Image# 14961234885				PAGE 1 / 136
	PORT OF RE D DISBURSE Other Than An Authorize	MENTS	Office Us	se Only
	E OR PRINT V Ex	ample: If typing, type	12FE4M5	
COMMITTEE (in full)	OV	er the lines.	IZFE4M5	
ADDRESS (number and street)	5 Massachusetts Ave, NW			
Check if different	uite 600			
then providually	Vashington		DC 20001	
2. FEC IDENTIFICATION NUMB		S		ZIP CODE
C C00000422	3. IS THIS REPORT	× <sup>NEW</sup> (N) OR	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
_	Apr 20 (M4	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(¢) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 05	01 / Y Y Y Y 01 2014	through 05	/ D D / Y Y 31 20	Y Y 14
I certify that I have examined this Re	eport and to the best of my know	wledge and belief it is tru	e, correct and comple	te.
Type or Print Name of Treasurer K	evin Walker			
Signature of Treasurer	ker	[Electronically Filed]	ate 06 / 04	D / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	or incomplete information may s	ubject the person signing th	is Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X

#### 06/04/2014 16 : 06

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

R	Report Covering the Period: From:	/         D         /         Y	o: 05 / 05 / 91 / 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		1105120.38
	(b) Cash on Hand at Beginning of Reporting Period	1184860.86	
	(c) Total Receipts (from Line 19)	79745.24	621400.25
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1264606.10	1726520.63
7.	Total Disbursements (from Line 31)	202807.46	664721.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1061798.64	1061798.64
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

X

DE FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page <b>3</b>
Write or Type Committee Name		
AMERICAN MEDICAL ASSOCIATIO	N POLITICAL ACTION COMMI	TTEE
Report Covering the Period: From: 05	/ D D / Y Y Y Y 01 2014 To	. 05 / D D / Y Y Y Y 05 / 31 / 2014
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)	48307.37	295013.24
(ii) Unitemized	30727.61	324134.69
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	79034.98	619147.93
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	7 7 7 0.00	
(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)	79034.98	619147.93
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
To: All Loans Necelved	/3/ /3/ ////	
14 Lean Denouments Resolved	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>		0.00
(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	700.00	700.00
17. Other Federal Receipts		4550.00
(Dividends, Interest, etc.)	10.26	1552.32
(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)) ►	79745.24	621400.25
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	79745.24	621400.25
	10170.27	

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02	2/2003)	of Disbursements		Page 4
II. Disburseme	nts	COLUMN A Total This Period		)LUMN B Ir Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non- Activity (from Schedule</li> </ul> </li> </ol>			Calellua	
(i) Federal Share	,	0.0	00	0.00
(ii) Non-Federal Shar	e	0.0	00	0.00
(b) Other Federal Operatir Expenditures	-	1007.4	16	6538.66
(c) Total Operating Expend (add 21(a)(i), (a)(ii), ar		1007.4	16	6538.66
2. Transfers to Affiliated/Other	Party			
Committees 3. Contributions to Federal Candidates/Commit		0.0		0.00
and Other Political Commit 4. Independent Expenditures	tees	201800.0		656300.00
(use Schedule E) 5. Coordinated Party Expendit	ures	0.0	0	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.0	0	0.00
6. Loan Repayments Made		0.0	0	0.00
7. Loans Made		0.0	0	0.00
<ol> <li>Refunds of Contributions To (a) Individuals/Persons Otl Than Political Committ</li> </ol>	her	0.0	0	383.33
		0.0		0.00
<ul><li>(b) Political Party Committ</li><li>(c) Other Political Commit</li></ul>	tees			
(such as PACs)		0.0	0	0.00
(d) Total Contribution Refu (add Lines 28(a), (b), a		0.0	0	383.33
				4500.00
9. Other Disbursements		0.00	0	1500.00
<ol> <li>Federal Election Activity (2         <ul> <li>(a) Allocated Federal Elec</li> </ul> </li> </ol>	<b>o</b> ( ),			
(from Schedule H6)				0.00
(i) Federal Share	<u> </u>	0.00		0.00
(ii) "Levin" Share (b) Federal Election Activit		0.00		0.00
With Federal Fund	ds	0.00	D	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a)(ii)		0.00	D	0.00
1. Total Disbursements (add L	ines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 2	29 and 30(c))	202807.4	6	664721.99
2. Total Federal Disbursement				
(subtract Line 21(a)(ii) and from Line 31)		202807.4	6	664721.99

FE6AN026

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### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Ex- penditures					
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	79034.98	619147.93			
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	383.33			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79034.98	618764.60			
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	1007.46	6538.66			
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1007.46	6538.66			

FE6AN026

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t				or the		pose of	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION P	POLITICAL ACTION CO	OMM	IITTE	ΞE				
Full Name (Last, First, Middle Initial) Art Lee Klawitter MD Mailing Address PO Box 1388 City Needville FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 77461-1388			/ sacti	02	5958038	nis Period	
SOUTH TEXAS MEDICAL CLINICS PA         Receipt For:         Primary       General         Other (specify) ▼	Physician           Aggregate	Year-to-Date ▼ 500.00	]						
Full Name (Last, First, Middle Initial) <b>B.</b> Janice Tildon-Burton MD Mailing Address 2600 Glasgow Ave Ste 207 City Newark	State DE	Zip Code 19702-5704			acti	02 01 02	5958062	2014 5 iis Period	
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	C Occupation Physician Aggregate	Year-to-Date ▼ 833.32				· ·		416	.66
Full Name (Last, First, Middle Initial)         Patricia Louise Austin MD         Mailing Address 1270 Arroyo Way         City         Walnut Creek         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State CA Ccupation Physician Aggregate	Zip Code 94596-4216 Year-to-Date ▼ 1000.00			/ sact	09 ion ID :	5966198	2014 35 iis Period 1000	
SUBTOTAL of Receipts This Page (optional).						7		1916	.66
TOTAL This Period (last page this line number	er only)					,			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION F	OLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         A.       William Edward Guptill MD         Mailing Address 8 Creeping Jenny Ln         City         Taunton         FEC ID number of contributing federal political committee.         Name of Employer         CARITAS MEDICAL GROUP	State MA C Occupation Physician	Date of Receipt	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial)           B.         Robert Stephen Katz MD           Mailing Address         1725 W Harrison St Ste 365	Date of Receipt		
City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60612-3836	Transaction ID : 59661996           Amount of Each Receipt this Period           500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	]
C. John Anthony Logiudice MD Mailing Address 8700 W Watertown Plank F	Rd		Date of Receipt
City Milwaukee	State WI	Zip Code 53226-3595	05     09     2014       Transaction ID : 59661997       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		500.00
N/A Receipt For: Primary General Other (specify) ▼	Resident       Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional).			1500.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS			<b>1</b> 1a		11b	11c	12						
			Detailed Summary Page		13		14	15	16	17				
	y information copied from such Reports and Si for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION CO	DMM	11776	ΞE								
<u> </u>	Full Name (Last, First, Middle Initial) Paul Martin Mauk MD				Date o	f Re	eceipt							
	Mailing Address 915 Gessner Rd Ste 850				м м 05	/	09		2014	Y				
	City	State	Zip Code		Transaction ID : 59662002									
	Houston	ТХ	77024-2556	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	7	500	.00				
	Name of Employer	Occupation												
	DIGESTIVE & LIVER SPECIALISTS OF HOUS	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
В.	Full Name (Last, First, Middle Initial) Mr. Daniel O'Brien				Date o	f Re	eceipt							
	Mailing Address 4825 V St		05 09 2014											
	City	· · ·												
	Sacramento	CA	95817-1508		Amoun	t of	Each	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	political committee.							208	.38				
	Name of Employer N/A													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38											
<u>с.</u>	Full Name (Last, First, Middle Initial) Anthony Michael Padula MD FACS	S			Date o	f Re	eceipt							
	Mailing Address 8216 Seminole St				05	/	D 09		y y 2014	Y				
	City	State PA	Zip Code		Trans	sact	ion ID	: 5966200	6					
	Philadelphia	PA	19118-3930	_	Amoun	t of	Each	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7	7	208	.38				
	Name of Employer	Occupation	 											
	SELF-EMPLOYED	Physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		208.38											
			Alt (1) (1) (1) (1) (1)											
s	UBTOTAL of Receipts This Page (optional)			•			7	- 7	916	.76				
т	OTAL This Period (last page this line number of	only)		•										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS	the age	X 11a	11b	11c	12 16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the				on for the	purpose of	f soliciting of	contributi	ons				
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	OLITICAL ACTIO		IMITTE	E							
Α.	Full Name (Last, First, Middle Initial)         Brandy Rene Patterson MD         Mailing Address 4611 Pine Cone Ln				Date of	Receipt		y y y 2014	Ŷ				
	City Belden	State MS	Zip Code 38826-6001		Trans	action ID :	<b>59662008</b> Receipt this						
	FEC ID number of contributing federal political committee.	С		]				250.0	00				
	Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼	0.00									
в.	Full Name (Last, First, Middle Initial) Kira A Geraci-Ciardullo MD Mailing Address 135 Osborn Rd				Date of	Receipt	D / Y	YY	Y				
	City Harrison FEC ID number of contributing federal political committee.	State NY	Zip Code 10528-1017	1			59662552 Receipt this	2014 Period 500.0	00				
	Name of Employer SELF-EMPLOYED	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500	0.00									
с.	Full Name (Last, First, Middle Initial) David S Zamierowski MD				Date of	Receipt							
	Mailing Address 13203 Lamar Ave				м м 05	/ D 09		у у 2014	Y				
	City Overland Park	State KS	Zip Code 66209-3803				<b>59662553</b> Receipt this						
	FEC ID number of contributing federal political committee.	С						1000.	00				
	Name of Employer	Occupation											
	SELF-EMPLOYED Receipt For:	Physician											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 100	0.00									
s	UBTOTAL of Receipts This Page (optional)							1750.0	00				
т	OTAL This Period (last page this line number o	nly)		····· ►									

