: BUFFALO | State: NY | Zip Code: 14222-1435

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ROSWELL PARK CANCER INSTITUTE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A09AB79216B3041D38CE

Amount of Each Receipt this Period: 416.74

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 666.81

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

Image# 202601159794004930

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
URBAND, LINDSEY, STARR, , MD

Mailing Address 15066 ALMOND ORCHARD LN

| City | State | Zip Code |
|---|---|---|
| SAN DIEGO | CA | 92131-4329 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| SELF-EMPLOYED | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A74EE098BB1A2491ABA5

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UREN, BRADLEY, JONATHAN, , MD

Mailing Address 8115 PETTYSVILLE RD

| City | State | Zip Code |
|---|---|---|
| PINCKNEY | MI | 48169-8281 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| UNIVERSITY OF MICHIGAN MEDICAL SCHOOL | PHYSICIAN |

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A5DE7DBE3F66E430BBE0

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VILLARREAL, E, LINDA, , MD

Mailing Address 301 W EXPRESSWAY 83

| City | State | Zip Code |
|---|---|---|
| MCALLEN | TX | 78503-3045 |

FEC ID number of contributing federal political committee. C

| Name of Employer (for Individual) | Occupation (for Individual) |
|---|---|
| WELLMED | PHYSICIAN |

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A0DC01D5DEAA84EED820

Amount of Each Receipt this Period: 83.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 166.77

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

Image# 202601159794004931

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VISENIO, MICHAEL, REYES, , MD

Mailing Address 5515 EMILE ST

City: OMAHA | State: NE | Zip Code: 68106-1322

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): RESIDENT

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

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A8FAC95429C38481CBC2

Amount of Each Receipt this Period: 20.85

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VOULTERS, LEE, , , MD

Mailing Address 1340 BROAD AVE STE 440

City: GULFPORT | State: MS | Zip Code: 39501-2460

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UNIVERSITY NEUROLOGY GROUP
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF31AD2A0D3994F9DB64

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VYAS, PIYUSH, I, , MD

Mailing Address 460 MCCORMICK DR

City: LAKE FOREST | State: IL | Zip Code: 60045-3350

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): THE CAPTAIN LOVELL FEDERAL HEALTH CARE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AF7B9945C78F94E89AA9

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 312.51

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

Image# 202601159794004932

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WAGNER, ALAN, LEWIS, , MD

Mailing Address 6160 KEMPSVILLE CIR
STE 250B

City: NORFOLK | State: VA | Zip Code: 23502-3933

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): WAGNER MACULA AND RETINA CENTER
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A87FD624981754B02B4D

Amount of Each Receipt this Period: 41.74

☐ Memo Item

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

Mailing Address 2729 OCEAN ST

City: CARLSBAD | State: CA | Zip Code: 92008-2241

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PACIFIC PAIN MANAGEMENT CONSULTANTS
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : AE0D71D0CCACA49D799E

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEIDA, JANE, A, , MD

Mailing Address 850 PETER BRYCE BLVD

City: TUSCALOOSA | State: AL | Zip Code: 35401-7457

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF-EMPLOYED
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025

Transaction ID : A4EE08E5E84574B80B86

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.73

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

Image# 202601159794004933

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, JOHN, PHILLIP, , MD

Mailing Address 5004 W GROVE LN

City: GIBSONIA | State: PA | Zip Code: 15044-6053

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UPMC
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AE8AF7190954C4C52810

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILSON, ALAN, KIRK, , MD

Mailing Address PO BOX 575

City: MONTICELLO | State: AR | Zip Code: 71657-0575

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SURGICAL ASSOCIATES CROSSETT
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : ADC775C6B1C6B4D8081B

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTHING, ANGUS, BRENNAN, , MD

Mailing Address 5025 SHERIER PL NW

City: WASHINGTON | State: DC | Zip Code: 20016-3327

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ARTHRITIS AND RHEUMATISM ASSOCIATES
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A079BB79CECE246C69B6

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.32

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

Image# 202601159794004934

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





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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YANG, HOLLY, BEKE, , MD

Mailing Address 5580 LA JOLLA BLVD PMB 179

City: LA JOLLA | State: CA | Zip Code: 92037-7651

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SCRIPPS HEALTH INPATIENT PROVIDERS MED
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A167FD4C9CD11451D8C1

Amount of Each Receipt this Period: 41.74

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YOUNG, DANIEL, M, , MD

Mailing Address 33-57 HARRISON ST

City: JOHNSON CITY | State: NY | Zip Code: 13790-2107

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UHS PRIMARY CARE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : A47D974E44EF94244BCA

Amount of Each Receipt this Period: 125.01

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YOUNG, JOCELYN, , , DO

Mailing Address 328 W HILL RD

City: VESTAL | State: NY | Zip Code: 13850-3686

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UHS
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 12 / 06 / 2025
Transaction ID : AC550C63034C747E2A82

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 208.41

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

Image# 202601159794004935

# 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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KASTHURI, SARAVANAN, , , MD

Mailing Address 1341 SPAULDING AVE
NORTHWEST ENDOVASCULAR SURGERY

City: RICHLAND | State: WA | Zip Code: 99352-4708

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NORTHWEST ENDOVASCULAR SURGERY
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 12 / 09 / 2025
**Transaction ID : AB7C41F885DF74885A7D**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAYS, JAMES, CLAY, , 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 (for Individual): JACKSON HEART CLINIC PA
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 5000.00

Date of Receipt: 12 / 10 / 2025
**Transaction ID : A1B33A615C2DF475F95E**

Amount of Each Receipt this Period: 416.73

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUSHANGI, DINESH, , , 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 (for Individual): AAKC - KANSAS
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 499.92