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

Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the				for the		pose o	f soliciting	contribu	utions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	OLITICAL ACTION CO	DMM	11771	EE				
Full Name (Last, First, Middle Initial)         Joseph Howard Haslitt MD         Mailing Address 2701 W North St         City         Muncie         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State IN C Occupation Physician Aggregate	Zip Code 47303-3415 Year-to-Date ▼ 500.00			sact	09 ion ID		is Period	
Full Name (Last, First, Middle Initial)         B.       Scott M Schlesinger MD         Mailing Address 5800 W 10th St         Ste 205         City         Little Rock         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State AR Occupation Physician Aggregate	Zip Code 72204-1757 Year-to-Date ▼ 500.00			sacti	09 ion ID		is Period	Y 1 0.00
Full Name (Last, First, Middle Initial)         Christian Seavers Fahey MD         Mailing Address 4511 Minden Rd         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer         MEMPHIS ORTHOPAEDIC GROUP PC         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Physician Aggregate	Zip Code 38117-2415 Year-to-Date ▼ 500.00			sact	ion ID		is Period	
SUBTOTAL of Receipts This Page (optional)		•	•			7	1 1	1500	0.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Pa		X	11a		11b	11c	12	Г	<u> </u>	7
	y information copied from such Reports and Sta for commercial purposes, other than using the										outio		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI												
Α.	Full Name (Last, First, Middle Initial) Carol Sadie Shapiro MD Mailing Address 7822 Gingerbread Ln					ate of	Re	ceipt	) / Y	Y Y		-	
	City	State	Zip Code			05 Trans	acti	09 on ID :	5966479	2014 <b>0</b>	-		
	Fairfax Station	VA	22039-2201		A	mount	t of	Each F	Receipt th	is Peric	bd		
	FEC ID number of contributing federal political committee.	С						7		1(	00.0	0	
	Name of Employer SELF-EMPLOYED	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433	3.32									
В.	Full Name (Last, First, Middle Initial) Mark N Bair MD FACEP					ate of	Re	ceipt					
	Mailing Address 6048 Dry Creek Cir					м м 05	/	18		y y 2014	Y		
	City Highland	State UT	Zip Code 84003-3017					-	5982319 Receipt th	-	bd		
	FEC ID number of contributing federal political committee.	С						7		100	0.00	0	
	Name of Employer EMERGENCY MEDICAL BILLING LLC	Occupation Physician			-								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000	0.00									
C.	Full Name (Last, First, Middle Initial) Donald Robt Brada MD					ate of	Re	ceipt					
	Mailing Address 5101 Cody Ct					м м 05	1	D 16		2014	Y		
	City Lawrence	State KS	Zip Code 66049-5110		A				5982407 Receipt th		bd		
	FEC ID number of contributing federal political committee.	С						7		50	00.0	0	
	Name of Employer	Occupation			-								
	UKSM WICHITA PSYCH MD	Physician			-								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500	0.00									
s	UBTOTAL of Receipts This Page (optional)									160	00.00	)	Ī
т	OTAL This Period (last page this line number o	nly)		····· ►	ĺ			,	,				ĺ

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b		11c		12												
	y information copied from such Reports and St for commercial purposes, other than using the									g cont													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	POLITICAL ACTION CO	DMM	1ITTE	ΞE																	
A.	Full Name (Last, First, Middle Initial)         George Edward Burns MD         Mailing Address 1122 Druid Rd E         City         Clearwater         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (constitution)	State FL Occupation Physician Aggregate	Zip Code 33756-4100 Year-to-Date ▼ 250.00	Date of Receipt  Date of Receipt  Dot 2014  Transaction ID : 59824075  Amount of Each Receipt this Period  250.00																			
В.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         James Arthur Davison MD         Mailing Address 309 E Church St         City         Marshalltown         FEC ID number of contributing federal political committee.	(Last, First, Middle Initial) Arthur Davison MD dress 309 E Church St wn IA 50158-2946 mber of contributing									Date of Receipt 05 16 2014 Transaction ID : 59824078 Amount of Each Receipt this Period 500.00												
	Name of Employer WOLFE CLINIC PC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00																				
С.	Full Name (Last, First, Middle Initial)         Richard John Depersio MD         Mailing Address       7557 Dannaher Way         Ste 220         City         Powell         FEC ID number of contributing         federal political committee.         Name of Employer         GREATER KNOXVILLE EAR NOSE & THROAT         Receipt For:         Primary       General         Other (specify) ▼	,	Zip Code 37849-3563 Year-to-Date ▼ 416.69			/ sact	ion ID	6 ):5	5982407	201 7 <b>9</b>													
$\vdash$	UBTOTAL of Receipts This Page (optional)			 -			,		- 7	1	166.6	9											
Т	OTAL This Period (last page this line number of	only)	••••••	.			7																

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION F	POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Gary Robt Figge MD         Mailing Address 8039 N Tuscany Dr         City         Tucson         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State AZ Occupation Physician Aggregate	Zip Code 85742-4348 Year-to-Date ▼ 500.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) John Gerard Flores MD Mailing Address 730 E Eldorado Pkwy	State	Zip Code	Date of Receipt
Little Elm FEC ID number of contributing federal political committee.	С	75068-5444	Transaction ID : 59824081         Amount of Each Receipt this Period         500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	]
C. Full Name (Last, First, Middle Initial) Mailing Address 1102 Brookfield Rd Ste 200	State	Zin Code	Date of Receipt
City Memphis FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: □ Primary □ General Other (specify) ▼	State TN C Occupation Physician Aggregate	Zip Code 38119-3826 Year-to-Date ▼ 1000.00	Transaction ID : 59824083 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		A) - 1 - A) - A)	2000.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using the		
AME OF COMMITTEE (In Full)	CIATION POLITICAL ACTION CO	DMMITTEE
✓       Full Name (Last, First, Middle Initial)         A.       Jerry Dale Kennett MD         Mailing Address 1605 E Broadway         Ste 300         City         Columbia         FEC ID number of contributing federal political committee.         Name of Employer         JERRY D KENNETT MD PC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MO       65201-8023         C       Occupation         Physician       Aggregate Year-to-Date ▼         2500.00       2500.00	Date of Receipt 05 / 16 / 2014 Transaction ID : 59824088 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial)         B. Sunanda Singh MD         Mailing Address 17222 Hospital Blvd         Ste 346         City         Brooksville         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code FL 34601-8925 C Occupation Plastic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 / 16 / 2014 Transaction ID : 59824101 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         Bruce Melvyn Smoller MD         Mailing Address 5530 Wisconsin Ave         Ste 806         City         Chevy Chase         FEC ID number of contributing         federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State       Zip Code         MD       20815-4401         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00	Date of Receipt 05 16 2014 Transaction ID : 59824102 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		3500.00

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) AMERICAN MEDICAL ASSO	CIATION POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial)         A.       David Michael Misch MD         Mailing Address 250 Avenue K SW         Ste 200         City         Winter Haven         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         FL       33880-3919         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Aileen Miyoko Takahashi MD         Mailing Address 23451 Madison St Ste 340         City         Torrance         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         CA       90505-4762         C       Occupation         Physician       Aggregate Year-to-Date ▼         State       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Fernando L De La Sotta MD         Mailing Address PO Box 385         City         Linwood         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       08221-0385         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 05 16 2014 Transaction ID : 59824142 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).		► 1500.00

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

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13	11b	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the						fsoliciting	contribut	ions
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	POLITICAL ACTION		ЛІТТЕ	E			
Α.	Full Name (Last, First, Middle Initial)         Lynda Marie Young MD         Mailing Address 11 Otsego Rd         City         Worcester         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary	State MA C Occupation Physician Aggregate	Zip Code 01609-1718		05 Trans	Receipt	5982414	-	Y .00
в.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Gary Warren Floyd MD         Mailing Address 1500 S Main St         Jps Health Network         City         Fort Worth         FEC ID number of contributing         federal political committee.         Name of Employer         COOK CHILDRENS HEALTHCARE         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Physician Aggregate	500.00 Zip Code 76104-4917 Year-to-Date ▼ 500.00		05 Transa	Receipt	5982414	-	Ŷ 00
C.	Full Name (Last, First, Middle Initial)         James Wm Callaghan MD         Mailing Address 216 Rosa Ave         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer         WEST JEFFERSON PHYSICIAN SERVICES         Receipt For:         Primary       General         Other (specify) ▼	State LA C Occupation Physician Aggregate	Zip Code 70005-3416 Year-to-Date ▼ 250.00	0	05 Trans	Receipt	5982416		
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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c 15	1		17
or	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	°O	LITICAL ACTION CO	DMN	ЛІТТЕ	ΞE					
Α.	Full Name (Last, First, Middle Initial) Mary Floyd Barber MD Mailing Address 3210 SW 33rd Rd Ste 101 City Ocala FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State FL Occupation Physician		Zip Code 34474-7409			sactio	16 0n ID : 1	/ Y 5982416 eccipt th	201 5 <b>3</b> nis Per		
	Primary General Other (specify) ▼	Aggregate	Ye:	ar-to-Date ▼ 500.00								
В.	Full Name (Last, First, Middle Initial) Linda Werner MD Mailing Address PO Box 1960					Date o		ceipt	/ Y	_2014	Y = Y 1	1
	City Soldotna FEC ID number of contributing federal political committee.	State AK	_	Zip Code 99669-1960		Trans		on ID : {	5 <b>987240</b> eceipt th	3		;
	Name of Employer NORTHREACH HEALTHCARE Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		ar-to-Date ▼ 208.30								
C.	Full Name (Last, First, Middle Initial)         Mark Mandabach MD         Mailing Address 619 19th St S         UAB Dept of Anesthesiology         City         Birmingham         FEC ID number of contributing         federal political committee.         Name of Employer         UAHSF PSYCHIATRY         Receipt For:         Primary       General         Other (specify) ▼	State AL Occupation Physician Aggregate		Zip Code 35249-1900 ar-to-Date ▼ 208.30			sactio	21	/ Y 598724( eccipt th			5
s	UBTOTAL of Receipts This Page (optional)			••••••	<u> </u>			,	7	Ę	583.32	
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a	11k	0 11c	12	17
	mation copied from such Reports and Si mmercial purposes, other than using the				for the	purpose	e of solicitin	g contribu	itions
	EOF COMMITTEE (In Full) ERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION		MITTE	ΞE			
A. Time Mailing City Aberd FEC II federa Name ACT M Receip	D number of contributing I political committee. of Employer IEDICAL GROUP PA	State NC C Occupation Physician Aggregate	Zip Code 28315-2132 Year-to-Date ▼ 208.30	0	05 Trans	saction	ot 21 ID : <b>598724</b> ch Receipt t	his Period	
B. Paul Mailing City Green FEC II federa Name SELF- Receip	D number of contributing I political committee. of Employer EMPLOYED	State SC C Occupation Physician Aggregate	Zip Code 29607-5986 Year-to-Date ▼ 208.30	0	05 Trans	action	ot 21 ID:598724 ch Receipt t	his Period	
C. Kev Mailing City Elizat FEC II federa Name US AF Receip		State KY C Occupation Neuroradio Aggregate		0	05 Trans	saction	ot 21 ID : 598724 ch Receipt t	his Period	
SUBTO	TAL of Receipts This Page (optional)			▶		- 1	5	124	.98
TOTAL	This Period (last page this line number o	only)		►					

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

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

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) A. Roy Gilbert Soto MD			Date of Receipt
Mailing Address 355 Sycamore Ct			05 21 2014
City Bloomfield	State MI	Zip Code 48302-1173	Transaction ID : 59872409
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 208.30	
Full Name (Last, First, Middle Initial) B. Lance Allen Talmage MD			Date of Receipt
Mailing Address 45 Exmoor	Ctoto	Zin Code	05 / D D / Y Y Y Y 21 2014
City Ottawa Hills	State OH	Zip Code 43615-2174	Transaction ID : 59872410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer PROMEDICA PHYSICIAN GROUP	Occupation Physician		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	
Full Name (Last, First, Middle Initial) C. William Wells Simmons MD			Date of Receipt
Mailing Address 5204 Box Turtle Cir			05 21 Y Y Y Y 21 2014
City Sarasota	State FL	Zip Code 34232-4311	Transaction ID : 59872412           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer	Occupation		
US NAVY Receipt For:	Physician		_
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	
SUBTOTAL of Receipts This Page (optional)			124.98

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using		person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION POLITICAL ACTION (	COMMITTEE
A. Full Name (Last, First, Middle Initial) Terrance Wm Breen MD Mailing Address 5451 Coral Reef Ave	State Zip Code	Date of Receipt 05 21 2014 Transaction ID : 59872413
La Jolla FEC ID number of contributing federal political committee.	CA 92037-7027	Amount of Each Receipt this Period 41.66
Name of Employer ASMG Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 208.30	
B. Full Name (Last, First, Middle Initial) Leon Harvey Chandler MD Mailing Address 4100 Lake Otis Pkwy Ste 216 City Anchorage FEC ID number of contributing	State Zip Code AK 99508-5230	Date of Receipt 05 21 2014 Transaction ID : 59872414 Amount of Each Receipt this Period
federal political committee.          Name of Employer         A A SPECIALTY HEALTH CLINIC         Receipt For:         □       Primary         □       General         Other (specify) ▼	C Occupation Physician Aggregate Year-to-Date ▼ 208.30	41.66
Full Name (Last, First, Middle Initial)         Christopher Peter Poje MD         Mailing Address 3580 Sheridan Dr         Ste 115         City         Amherst         FEC ID number of contributing federal political committee.         Name of Employer         PEDIATRIC ENT ASSOCIATES         Receipt For:         Primary       General         Other (specify) ▼	State NY       Zip Code 14226-1647         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       208.30	Date of Receipt 05 21 2014 Transaction ID : 59872415 Amount of Each Receipt this Period 41.66
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			or the	purpose	of soliciting	g contribu	itions	
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION C	OMM	ITTE	Ē			
Full Name (Last, First, Middle Initial)         Charles Joseph Nivens MD         Mailing Address PO Box 3828         City         Bluffton         FEC ID number of contributing federal political committee.         Name of Employer         TENET EAST COOPER SPINE         Receipt For:         Primary       General         Other (specify)	State SC C Occupation Physician Aggregate	Zip Code 29910-3828 Year-to-Date ▼ 208.30		05 Trans	2 saction ID		his Period	
Full Name (Last, First, Middle Initial)         B. Damon Michael Dietrich MD         Mailing Address 229 English Turn Dr         City         New Orleans         FEC ID number of contributing federal political committee.         Name of Employer         WEST JEFFERSON PHYSICIAN SERVICES         Receipt For:         Primary       General         Other (specify) ▼	State LA C Occupation Physician Aggregate	Zip Code 70131-3348 Year-to-Date ▼ 208.30		05 Trans		D / Y 1 : 5987241 Receipt tl	his Period	
Full Name (Last, First, Middle Initial)         James Albert Corwin MD         Mailing Address 4516 Robin Ln         City         Midland         FEC ID number of contributing federal political committee.         Name of Employer         US ONCOLOGY         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Physician Aggregate	Zip Code 79707-2219 Year-to-Date ▼ 208.38		05 Trans	saction ID	D / Y 1 : 598724 Receipt tl	his Period	
SUBTOTAL of Receipts This Page (optional)					5	1 1	124	.98

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

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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	POLITICAL ACTION CO	OMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Juan Francisco Fitz MD Mailing Address 6021 90th St			Date of Receipt 05 21 2014						
	City Lubbock	State TX	Zip Code 79424-0814	Transaction ID : 59872419 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		41.66						
	Name of Employer COVENANT MEDICAL GROUP ADMINISTRAT Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 208.30							
В.	Full Name (Last, First, Middle Initial) Masud Iqbal Malik MD Mailing Address 3865 N Mulford Rd			Date of Receipt						
	City Rockford	State IL	Zip Code 61114-5603	Transaction ID : 59872420 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		41.66						
	Name of Employer SELF-EMPLOYED	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30							
C.	Full Name (Last, First, Middle Initial) Dennis Lee Galinsky MD			Date of Receipt						
	Mailing Address 55 E Erie St Apt 1905	Chata	Zie Ocale	05 / D D / Y Y Y Y 05 21 2014						
	City Chicago	State IL	Zip Code 60611-2248	Transaction ID : 59872422           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		41.66						
	Name of Employer	Occupation	l	_						
	NOMC MACNEAL RADIATION THERAPY Receipt For:	Physician								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.30							
s	UBTOTAL of Receipts This Page (optional)		•	124.98						
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for	r the	purpose of	of soliciting	contribu	tions			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION PC	DLITICAL ACTION C	OMMI	TTE	E						
Full Name (Last, First, Middle Initial)         A. Jason Michael Goldman MD         Mailing Address 3001 Coral Hills Dr			Da	ate of	Receipt		YYY	V			
Ste 340				05	2		2014				
City	State	Zip Code		Frans	action ID	: 5987242					
Coral Springs	FL	33065-4172	Ar	nount	t of Each	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С						41	.66			
Name of Employer	Occupation										
SELF-EMPLOYED	Physician										
Receipt For:	Aggregate Y	ear-to-Date ▼									
Other (specify)		208.30	]								
Full Name (Last, First, Middle Initial) B. Gregory Laurence Heacock MD			Da	ate of	Receipt						
Mailing Address 2002 Medical Pkwy Ste 230	-			05	/ D	D / Y 1	y y 2014	Y			
City	State	Zip Code				: 5987242					
Annapolis	MD	21401-3282	Ar	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						41	.66			
Name of Employer ANNAPOLIS ENT	Occupation Physician										
Receipt For:	Aggregate Y	ear-to-Date ▼		-							
Primary General Other (specify) ▼	,	208.30	]								
Full Name (Last, First, Middle Initial) C. Joydeep Som MD	·		Da	ate of	Receipt						
Mailing Address 2002 Medical Pkwy Ste 230	)		Γ	и м 05	/ D 2		y y 2014	Y			
City	State	Zip Code		Trans	action ID	: 5987242	6				
Annapolis	MD	21401-3282	Ar	nount	t of Each	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С						41	.66			
Name of Employer	Occupation		_								
SELF-EMPLOYED	Physician										
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SUBTOTAL of Receipts This Page (optional).							124	.98			

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Harold A Woodcome MD         Mailing Address 690 Eddy St         Retina Consultants         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer         RETINA CONSULTANTS, INC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         RI       02903-4928         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         Theodore A Calianos MD         Mailing Address 151 Whitmar Rd         City         Cotuit         FEC ID number of contributing federal political committee.	State Zip Code MA 02635-2931	Date of Receipt 05 21 2014 Transaction ID : 59872428 Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate Year-to-Date ▼ 249.96	]
Full Name (Last, First, Middle Initial)         Erich Bryan Groos MD         Mailing Address 2400 Patterson St         Ste 201         City         Nashville         FEC ID number of contributing federal political committee.         Name of Employer         CORNEA CONSULTANTS OF NASHVILLE PI         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37203-1587         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       208.30	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		124.98
TOTAL This Period (last page this line number	only)	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name at		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Samantha Leona Rosman MD         Mailing Address 39A Danforth St         City       State         Jamaica Plain       MA         FEC ID number of contributing       C         Identical political committee.       Occupa         BOSTON MEDICAL CENTER       Physici         Receipt For:       Aggree         Other (specify) ▼       C	02130-1847	Date of Receipt 05 21 2014 Transaction ID : 59872432 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial)         B. David Glen Morrell MD         Mailing Address 2121 N 1700 W         City       State         Layton       UT         FEC ID number of contributing       federal political committee.         Name of Employer       Occupa         SELF-EMPLOYED       Physicia         Receipt For:       Aggree         Other (specify) ▼       Image: Control of the specify in the specified of t	84041-8803	Date of Receipt 05 21 2014 Transaction ID : 59872434 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial)         C.       Charles Frederick Willson MD         Mailing Address 600 Moye Blvd         Brody 3E139 Dept Peds         City       State         Greenville       NC         FEC ID number of contributing       C         rederal political committee.       Occupa         Name of Employer       Occupa         EAST CAROLINA UNIV PHYSICIANS       Physici         Receipt For:       Aggreg         Other (specify)	27834-4300 ation	Date of Receipt 05 21 2014 Transaction ID : 59872435 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)	•	124.98

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	IATION POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Howard Bradley Chodash MD         Mailing Address 3804 Indian Lands Ln         City         Springfield         FEC ID number of contributing federal political committee.         Name of Employer         HEALTHCARE NETWORK ASSOCIATES         Receipt For:         Primary       General         Other (specify)	State     Zip Code       IL     62711-8214       C       Occupation       Physician       Aggregate Year-to-Date ▼       208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Niranjan Marino Selvarajah MD         Mailing Address 1729 Burrstone Rd         Slocum Dickson Medical Grou         City         New Hartford         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	Ip PIIc State Zip Code NY 13413-1001 C Occupation Physician Aggregate Year-to-Date ▼ 208.30	Date of Receipt 05 21 2014 Transaction ID : 59872438 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial)         Marcy L Zwelling MD         Mailing Address 3771 Katella Ave         Ste 108         City         Los Alamitos         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         CA       90720-3111         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30       208.30	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		124.98