Date of Receipt: 12 / 10 / 2025
**Transaction ID : A1BC8C2B8D2094568B6B**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1458.39

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOSEPH, VILMA, ANGELLA, , MD

Mailing Address 682 FRICK ST

City: ELMONT | State: NY | Zip Code: 11003-4135

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ALBERT EINSTEIN COLLEGE OF MEDICINE
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 3500.00

Date of Receipt: 12 / 15 / 2025

Transaction ID : A211D2EDB8D9D47EC930

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LIBBY, RUSSELL, CLARK, , MD

Mailing Address 7641 SNOWMASS CREEK RD

City: SNOWMASS | State: CO | Zip Code: 81654-9111

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): VIRGINIA PEDIATRIC GROUP LTD
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 12 / 16 / 2025

Transaction ID : A2D43AE7DEF15461AA54

Amount of Each Receipt this Period: 416.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 916.66

**TOTAL** This Period (last page this line number only) ▶ 29728.47

Image# 202601159794004937

# 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)
11a 11b 11c 12
13 14 15 16 [X] 17





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

**A.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PNC ADVISORS
Mailing Address PO BOX 96211
City: WASHINGTON | State: DC | Zip Code: 20090-6211
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 81263.14

Date of Receipt: 12 / 31 / 2025
Transaction ID : A52111B4D1EFD4E869E4
Amount of Each Receipt this Period: 4923.09
[ ] Memo Item
INTEREST

**B.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

**C.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 4923.09

**TOTAL** This Period (last page this line number only) ▶ 4923.09

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b





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

**A.** Full Name (Last, First, Middle Initial)
CHASE PAYMENTECH
Mailing Address 4 NORTHEASTERN BLVD
City: SALEM | State: NH | Zip Code: 03079-5916
Purpose of Disbursement: CREDIT CARD BANK CHARGES
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : BEEDEC6412
Amount of Each Disbursement this Period: 1132.09
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
PNC ADVISORS
Mailing Address PO BOX 96211
City: WASHINGTON | State: DC | Zip Code: 20090-6211
Purpose of Disbursement: INVESTMENT FEES
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : BAC7534262I
Amount of Each Disbursement this Period: 1433.96
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
RAZ MOBILE
Mailing Address 2525 MAIN ST
City: KANSAS CITY | State: MO | Zip Code: 64108-2673
Purpose of Disbursement: CREDIT CARD PROCESSING FEES
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : B497D8A18D
Amount of Each Disbursement this Period: 19.89
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 2585.94

**TOTAL** This Period (last page this line number only) ▶ 2585.94

Image# 202601159794004939

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b





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

**A.**
Full Name (Last, First, Middle Initial)
BERA FOR CONGRESS
Mailing Address PO BOX 582496
City: ELK GROVE | State: CA | Zip Code: 95758-0042
Purpose of Disbursement: 2026 PRIMARY-CA/D/CD3
Candidate Name: BERA, AMI, , REP.,
Category/ Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 03
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2025
FEC Identification Number: C C00461061
Transaction ID : B7781FB8CA
Amount of Each Disbursement this Period: 4000.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial)
DR. RICHARD PAN FOR CONGRESS
Mailing Address 2701 DEL PASO ROAD STE 130-159
City: SACRAMENTO | State: CA | Zip Code: 95835
Purpose of Disbursement: 2026 PRIMARY-CA/D/CD6
Candidate Name: PAN, RICHARD, , ,
Category/ Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 06
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2025
FEC Identification Number: C C00923193
Transaction ID : BA37D44F3C
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial)
DR. TINA SHAH FOR CONGRESS
Mailing Address 153 CENTRAL AVE BOX 53
City: WESTFIELD | State: NJ | Zip Code: 07090
Purpose of Disbursement: 2026 PRIMARY-NJ/D/CD7
Candidate Name: SHAH, TINA, , ,
Category/ Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 07
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2025
FEC Identification Number: C C00909580
Transaction ID : B14904A051
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 14000.00

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

Image# 202601159794004940

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b





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

**A.**
Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS
Mailing Address 5429 MADISON AVENUE
City: SACRAMENTO | State: CA | Zip Code: 95841
Purpose of Disbursement: 2026 PRIMARY-CA/D/CD4
Candidate Name: THOMPSON, MIKE, , REP.,
Category/ Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 04
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2025
FEC Identification Number: C C00326363
Transaction ID : B1C2AF62C5
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial)
MILLER-MEEKS FOR CONGRESS
Mailing Address PO BOX 1570
City: OTTUMWA | State: IA | Zip Code: 52501
Purpose of Disbursement: 2026 PRIMARY-IA/R/CD1
Candidate Name: MILLER-MEEKS, MARIANNETTE, , REP.,
Category/ Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IA District: 01
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2025
FEC Identification Number: C C00558825
Transaction ID : B1F4A2DFD8
Amount of Each Disbursement this Period: 4000.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 5000.00

**TOTAL** This Period (last page this line number only) ▶ 19000.00

Image# 202601159794004941

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 26 27
28a 28b 28c X 29 30b



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

**A.**
Full Name (Last, First, Middle Initial)
PNC ADVISORS
Mailing Address PO BOX 96211
City: WASHINGTON | State: DC | Zip Code: 20090-6211
Purpose of Disbursement: LOSS ON INVESTMENTS
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: 2025
Primary General
X Other (specify) ▼ OTHER
Date of Disbursement: M M 12 / D D 31 / Y Y Y Y 2025
FEC Identification Number: C
Transaction ID : BE16DB095F
Amount of Each Disbursement this Period: 1469.83
Memo Item

**B.**
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For:
Primary General
Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

**C.**
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For:
Primary General
Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 1469.83

**TOTAL** This Period (last page this line number only) ▶ 1469.83