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		×	-		11b	11c	12	Г	
	ny information copied from such Reports and St for commercial purposes, other than using the										ibutic	
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION	N CO	MM	1ITTE	ΞE					
<b>A</b> .	Full Name (Last, First, Middle Initial)         Scott Robert Hannum DO         Mailing Address 6554 Lake Burden View Dr         City         Windermere         FEC ID number of contributing federal political committee.         Name of Employer         VASCULAR CLINIC         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation Physician Aggregate	Zip Code 34786-5652 Year-to-Date ▼ 208.3	30			/ sact	21 ion ID		-	4	6
в.	Full Name (Last, First, Middle Initial)         Steven Anthony Severyn MD         Mailing Address 7023 Ginger Hill Rd         City         Utica         FEC ID number of contributing federal political committee.         Name of Employer         OHIO STATE SPINE CENTER         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation Physician Aggregate	Zip Code 43080-9577 Year-to-Date ▼ 208.30	10			/ acti	21 on ID	P / Y <b>5987244</b> Receipt th	nis Peri	Ļ	6
C.	Full Name (Last, First, Middle Initial)         Peter Michael Daloni MD         Mailing Address 2400 Highland Rd         City         Hermitage         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occupation Physician Aggregate	Zip Code 16148-2868 Year-to-Date ▼ 208.3	30	_		/ sact	21 ion ID			1	6
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports and State or for commercial purposes, other than using the na				for the		pose o	f soliciting	contribu	utions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	TION P	OLITICAL ACTION CO	DMM	11771	EE				
VISALIA FAMILY PRACTICE MEDICAL GROUF	State CA Occupation Physician Aggregate	Zip Code 93277-2669 Year-to-Date ▼ 208.30			sact	21 ion ID		is Period	y 1.66
NEPHROLOGY ASSOC	State CT Ccupation Physician Aggregate	Zip Code 06790-6268 Year-to-Date ▼ 208.30			sacti	21 ion ID		is Period	Y 1.66
SELF-EMPLOYED F	State TX C Occupation Physician Aggregate	Zip Code 78759-4278 Year-to-Date ▼ 208.30			sact	21 tion ID		is Period	_
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		sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSC	CIATION POLITICAL AG	CTION COMMITTEE
Full Name (Last, First, Middle Initial)         John Weeks Culclasure MD         Mailing Address         Apt 1208         City         Nashville         FEC ID number of contributing federal political committee.         Name of Employer         HOWELL ALLEN CLINIC         Receipt For:         Primary       General         Other (specify) ▼	State TN       Zip Code 37203-3198         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       ↓	Date of Receipt         05       21         2014         Transaction ID : 59872446         Amount of Each Receipt this Period         41.66         208.30
Full Name (Last, First, Middle Initial)         B. Michael Vest DO         Mailing Address 13 Wineberry Dr         City         Hockessin         FEC ID number of contributing federal political committee.         Name of Employer         YALE UNIVERSITY         Receipt For:	State Zip Code DE 19707-2124 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt
C. Gary Lewis Woods MD Mailing Address 264 Pleasant St		308.30         Date of Receipt           05         21         2014
City         Concord         FEC ID number of contributing federal political committee.         Name of Employer         CONCORD ORTHOPAEDICS PA         Receipt For:         Primary       General         Other (specify) ▼	State NH     Zip Code 03301-2551       C       Occupation Physician       Aggregate Year-to-Date ▼	Transaction ID : 59872448         Amount of Each Receipt this Period         41.66         208.30
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		h category of the d Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson fo	r the		ose of	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION POLITIC	CAL ACTION CO	OMMI	TTE	E				
Full Name (Last, First, Middle Initial)         A.         Kenneth Ian Barron MD         Mailing Address 195 Morris Ave         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer         TRUESDALE OBGYN         Receipt For:         Primary       General         Other (specify)	State Zip C RI 0290 C Occupation Physician Aggregate Year-to-Da	6-2428			/ acti	21 on ID :	5987244	his Period	Y .66
Full Name (Last, First, Middle Initial) B. Christopher James Conlin MD Mailing Address 6590 Andersonville Rd City Clarkston FEC ID number of contributing federal political committee. Name of Employer DRA FLINT PC Receipt For:	State Zip C MI 4834 C Occupation Physician Aggregate Year-to-Da	6-2794			/ actio	21	5987245	his Period	Y .66
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. John Albert Kazmierowski MD		208.30							
C. John Albert Kazmierowski MD Mailing Address 2415 NE 134th St Ste 301 City Vancouver FEC ID number of contributing federal political committee. Name of Employer ALLERGY ASTHMA & DERMATOLOGY ASSO Receipt For: Primary General Other (specify) ▼	State Zip C WA 9868 C Occupation Physician Aggregate Year-to-Da	6-3029			/ acti	21 on ID :	598724	his Period	Y .66
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Brian Andrew Mc Donald MD         Mailing Address 9 Gloria Ln         City       State         Schenectady       NY         FEC ID number of contributing       C         federal political committee.       Occupation         Name of Employer       Occupation         SPCCA       Physician         Receipt For:       Aggregat         Other (specify)		Date of Receipt
Full Name (Last, First, Middle Initial)         B. Charles F Pattavina MD         Mailing Address 360 Broadway         St Joseph Hospital         City       State         Bangor       ME         FEC ID number of contributing       C         rederal political committee.       Occupation         Name of Employer       Occupation         ST. JOSEPH HEALTH CARE       Physician         Receipt For:       Aggregat         Other (specify)       ✓		Date of Receipt 05 21 2014 Transaction ID : 59872454 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial)         Joseph Robt Sellers MD         Mailing Address 265 N Grand St         City       State         Cobleskill       NY         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         BASSETT HEALTHCARE CLINIC COOPERST(       Physician         Receipt For:       Aggregat         Other (specify) ▼       Image: Committee for the specify for the specified for the specif		Date of Receipt 05 / 21 / 2014 Transaction ID : 59872455 Amount of Each Receipt this Period 41.66
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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		y any person for the purpose of soliciting contributions form such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	TION POLITICAL ACTIC	ON COMMITTEE
Full Name (Last, First, Middle Initial)         Stephen Francis Darrow MD         Mailing Address 5324 30th Ave S         City         Minneapolis         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF MINNESOTA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MN     55417-2017       C     Occupation       Resident Physician     Aggregate Year-to-Date ▼       208	Date of Receipt Date of Receipt 05 21 2014 Transaction ID : 59872456 Amount of Each Receipt this Period 41.66 3.30
Receipt For: Primary General	State Zip Code UT 84124-2319 C Occupation Physician Aggregate Year-to-Date ▼ 208	Date of Receipt Date of Receipt 05 21 2014 Transaction ID: 59872457 Amount of Each Receipt this Period 41.66
Other (specify) ▼         Full Name (Last, First, Middle Initial) <b>C.</b> Jose F Arrascue MD         Mailing Address 5503 S Congress Ave Ste 103         City         Atlantis         FEC ID number of contributing federal political committee.         Name of Employer         SOUTH PALM BEACH NEPHROLOGY PA         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         FL       33462-6614         C       Occupation         Physician       Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 05 21 2014 Transaction ID : 59872458 Amount of Each Receipt this Period 41.66 3.30
SUBTOTAL of Receipts This Page (optional)		

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

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	(11a		11b	11c	12	
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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION F	POLITICAL ACTION C	OMM	11776	ΞE				
Α.	Full Name (Last, First, Middle Initial) Juan Michael Pardo MD				Date o	f Red	ceipt			
	Mailing Address 2002 Medical Pkwy Ste 230				м м 05	/	21		2014	Y
	City	State MD	Zip Code				-	: 5987245	-	
	Annapolis		21401-3282	- 1	Amoun	t of I	Each I	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					, .		41	.66
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	SELF-EMPLOYED	Physician								
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	Primary General Other (specify) ▼		208.30							
В.	Full Name (Last, First, Middle Initial) Clarence William Brown MD				Date o	f Red	ceipt			
	Mailing Address 4605 Golf Rd				м м 05	/	21		y y 2014	Y
	City	State	Zip Code		Trans	sactio	on ID :	: 5987246		
	Skokie	IL	60076-1209		Amoun	t of I	Each I	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,	3	41	.66
	Name of Employer SELF-EMPLOYED	Occupation Physician	1							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.30	]						
— c.	Full Name (Last, First, Middle Initial) Janet Johnson Cash MD				Date o	f Red	ceipt			
	Mailing Address 833 Saint Vincents Dr Ste 401				м м 05	/	21		ү ү 2014	Y
	City Birmingham	State AL	Zip Code 35205-1613					: 5987246		
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	Name of Employer	Occupation								
	SOUTHVIEW MEDICAL GROUP PC	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		208.30	11.						
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Paul Anthony Pipia MD Mailing Address 19 Pine Rd City Syosset FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY PHYSICIANS OF BROOKLYN INI Receipt For: Primary General	State       Zip Code         NY       11791-4217         C       Occupation         Physician       Aggregate Year-to-Date ▼	Date of Receipt 05 21 2014 Transaction ID : 59872463 Amount of Each Receipt this Period 41.66
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dinesh Kushangi MD	208.30	Date of Receipt
Mailing Address 15604 Shawnee Dr City Overland Park	State Zip Code KS 66223-3359	05 21 2014 Transaction ID : 59872464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer AAKC - KANSAS Receipt For:	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 208.30	41.66
Full Name (Last, First, Middle Initial) Thu Nguyen Howell MD Mailing Address 2222 Neilson Way Unit 301 City	State Zip Code	Date of Receipt
Santa Monica         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	CA 90405-2281 C Occupation Physician Aggregate Year-to-Date ▼ 208.38	Amount of Each Receipt this Period
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Any information copied from such Reports and S or for commercial purposes, other than using the	I Statements may not be sold or used by any a name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	IATION POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Dragos Macelaru MD         Mailing Address 11668 State Route 30         City         Malone         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12953-5736         C       Occupation         Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         Corey E Collins DO         Mailing Address 60 Fairchild Dr         City         Reading         FEC ID number of contributing federal political committee.         Name of Employer         MASS EYE AND EAR INFIRMARY         Receipt For:         Primary       General         Other (specify)	State       Zip Code         MA       01867-1259         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Sharon R Metzger Richens MD         Mailing Address       161 W 200 N         Ste 200       Ste 200         City       St George         FEC ID number of contributing federal political committee.         Name of Employer         EYE CARE SPECIALISTS PS         Receipt For:         Primary       General         Other (specify)	State       Zip Code         UT       84770-2728         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30       208.30	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		124.98

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Use separate schedule(s) for each category of the

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Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM Full Name (Last, First, Middle Initial) Dionne Hart MD Mailing Address 1506 Century Knoll Ln NE City State Zip Code	plicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM Full Name (Last, First, Middle Initial) Dionne Hart MD Mailing Address 1506 Century Knoll Ln NE	Date of Receipt 05 21 2014 Transaction ID : 59872470 Amount of Each Receipt this Period
A. Dionne Hart MD Mailing Address 1506 Century Knoll Ln NE	05 21 2014 Transaction ID : 59872470 Amount of Each Receipt this Period
Size Zip Gue	
Rochester     MN     55906-7717       FEC ID number of contributing federal political committee.     C	
Name of Employer     Occupation       DOJ     Psychiatrist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     208.30	
Full Name (Last, First, Middle Initial) Charles Rothberg MD Mailing Address 331 E Main St	Date of Receipt
City     State     Zip Code       Patchogue     NY     11772-3142       FEC ID number of contributing federal political committee.     C	05 21 2014 Transaction ID : 59872471 Amount of Each Receipt this Period 41.66
Name of Employer     Occupation       SELF-EMPLOYED     Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     208.30	
Mailing Address 6 Brackenbury Ln       City     State     Zip Code       Daugdu     MA     04045 2000	Date of Receipt 05 / 21 / 2014 Transaction ID : 59872472 Amount of Each Receipt this Period 41.66
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	11b	11c	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the						of soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	POLITICAL ACTION	COMN	ИТТЕ	E							
Α.	Full Name (Last, First, Middle Initial) Mr. Rodrigo A Sierra Mailing Address 3727 N Janssen Ave				Date of Receipt								
	City Chicago	State IL	Zip Code 60613-3701		Trans	action ID	: <b>5987247</b> Receipt th	'3	4				
	FEC ID number of contributing federal political committee.	С			Amoum				1.66				
	Name of Employer AMERICAN MEDICAL ASSOCIATION Receipt For: Primary General Other (specify)	Occupation AMA Execu Aggregate											
В.	Full Name (Last, First, Middle Initial) Paul David Salzberg MD Mailing Address PO Box 898				Date of	FReceipt	D / Y	2014	Y				
	City Callicoon	State NY	Zip Code 12723-0898				: 5987247 Receipt th	4	1				
	FEC ID number of contributing federal political committee.	С				7		41	1.66				
	Name of Employer SELF-EMPLOYED	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30										
C.	Full Name (Last, First, Middle Initial) Michael Jay Springer MD				Date of	Receipt							
	Mailing Address 803 Towner PI				м м 05	/ D	D / Y	ү ү 2014	Y				
	City Louisville	State KY	Zip Code 40223-2568				: 5987247 Receipt th		1				
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	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.30										
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION CO	OMM	1ITTE	ΞE				
Full Name (Last, First, Middle Initial)         Ross Calvin Bloomberg MD         Mailing Address 4470 Dockray Dr         City         Nashport         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation Physician Aggregate	Zip Code 43830-9057 Year-to-Date ▼ 208.38			/ sacti	21 on ID	: 5987247	nis Period	
Full Name (Last, First, Middle Initial)         Robert Thomas Lyon MD         Mailing Address 6525 Mercedes Ave         City         Dallas         FEC ID number of contributing federal political committee.         Name of Employer         DALLAS ANESTHESIOLOGY ASSOCIATES         Receipt For:         Primary       General         Other (specify)	State TX C Occupation Anesthesiol Aggregate				/	21 on ID :	5987247	nis Period	
Full Name (Last, First, Middle Initial)         Shari Louise Orser MD         Mailing Address 414 N 7th St         City         Bismarck         FEC ID number of contributing federal political committee.         Name of Employer         SANFORD HEALTH         Receipt For:         Primary       General         Other (specify)	State ND C Occupation Physician Aggregate	Zip Code 58501-4423 Year-to-Date ▼ 208.30			/ sacti	21	: 5987247	nis Period	
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	y information copied from such Reports and St for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	POLITICAL ACTION	COM	IM	ITTE	E						
Α.	Full Name (Last, First, Middle Initial) Cheryl Gibson Fountain MD Mailing Address 1219 Lakepointe St City Grosse Pointe	State MI	Zip Code 48230-1011				/ sacti	21 ion ID :	5 <b>987247</b> Receipt th	20 79	)14 Period	Ŷ	
	FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	C Occupation Physician Aggregate	Year-to-Date ▼ 208.30					A. 1			41.	66	
в.	Full Name (Last, First, Middle Initial) Gary David Thal MD Mailing Address 111 E Chestnut St Apt 49A City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60611-6027				acti	21 on ID :		20 30	114 Period 41.	<sup>ү</sup> 66	]
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 208.30										
C.	Full Name (Last, First, Middle Initial)         Kevin Richard Burke MD         Mailing Address 3218 E 10th St         City         Jeffersonvlle         FEC ID number of contributing federal political committee.         Name of Employer         NORTONS HEALTHCARE         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 47130-7216 re Physician Year-to-Date ▼ 308.30				/ sact	21		20 <b>81</b>		Ý 66	]
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	IATION P	OLITICAL ACTION CO	OMN	/ITTI	ΞE				
Full Name (Last, First, Middle Initial)         Rita Fattouch Saikali MD         Mailing Address 52 Prince Of Wales Ct         City         Buffalo         FEC ID number of contributing federal political committee.         Name of Employer         WAGDY GHALY MD PC         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Anesthesiol Aggregate	Zip Code 14221-1900 Digist Year-to-Date ▼ 208.30			sacti	21 on ID	: 5987248	his Period	
Full Name (Last, First, Middle Initial)         John Gerald Albertini MD         Mailing Address 1450 Professional Park Dr         Ste 150         City         Winston Salem         FEC ID number of contributing federal political committee.         Name of Employer         SKIN SURGERY CENTER         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occupation Physician Aggregate	Zip Code 27103-1319 Year-to-Date ▼ 208.30			sacti	21 on ID :	: 5987248	his Period	
Full Name (Last, First, Middle Initial)         James A Taylor Jr. MD         Mailing Address PO Box 609         City         Livingston         FEC ID number of contributing federal political committee.         Name of Employer         BR GENERAL         Receipt For:         Primary       General         Other (specify) ▼	State LA C Occupation Physician Aggregate	Zip Code 70754-0609 Year-to-Date ▼ 208.30			sacti	21 on ID	: 598724	his Period	
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FEC Schedule A (Form 3X) Rev. 02/2003

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
	ny information copied from such Reports and St for commercial purposes, other than using the				for the	purpose o	f soliciting	contribut	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) AMERICAN MEDICAL ASSOCI	ATION F	POLITICAL ACTION C	COMM	IITTE	E			
A.	Full Name (Last, First, Middle Initial)         Lawrence Mariano Simon MD         Mailing Address 106 Rimwood Ave         City         Lafayette         FEC ID number of contributing federal political committee.         Name of Employer         LSU NEW ORLEANS         Receipt For:	State LA C Occupation Physician Aggregate	Zip Code 70501-6560		05 Trans	Receipt	: 5987248	is Period	У .66
	Primary General Other (specify) ▼		208.38						
в.	Full Name (Last, First, Middle Initial)         Michael Ashley Taylor MD         Mailing Address 39 Via Navarro         City         Greenbrae         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State CA C Occupation Physician Aggregate	Zip Code 94904-1215 Year-to-Date ▼ 208.30		05 Transa	Receipt	: 5987248	-	ч .66
C.	Full Name (Last, First, Middle Initial)         Henry Jerrold Kaplan MD         Mailing Address 301 E Muhammad Ali Blvd         Eye Specialists Of Louisvi         City         Louisville         FEC ID number of contributing         federal political committee.         Name of Employer         EYE SPECIALISTS OF LOUISVILLE         Receipt For:         Primary       General         Other (specify) ▼	State KY C Occupation Physician Aggregate	Zip Code 40202-1511		05 Trans	Receipt / 21 action ID : of Each I	1 : 5987248	is Period	Y .66
s	UBTOTAL of Receipts This Page (optional)					-7	- 7	124.	98

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)	CIATION POLITICAL ACTION CO	OMMITTEE								
Full Name (Last, First, Middle Initial) A. Nancy O Naghavi DO Mailing Address 9307 Shady Lane Cir		Date of Receipt								
City	State Zip Code	05 21 2014 Transaction ID : 59872490								
Houston	TX 77063-1306	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	41.66								
Name of Employer	Occupation									
FAMILY CARE PLUS REHAB Receipt For:	Physician									
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	]								
Full Name (Last, First, Middle Initial) B. Lawrence Jay Singerman MD	1	Date of Receipt								
Mailing Address 3401 Enterprise Pkwy Ste 300		05 21 2014								
City Beachwood	State Zip Code OH 44122-7340	Transaction ID : 59872491								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period								
Name of Employer RETINA ASSOCIATES OF CLEVELAND INC	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.38									
Full Name (Last, First, Middle Initial) C. J Brennan Cassidy MD		Date of Receipt								
Mailing Address 177 Riverside Ave Ste E		05 / Y Y Y Y Y 21 2014								
City Newport Beach	State Zip Code CA 92663-4080	Transaction ID : 59872492 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	41.66								
Name of Employer	Occupation									
WEST COAST LASER	Physician									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 208.30	]								
SUBTOTAL of Receipts This Page (optional)		124.98								

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	_
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION CO	OMM	1ITTE	ΞE				
Full Name (Last, First, Middle Initial)         A.         Stephen Noah Horwitz MD         Mailing Address 2999 NE 191st St         Ph 1         City         Aventura         FEC ID number of contributing federal political committee.         Name of Employer         HORWITZ WEISSMAN & MEHREL MD PA         Receipt For:         Primary         General         Other (specify) ▼	State FL Occupation Physician Aggregate	Zip Code 33180-3116 Year-to-Date ▼ 208.30			sacti	21 <b>on ID</b>	: 5987249	nis Period	
Full Name (Last, First, Middle Initial)         Wade Anthony Weigel MD         Mailing Address 1100 9th Ave         Dept Of Anesthesia B2-AN         City         Seattle         FEC ID number of contributing federal political committee.         Name of Employer         VIRGINIA MASON MEDICAL CENTER         Receipt For:         Primary       General         Other (specify) ▼	State WA C Occupation Anesthesiol Aggregate				/ sactio	21 on ID :	5987249	nis Period	
Full Name (Last, First, Middle Initial)         Ajoy Kumar MD         Mailing Address 749 Nina Dr         City         Tierra Verde         FEC ID number of contributing federal political committee.         Name of Employer         BAYFRONT MEDICAL CENTER         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation Family Phys Aggregate				sacti	21 on ID	: 5987249	nis Period	
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
1 5	State       Zip Code         NY       14903-7978         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30       208.30	Date of Receipt 05 21 2014 Transaction ID : 59872498 Amount of Each Receipt this Period 41.66
N1/A	State       Zip Code         GA       30180-1262         C       Occupation         Physician Spouse       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       208.30	Date of Receipt 05 21 2014 Transaction ID : 59872499 Amount of Each Receipt this Period 41.66
	State NY       Zip Code 10003-2480         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       208.30	Date of Receipt 05 / 21 / 2014 Transaction ID : 59872500 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)	•	124.98

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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AMERICAN MEDICAL ASSOCI	ATION POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Mr. William R. Abrams JD         Mailing Address 7702 Radcliffe Drive         Apt. C         City         Madison         FEC ID number of contributing         federal political committee.         Name of Employer         WISCONSIN MEDICAL SOCIETY         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         WI       53719-2083         C       Occupation         Executive       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       208.38	Date of Receipt
Full Name (Last, First, Middle Initial)         Sidney Gold MD         Mailing Address 16973 Stardust Pl         City         Granada Hills         FEC ID number of contributing federal political committee.         Name of Employer         KAISER FOUNDATION HEALTH PLAN         NATION H         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         C       91344-1732         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         Spiro G Spanakis DO         Mailing Address 65 Lake Ave         Apt 1005         City         Worcester         FEC ID number of contributing federal political committee.         Name of Employer         UMASS MEMORIAL HEALTH CARE         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MA       01604-1163         C       Occupation         Occupation       Anesthesiologist         Aggregate Year-to-Date ▼       208.30	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		124.98

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
Any information copied from such Reports and or for commercial purposes, other than using the				for the		pose o	f soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION P	POLITICAL ACTION CO	DMM	11778	EE				
Full Name (Last, First, Middle Initial)         Kathleen Ann Hoye MD         Mailing Address 20 Ashland St         City         Taunton         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State MA C Occupation Physician Aggregate	Zip Code 02780-3317 Year-to-Date ▼ 208.38			sacti	21	D / Y <b>5987250</b> Receipt th	is Period	Y .66
Full Name (Last, First, Middle Initial)         Asa Carroll Lockhart MD         Mailing Address 2106 Kennebunk Ln         City         Tyler         FEC ID number of contributing federal political committee.         Name of Employer         EAST TEXAS ANESTHESIOLOGY         Associates P         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Physician Aggregate	Zip Code 75703-0301 Year-to-Date ▼ 208.30			sacti	21 on ID :		is Period	.66
Full Name (Last, First, Middle Initial)         Peter Karczmar MD         Mailing Address 225 Adelaide Ave         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State RI C Occupation Physician Aggregate	Zip Code 02907-1832 Year-to-Date ▼ 308.30			sact	21 ion ID		iis Period	
SUBTOTAL of Receipts This Page (optional)			•			7	· · ·	124	.98

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17					
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soliciting	g contribu	utions					
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION F	POLITICAL ACTION CO	OMM	1ITTI	ΞE									
Α.	Full Name (Last, First, Middle Initial) Hang Thanh Bui MD			Date of Receipt											
	Mailing Address 1321 N Harbor Blvd Ste 101				05 21 2014										
	City Fullerton	State CA	Zip Code 92835-4129		Transaction ID : 59872512 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			1.66					
	Name of Employer SELF-EMPLOYED	Occupation Physician	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38												
В.	Full Name (Last, First, Middle Initial) Raj Behari Lal MD				Date c	of Re	ceipt								
	Mailing Address 2809 Meyers Rd				05	/	21	D / Y	2014	Y					
	City Oak Brook	State Zip Code IL 60523-1623							<b>3</b> nis Perioc	1					
	FEC ID number of contributing federal political committee.	Ŭ						41.66							
	Name of Employer SELF-EMPLOYED	Occupation Physician	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38												
<u>с</u> .	Full Name (Last, First, Middle Initial) Terry Nye Wooldridge MD				Date c	f Re	ceipt								
	Mailing Address 230 E 22nd St Ste 2				05	/	2	D / Y	2014	Y					
	City Fremont	State NE	Zip Code 68025-2661					: 5987251 Receipt th		1					
	FEC ID number of contributing federal political committee.	С					,		4	1.66					
	Name of Employer	Occupation	1												
	SELF-EMPLOYED	Physician													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.38												
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ITEMIZED RECEIPTS		Detailed Summary Page		-	11	· – ·	12	_
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson 1	13 for the	purpos		g contribu	utions
or for commercial purposes, other than using t	he name and a	ddress of any political committee	e to so	licit co	ntributio	ons from suc	ch commit	tee.
AMERICAN MEDICAL ASSO	CIATION P	OLITICAL ACTION C	OMN	1ITTE	ΞE			
Full Name (Last, First, Middle Initial) Wendell Byars Wells MD Mailing Address 2208 Darnell Lake Dr City Mishawaka FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State IN C Occupation Physician			05 Trans	saction	pt 21 ID : 598725 ch Receipt t	his Period	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38	]					
Full Name (Last, First, Middle Initial) Michael Michel Miller MD Mailing Address 34700 Valley Rd <u>Rogers Memorial Hospital</u> City	State	Zip Code		м м 05	f Recei	21	2014	Y
Oconomowoc	WI	53066-4500				ID: 598725 ch Receipt t	-	4
FEC ID number of contributing federal political committee.	С			Amoun				1.66
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 208.38	]					
Full Name (Last, First, Middle Initial) C. Daniel M Young MD				Date o	f Receij	pt		
Mailing Address 33-57 Harrison St Family Medicine Residency City Johnson City	Office State NY	Zip Code 13790-2107			saction	21 ID:598725 ch Receipt t		
FEC ID number of contributing federal political committee.	С				7		4	1.66
Name of Employer	Occupation							
SELF-EMPLOYED Receipt For:	Physician							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38	1					
SUBTOTAL of Receipts This Page (optional).							124	98

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

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

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Goitom Andom Asgedom MD         Mailing Address 1135 Lake Blvd         Apt 11         City         Marion         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       43302-6685         C       Occupation         Physician       Aggregate Year-to-Date ▼         208.38       208.38	Date of Receipt 05 21 2014 Transaction ID : 59872520 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial)         Leon Everett Butler MD         Mailing Address 16605 Chestnut Glen Pl         City         Louisville         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       KY     40245-6121       C     Occupation       Physician     Aggregate Year-to-Date ▼       208.38	Date of Receipt
Full Name (Last, First, Middle Initial)         Joy Ann Maxey MD         Mailing Address       455 E Paces Ferry Rd NE         Ste 212         City         Atlanta         FEC ID number of contributing federal political committee.         Name of Employer         ATLANTA CHILDRENS CLINICAL CENTER PC         Receipt For:         Primary         General         Other (specify) ▼	State GA       Zip Code 30305-3319         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		166.65

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

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Any information copied from such Reports and or for commercial purposes, other than using th				or the		oose of	solicitin	g contribut	tions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC		CAL ACTION CO	OMM	ITTE	E				
Full Name (Last, First, Middle Initial)         Elvin C Irvin MD         Mailing Address 555 E Cheves St         City         Florence         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State Zip C SC 2950 C Occupation Physician Aggregate Year-to-D	)6-2617			/ acti	23	5988424	his Period	Y .33
Full Name (Last, First, Middle Initial)         Keith Francis De Sonier MD         Mailing Address 555 Dr Michael Debakey Dr         Ste 103         City         Lake Charles         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State Zip C LA 7060 C Occupation Physician Aggregate Year-to-D	1-5700			/ acti	23 on ID :	5988424	2014 <b>19</b> his Period 83	.33
Full Name (Last, First, Middle Initial)         John Steven Polsley MD         Mailing Address 900 Scioto St         Ste 7         City         Urbana         FEC ID number of contributing         federal political committee.         Name of Employer         FAMILY PHYSICIANS OF URBANA INC         Receipt For:         Primary       General         Other (specify) ▼	State Zip C OH 4307 C Occupation Physician Aggregate Year-to-D	8-2251			acti	23 ion ID :	598842	his Period	.33
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	OLITICAL A	CTION CC	DMM	1ITTE	ΞE					
Α.	Full Name (Last, First, Middle Initial) Mr. George E. Cox Mailing Address 10308 Fleming Ave. City Bethesda FEC ID number of contributing federal political committee.	State MD	Zip Code 20814-2136				sacti	23 ion ID :	<b>5988425</b> Receipt th	nis Perio	_	3
	Name of Employer         AMERICAN MEDICAL ASSOCIATION         Receipt For:         Primary       General         Other (specify)	Occupation AMA Execu Aggregate		416.65				,				
в.	Full Name (Last, First, Middle Initial) Mr. Dean Armandroff Mailing Address 3603 Gunston Rd. City Alexandria FEC ID number of contributing	State VA	Zip Code 22302-2007				/ sacti	23		nis Perio	d	]
	federal political committee. Name of Employer AMERICAN MEDICAL ASSOCIATION Receipt For: Primary General Other (specify) ▼	Occupation AMA Execu		416.65				7	<u> </u>	8	3.33	
C.	Full Name (Last, First, Middle Initial)         James Thos Hay MD         Mailing Address 14202 Recuerdo Dr         City         Del Mar         FEC ID number of contributing federal political committee.         Name of Employer         NORTH COAST FAMILY MEDICAL GROUP         Receipt For:         Primary       General         Other (specify)	State CA C Occupation Physician Aggregate	Zip Code 92014-2956	416.65			sact	23 ion ID :		nis Perio		3
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI		
Full Name (Last, First, Middle Initial)         Keith Irvin Adams MD         Mailing Address 416 Munro Rd         City         Mill Hall         FEC ID number of contributing federal political committee.         Name of Employer         HEALTH SERVICES OF CLARION INC         Receipt For:         Primary       General         Other (specify)	State       Zip Code         PA       17751-8463         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       7	Date of Receipt
Full Name (Last, First, Middle Initial)         Gregory Jude Gallina MD         Mailing Address 255 W Spring Valley Ave         Ste 103         City         Maywood         FEC ID number of contributing         federal political committee.         Name of Employer         COLON RECTAL SURGERY PA         Receipt For:         Primary       General         Other (specify)	State       Zip Code         NJ       07607-1444         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         James Allan Goodyear MD FACS         Mailing Address       125 Medical Campus Dr         Ste 310         City         Lansdale         FEC ID number of contributing federal political committee.         Name of Employer         NORTH PENN SURGICAL ASSOCIATES         Receipt For:         Primary       General         Other (specify)	State       Zip Code         PA       19446-7205         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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

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		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the				or the		pose of	f soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	POLITICAL ACTION C	OMM	ITTE	ΞE				
Full Name (Last, First, Middle Initial)         Floyd Anthony Buras Jr. MD         Mailing Address 713 Live Oak St         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer         LEBOEUF & BURAS MDS INC         Receipt For:         Primary         General         Other (specify) ▼	State LA Occupation Physician Aggregate	Zip Code 70005-1243 Year-to-Date ▼ 416.65			/ sacti	23 ion ID :	598842	nis Period	9.33
Full Name (Last, First, Middle Initial)         Mary Susan Carpenter MD         Mailing Address PO Box 769         City         Winner         FEC ID number of contributing federal political committee.         Name of Employer         FAMILY PRACTICE ASSOC OF WINNER         PLLC         Receipt For:         Primary         General         Other (specify) ▼	State SD Occupation Physician Aggregate	Zip Code 57580-0769 Year-to-Date ▼ 416.65			acti	23	5988425	nis Period	.33
Full Name (Last, First, Middle Initial)         Gary Lee Dillehay MD         Mailing Address       5555 N Sheridan Rd         Apt 1402         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer         LOYOLA UNIVERSITY PHYSICIAN FOUNDATI         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 60640-1636 Year-to-Date ▼ 416.65			/ sact	23 ion ID :	: 598842	nis Period	
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION F	POLITICAL ACTION C	OMMITTEE
Α.	Full Name (Last, First, Middle Initial)         Stuart Gitlow MD         Mailing Address 153 Gaskill St			Date of Receipt
	City Woonsocket	State RI	Zip Code 02895-1011	Transaction ID : 59884260 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation		83.33
	SELF-EMPLOYED Receipt For: Primary General Other (specify)	Physician	Year-to-Date ▼ 416.65	]
в.	Full Name (Last, First, Middle Initial) Randolph J Gould MD FACS Mailing Address 1801 Windy Ridge Pt			Date of Receipt
	City Virginia Bch FEC ID number of contributing	State VA	Zip Code 23454-1534	05 23 2014 Transaction ID : 59884261 Amount of Each Receipt this Period
	federal political committee. Name of Employer NORFOLK SURGICAL GROUP LTD	Occupation Physician		83.33
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 416.65	]
C.	Steven James Hattamer MD           Mailing Address         8 Prospect St			Date of Receipt
	Dept Of Anesthesiology City Nashua	State NH	Zip Code 03060-3925	05     23     2014       Transaction ID : 59884262       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer NASHUA ANESTHESIA PARTNERS PLLC Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 416.65	]
s	UBTOTAL of Receipts This Page (optional)			249.99
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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				13		14	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	POLITICAL ACTION CO	OMM	1ITTE	ΞE				
A. Robert Ernest Hertzka MD				Date o	of Re				
Mailing Address PO Box 1018	Otata	Zin Oada		05		23	3	2014	Y
City Rcho Santa Fe	State CA	Zip Code 92067-1018	-			-	: 5988426		
FEC ID number of contributing federal political committee.	С			Amoun		,	Receipt th		3.33
Name of Employer ANESTHESIA SERVICE MEDICAL GROUP	Occupation Physician	1							
Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 416.69	]						
Full Name (Last, First, Middle Initial) <b>B.</b> John Jos Kennedy Jr. MD Mailing Address 1675 Providence Ave				Date o	of Re	ceipt		2014	Y
City Schenectady	State NY	Zip Code 12309-3919		Trans		on ID :	: 5988426	64	
FEC ID number of contributing federal political committee.	С			Amoun		Each I	Receipt th		8.33
Name of Employer SELF-EMPLOYED	Occupation Physician	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65							
Full Name (Last, First, Middle Initial) C. Mark Chas Komorowski MD				Date o	of Re	ceipt			
Mailing Address 610 S Trumbull St				м м 05	/	23		2014	Y
City Bay City	State MI	Zip Code 48708-7656					: <b>5988426</b> Receipt th	65	
FEC ID number of contributing federal political committee.	С					,		83	3.33
Name of Employer	Occupation	1							
SELF-EMPLOYED	Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65							
SUBTOTAL of Receipts This Page (optional)		•						249	.99
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Sta		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)         Daniel Joel Koretz MD         Mailing Address 1939 Lake Rd         City         Ontario         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         NY       14519-9792         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       7	Date of Receipt
Full Name (Last, First, Middle Initial)         Glenn Allen Loomis MD         Mailing Address 334 Thomas More Pkwy         Ste 160         City         Crestview Hills         FEC ID number of contributing federal political committee.         Name of Employer         SPARROW HEALTH SYSTEM         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         KY       41017-3496         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Patrick Wm Mc Cormick MD FACS         Mailing Address 2222 Cherry St # 2-M200         City         Toledo         FEC ID number of contributing         federal political committee.         Name of Employer         NEUROSURGICAL NETWORK INC         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code OH 43608-2673 C Occupation Physician Aggregate Year-to-Date ▼ 416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	249.99

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

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

Use separate schedule(s) for each category of the 

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CC	OMMITTEE
Full Name (Last, First, Middle Initial)         Steven Kay Miller MD         Mailing Address 22 \$ 900 E         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         INTERMOUNTAIN EAR NOSE & THROAT SPE         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         UT       84102-1307         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt 05 23 2014 Transaction ID : 59884269 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Judith Richmond Pryblick DO         Mailing Address 5422 Holiday Dr         City         Allentown         FEC ID number of contributing federal political committee.         Name of Employer         ST LUKES PHYSICIAN GROUP INC         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       PA     18104-9439       C       Occupation       Physician       Aggregate Year-to-Date ▼	Date of Receipt 05 23 2014 Transaction ID : 59884270 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Michael Bradley Simon MD         Mailing Address 35 Gellatly Dr         City         Wappingers FI         FEC ID number of contributing federal political committee.         Name of Employer         NAPA         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12590-6452         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884271 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	▶	249.99

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

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Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and a or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	OLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Robert Cameron More MD         Mailing Address 6 Sand Hill Rd Ste 102         City         Flemington         FEC ID number of contributing federal political committee.	State NJ	Zip Code 08822-4946	Date of Receipt
Name of Employer HUNTERDON ORTHOPEDIC INSTITUTE Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 416.65	]
Full Name (Last, First, Middle Initial)         B. Stephen Alan Imbeau MD         Mailing Address 800 E Cheves St Ste 420         Allergy Asthma and Sinus Ct         City         Florence         FEC ID number of contributing federal political committee.         Name of Employer         ALLERGY ASTHMA & SINUS CENTER         Receipt For:         Primary       General         Other (specify) ▼	State SC Occupation Physician	Zip Code 29506-2649 Year-to-Date ▼ 416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         John S Mc Intyre MD         Mailing Address 2000 Winton Rd S         Bldg 4         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         UNITY MENTAL HEALTH         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Physician Aggregate	Zip Code 14618-3970 Year-to-Date ▼ 416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			249.99

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

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Devdutta G Sangvai MD         Mailing Address 708 Oxboro Cir         City         Durham         FEC ID number of contributing federal political committee.         Name of Employer         DUKE UNIVERSITY         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NC       27713-8298         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         David George Gerkin MD         Mailing Address 2300 Lakemoor Dr         City         Knoxville         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37920-2815         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65	Date of Receipt 05 23 2014 Transaction ID : 59884276 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Judson J Somerville MD         Mailing Address 1503 Palmer Dr         City         Laredo         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TX       78045-7506         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CC	OMMITTEE
Full Name (Last, First, Middle Initial)         Donald Franklin Jr. MD         Mailing Address 5335 Summerfield Ln         City         Signal Mtn         FEC ID number of contributing federal political committee.         Name of Employer         NEPHROLOGY ASSOCIATES         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         TN       37377-2861         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.02       500.02	Date of Receipt 05 23 2014 Transaction ID : 59884278 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Kathleen Blake MD         Mailing Address 330 N Wabash Ave         Ste 39300         City         Chicago         FEC ID number of contributing federal political committee.         Name of Employer         AMERICAN MEDICAL ASSOCIATION         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       IL     60611-5885       C       Occupation       AMA Executive       Aggregate Year-to-Date ▼	Date of Receipt 05 23 2014 Transaction ID : 59884279 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Spurgeon Wm Clark III MD         Mailing Address 502 Isabella St         City         Waycross         FEC ID number of contributing federal political committee.         Name of Employer         EMORY HEALTHCARE         Receipt For:         Primary       General         Other (specify) ▼	State GA       Zip Code 31501-3638         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.69	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884280 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	▶	249.99

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

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

Use separate schedule(s) for each category of the 

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		1b 4	11c	12	17		
	ny information copied from such Reports and for commercial purposes, other than using th				for the	purpo	se o	f soliciting	g contribu	tions		
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	OLITICAL ACTION C	OMN	11771	ΞE						
Α.	Full Name (Last, First, Middle Initial) Dieter Pohl MD				Date o	f Rece	eipt					
	Mailing Address 34 Eames St						05 23 2014					
	City Providence	State RI	Zip Code 02906-3304	_				: 5988428				
	FEC ID number of contributing federal political committee.	С			Amoun			Receipt th		.33		
	Name of Employer RHODE ISLAND SURGEONS	Occupation Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		416.65									
в.	Full Name (Last, First, Middle Initial) Albert Ray MD	1			Date o	f Rece	eipt					
	Mailing Address 7035 Convoy Ct Southern Ca Permanente Med Group				05	/	D 23		у у 2014	Y		
	City	State CA	Zip Code					5988428				
	San Diego FEC ID number of contributing federal political committee.	C	92111-1016		Amoun	it of Ea	ach I	Receipt th		.33		
	Name of Employer KAISER FDN HEALTH PLAN NATION HQ	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 416.65									
<u> </u>	Full Name (Last, First, Middle Initial) Alexander Ding MD				Date o	f Rece	eipt					
	Mailing Address 1251 Talbryn Dr				05	/	D 23		у у 2014	Y		
	City Belmont	State CA	Zip Code 94002-3755					: 5988428				
	FEC ID number of contributing federal political committee.	C			Amoun	it of Ea	ach I	Receipt th		.33		
	Name of Employer	Occupation	1	_								
	PARTNERS HEALTH CARE	Physician										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65									
$\vdash$	<b>CUBTOTAL</b> of Receipts This Page (optional)			▶ -				· · ·	249.	99		

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI		
Full Name (Last, First, Middle Initial)         Joseph Payne Annis MD         Mailing Address 3 Sundown Pkwy         City         Austin         FEC ID number of contributing federal political committee.         Name of Employer         UT PHYSICIANS-ADMINISTRATION         Receipt For:         Primary       General         Other (specify)	State Zip Code TX 78746-5201 C Occupation Physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Thomas Walton Eppes Jr. MD         Mailing Address 1175 Corporate Park Dr         City         Forest         FEC ID number of contributing federal political committee.         Name of Employer         CENTRAL VIRGINIA FAMILY PHYSICIANS         Receipt For:         Primary       General         Other (specify)	State Zip Code VA 24551-2238 C Occupation Physician Aggregate Year-to-Date ▼ 416.69	Date of Receipt
Full Name (Last, First, Middle Initial)         Alan Barth Pillersdorf MD         Mailing Address       1620 S Congress Ave         Ste 100         City         Palm Springs         FEC ID number of contributing         federal political committee.         Name of Employer         PLASTIC SURGERY OF PALM BEACH PA         Receipt For:         Primary       General         Other (specify)	State       Zip Code         FL       33461-2128         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		291.66

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

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial)         Erick Allen Eiting MD         Mailing Address 1111 S Grand Ave         Apt 805         City         Los Angeles         FEC ID number of contributing         federal political committee.         Name of Employer         JACOBI MEDICAL CENTER         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code   CA 90015-2768     C     Occupation   Physician     Aggregate Year-to-Date ▼     208.34	Date of Receipt
Full Name (Last, First, Middle Initial)         William Chas Sternfeld MD FACS         Mailing Address 4235 Secor Rd         Bldg 1         City         Toledo         FEC ID number of contributing federal political committee.         Name of Employer         TOLEDO CLINIC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       43623-4231         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Carl Alexander Sirio MD         Mailing Address 3000 Arlington Ave         Mail Stop 1018         City         Toledo         FEC ID number of contributing         federal political committee.         Name of Employer         UNIVERSITY OF PITTSBURGH MEDICAL CTF         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         OH       43614-2595         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884289 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	▶	208.32

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

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

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) AMERICAN MEDICAL ASSOCIAT	FION POLITICAL ACTION CO	DMMITTEE
Name of Employer     O       SELF-EMPLOYED     P	State     Zip Code       NJ     07012-1521       C     Decupation       hysician     416.65	Date of Receipt
Name of Employer     O       SEVERN EMERGENCY PHYSICIANS     PI	State     Zip Code       PA     19025-1726       C     Descupation       hysician     416.65	Date of Receipt 05 23 2014 Transaction ID : 59884291 Amount of Each Receipt this Period 83.33
Name of Employer     O       ALLIED UROLOGY ASSOCIATES     P	State     Zip Code       PA     16502-2668       C     C       Decupation       Physician       Aggregate Year-to-Date ▼       416.65	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884292 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	•	249.99

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

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Use separate schedule(s) for each category of the 

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17
Any information copied from such Reports and or for commercial purposes, other than using the				or the		oose of	f soliciting	g contrib		_
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	CIATION P	POLITICAL ACTION C	OMM	IITTE	E					
Full Name (Last, First, Middle Initial) Ruth Jean Schulze MD Mailing Address 577 Chestnut Ridge Rd City Woodcliff Lk FEC ID number of contributing	State NJ	Zip Code 07677-8409			/ sacti	23 ion ID :		nis Perio		
federal political committee.          Name of Employer         WOMEN'S TOTAL HEALTH OF WOODCLIFF         Receipt For:         Primary       General         Other (specify) ▼	Occupation	Year-to-Date ▼ 416.65	]			7	1 7			
Full Name (Last, First, Middle Initial)         Richard Allen Dart MD         Mailing Address 9050 Ader Rd         Wisconsin Medical Soc         City         Marshfield         FEC ID number of contributing federal political committee.         Name of Employer         MARSHFIELD CLINIC         Receipt For:         Primary       General         Other (specify) ▼	State WI C Occupation Physician Aggregate	Zip Code 54449-9652 Year-to-Date ▼ 416.65			/ acti	23 on ID :		nis Perio	_	
Full Name (Last, First, Middle Initial)         John Robt Mc Gill MD         Mailing Address 436A State St         City         Bangor         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State ME Occupation Physician Aggregate	Zip Code 04401-6606 Year-to-Date ▼ 416.65			/ sacti	23 ion ID :		nis Perio	_	
SUBTOTAL of Receipts This Page (optional)					-	5		249	9.99	

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ITEMIZED RECEIPTS	Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION	
Full Name (Last, First, Middle Initial)         Perry Lynn Haney MD         Mailing Address PO Box 6680         City         Denver         FEC ID number of contributing federal political committee.         Name of Employer         SPINEONE, INC         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       CO     80206-0680       C     Occupation       Physician     Aggregate Year-to-Date ▼       416.6	Date of Receipt 05 23 2014 Transaction ID : 59884296 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Roni Ephrat MD         Mailing Address 116 Broadway         City         Norwood         FEC ID number of contributing federal political committee.         Name of Employer         BERGEN ANESTHESIA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NJ     07648-1401       C     Occupation       Physician     Aggregate Year-to-Date ▼	Date of Receipt 05 23 2014 Transaction ID : 59884297 Amount of Each Receipt this Period 83.33 5
Full Name (Last, First, Middle Initial)         Thomas James Madejski MD         Mailing Address 100 Ohio St         Ste C         City         Medina         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     14103-1191       C     Occupation       Physician     Aggregate Year-to-Date ▼       416.6	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884298 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		> 249.99

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
AME OF COMMITTEE (In Full)	ON POLITICAL ACTION CC	DMMITTEE
San Jose     C.       FEC ID number of contributing federal political committee.     C       Name of Employer     Occurst       SELF-EMPLOYED     Phys	ate Zip Code A 95124-4005 upation sician regate Year-to-Date ▼ 6666.64	Date of Receipt
Orchard Lake M FEC ID number of contributing federal political committee. C Name of Employer HENRY FORD MEDICAL CENTER Phys Bacoint For:	ate Zip Code I 48323-1804 Upation iician regate Year-to-Date ▼ 416.65	Date of Receipt
Bloomfield     M       FEC ID number of contributing federal political committee.     C       Name of Employer     Occurst       SELF-EMPLOYED     Physical committee	ate Zip Code I 48304-2952 upation sician regate Year-to-Date ▼ 416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         A.         Miling Address 547 S Clark St Apt 1401         City       State         Citago       IL         B.       66605-1548         FEC ID number of contributing tederal political committee.       Occupation         AMERICAN MEDICAL ASSOCIATION       AMA Executive         Receipt For:       Other (specify) ▼         FUI Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Mailing Address 6 Oakhurst Ct       C         City       State       Zip Code         Mailing Address 6 Oakhurst Ct       C         City       State       Zip Code         Receipt For:       Political committee.       NY         Name of Employer       Aggregate Year-to-Date ▼       0         Mailing Address 6 Oakhurst Ct       C       2014       Transaction ID : 59804303         Mailing Address 6 Oakhurst Ct       Occupation       Ansethesiologist       Amount of Each Receipt this Peniod	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE         A. Mr. Thomas P. Healy Jr.         Mailing Address F47 State View of Receipt         City         City         B. Mokarram Hussin Jaffi Jr. MD         Mailing Address 6 Gakhurst Ct         City         B. Mokarram Hussin Jaffi Jr. MD         Mailing Address 6 Gakhurst Ct         City         State         City         B. Mokarram Cast. First, Middle Initial)         B. Mokarram Hussin Jaffi Jr. MD         Mailing Address 6 Gakhurst Ct         City         City         Brecipt For:         Primary         General         City         Mailing Address 6 Gakhurst Ct         City         State       Zip Code         Name of Employer         Ancestretistics         Mailing Address 9 Gakhurst Ct         City       State         City       Gaeral         PC Lin number of contributing federal political committee.         Receipt For:       Aggregate Year-to-Date ▼         Polinary       Gaeral         City       Ancestnesiologist         Receipt For:       Pole Soc 229	or for commercial purposes, other that		person for the purpose of soliciting contributions
A. Mr. Thomas P. Healy Jr.       Mailing Address 547 S Clark St Apt 1401         Gity       State       Zip Code         Chicago       L       Go606-1548         FEC ID number of contributing federal political committee.       C       Ams Encode Network         Name of Employer       Accurate The Column of Employer       Aggregate Year-to-Date ▼         AMERICAN MEDICAL ASSOCIATION       Aggregate Year-to-Date ▼       Primary         B. McKarram Husain Jaffi Jr. MD       Mailing Address 6 Oakhurst Ct       C         Cition Park       NY       12065-8719         FEC ID number of contributing federal political committee.       C       23         Name of Employer       Aggregate Year-to-Date ▼       05         AMESTHESIA GROUP OF ALBANY       Anesthesiologist       Anount of Each Receipt this Period         Receipt For:       Primary       General       Occupation         Mailing Address 9699 Occup Hwy PO Box 289       State       Zip Code         City       Site       Zip Code       Amount of Each Receipt this Period         Mailing Address 9699 Occup Hwy PO Box 289       State       Zip Code       2014         City       Site       Site       Zip Code       Amount of Each Receipt this Period         Mailing Addrese 9699 Occup Hwy PO Box 289 <td< td=""><td></td><td>ASSOCIATION POLITICAL ACTION (</td><td>COMMITTEE</td></td<>		ASSOCIATION POLITICAL ACTION (	COMMITTEE
Chicago       IL       60605-1548         FEC ID number of contributing federal political committee.       Occupation         AMERICAN MEDICAL ASSOCIATION       AMA Executive         B.       Mokarram Husain Jafri Jr. MD         Mailing Address 6 Oakhurst Ct       0         Citiv       State       Zip Code         Cition Park       NY       12065-8719         FEC ID number of contributing federal political committee.       Occupation         Amest of Employer       Agregate Year-to-Date ▼         Primary       General       Occupation         Amest of Exployer       Agregate Year-to-Date ▼       83.33         Receipt For:       Agregate Year-to-Date ▼       2014         City       State       Zip Code       2014         Mailing Address 9699 Ocean Hwy       PO Box 289       City       23 / 2014         Primary       General       C       2014       Transaction ID: 5984304         Amount of Each Receipt His Period       SC       29585-7425       2014 <td< th=""><th>A. Mr. Thomas P. Healy Jr. Mailing Address 547 S Clark St Ap</th><th>ot 1401</th><th>05 23 Y Y Y Y Y 2014</th></td<>	A. Mr. Thomas P. Healy Jr. Mailing Address 547 S Clark St Ap	ot 1401	05 23 Y Y Y Y Y 2014
AMERICAN MEDICAL ASSOCIATION       AMA Executive         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       General         Other (specify)       General         B. Mokarram Husain Jafri Jr. MD       Date of Receipt         Mailing Address 6 Oakhurst Ct       05         City       State       Zip Code         Citton Park       NY       12065-8719         FEC ID number of contributing federal polyer       Aggregate Year-to-Date ▼       06         Name of Employer       Aggregate Year-to-Date ▼       05         Name of Employer       Aggregate Year-to-Date ▼       05         Name of Employer       Aggregate Year-to-Date ▼       05         Other (specify) ▼       416.65       05       23         City       State       Zip Code       2014       Transaction ID : 59884303         Aggregate Year-to-Date ▼       0cocupation       2014       Transaction ID : 59884304         Aggregate Year-to-Date ▼       05       23       2014         Transaction ID : 59884304       Amount of Each Receipt       05       23       2014         Transaction ID : 59884304       State       Zip Code       2014       Transaction ID : 59884304       33.33         Mailing Addres	FEC ID number of contributing		
B. Mokarram Husain Jafri Jr. MD       Date of Receipt         Mailing Address 6 Oakhurst Ct       05 / 23 / 2014         City       State       Zip Code         Citton Park       NY       12065-8719         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Anesthesiologist       Amount of Each Receipt this Period         Receipt For:       Aggregate Year-to-Date ▼       05 / 23 / 2014       Transaction ID : 59884303         C Gerald Edward Harmon MD       Aggregate Year-to-Date ▼       05 / 23 / 2014       Date of Receipt         Mailing Address 9699 Ocean Hwy PO Box 289       State       Zip Code       23 / 2014         Pawleys Isl       SC       29585-7425       Transaction ID : 59884304         Amount of Each Receipt this Period       05 / 23 / 2014       Transaction ID : 59884304         Amount of Each Receipt this Period       05 / 23 / 2014       Transaction ID : 59884304         Amount of Each Receipt this Period       05 / 23 / 2014       Transaction ID : 59884304         Amount of Each Receipt this Period       05 / 23 / 2014       Transaction ID : 59884304         Amount of Each Receipt For:       Aggregate Year-to-Date ▼       05 / 23 / 2014         Primary       General	AMERICAN MEDICAL ASSOCIATI Receipt For:	ON AMA Executive Aggregate Year-to-Date ▼	
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       Anesthesiologist         ANESTHESIA GROUP OF ALBANY       Anesthesiologist       Aggregate Year-to-Date ▼         Primary       General       416.65         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 9699 Ocean Hwy       PO Box 289       Date of Receipt         City       State       Zip Code         Pawleys Isl       SC       29585-7425         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Name of Employer       Occupation         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         Physician       Aggregate Year-to-Date ▼       83.33         Receipt For:       Aggregate Year-to-Date ▼       416.65	B. Mokarram Husain Jafri Jr. Mailing Address 6 Oakhurst Ct	MD	05 23 Y Y Y Y Y 05 23
ANESTHESIA GROUP OF ALBANY       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       416.65         Full Name (Last, First, Middle Initial)       C         C. Gerald Edward Harmon MD       Date of Receipt         Mailing Address 9699 Ocean Hwy       PO Box 289         City       State       Zip Code         Pawleys Isl       SC       29585-7425         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         SELF-EMPLOYED       Physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       416.65	FEC ID number of contributing		
Full Name (Last, First, Middle Initial)       Date of Receipt         C. Gerald Edward Harmon MD       Date of Receipt         Mailing Address 9699 Ocean Hwy       PO Box 289         City       State       Zip Code         Pawleys Isl       SC       29585-7425         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Physician         Receipt For:       Aggregate Year-to-Date ▼       416.65	ANESTHESIA GROUP OF ALBAN	Y Anesthesiologist	
Mailing Address       9699 Ocean Hwy         PO Box 289       State       Zip Code         City       State       SC       29585-7425         Pawleys Isl       SC       29585-7425       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation       83.33         SELF-EMPLOYED       Physician       Aggregate Year-to-Date ▼         Primary       General       416.65	Full Name (Last, First, Middle Initia	al)	
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer       Occupation         SELF-EMPLOYED       Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       416.65	Mailing Address 9699 Ocean Hwy PO Box 289 City	State Zip Code	05 23 2014 Transaction ID : 59884304
SELF-EMPLOYED     Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     416.65	FEC ID number of contributing	C	
SUBTOTAL of Receipts This Page (optional)	SELF-EMPLOYED Receipt For: Primary General	Physician Aggregate Year-to-Date ▼	
TOTAL This Period (last page this line number only)			

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) Michael Jos Sexton MD Mailing Address 12 Erica Ct City Novato FEC ID number of contributing federal political committee	State Zip Code CA 94947-1900	Date of Receipt 05 23 2014 Transaction ID : 59884305 Amount of Each Receipt this Period 83.33
federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 416.65	
Full Name (Last, First, Middle Initial) <b>B.</b> James J Dehen MD Mailing Address 2024 S 6th St City	State Zip Code	Date of Receipt
Brainerd         FEC ID number of contributing federal political committee.         Name of Employer         BRAINERD MEDICAL CENTER INC         Receipt For:         Primary         General         Other (specify) ▼	MN 56401-4529 C Occupation Physician Aggregate Year-to-Date 416.65	Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Thomas Danl Griffin MD         Mailing Address 741 Hunt Ln         City         Flourtown         FEC ID number of contributing federal political committee.         Name of Employer         ARTHUR K BALIN MD PHD PC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         PA       19031-1001         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	CIATION POLITICAL ACTION C	
Full Name (Last, First, Middle Initial) Jack M Chapman MD Mailing Address 2061 Beverly Rd		Date of Receipt
City	State Zip Code GA 30501-2034	05 23 2014 Transaction ID : 59884308
Gainesville FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	]
Full Name (Last, First, Middle Initial) Richard Earl Thorp MD Mailing Address 2395 Tokay Ct		Date of Receipt
City Paradise	State Zip Code CA 95969-6658	05     23     2014       Transaction ID : 59884309       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer PARADISE MEDICAL GROUP	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	]
Full Name (Last, First, Middle Initial) <b>c.</b> Julia Virginia Johnson MD		Date of Receipt
Mailing Address 119 Belmont St Umass Memorial Medical Co City	enter State Zip Code	05 23 2014 Transaction ID : 59884310
Worcester	MA 01605-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer UMASS MEMORIAL HOSPITAL	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	]
SUBTOTAL of Receipts This Page (optional)		249.99

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

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ind Statements may not be sold or used by any g the name and address of any political commit	r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASS	OCIATION POLITICAL ACTION (	COMMITTEE
Full Name (Last, First, Middle Initial)         Georgia Anne Tuttle MD         Mailing Address 129 Mechanic St         The Skin Care Ctr         City         Lebanon	State Zip Code NH 03766-1522	Date of Receipt
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 416.65	
B. Full Name (Last, First, Middle Initial) Mailing Address 5929 Lovell Ave F W A A	State Zip Code	Date of Receipt 05 23 2014 Transaction ID : 59884312
Fort Worth         FEC ID number of contributing federal political committee.         Name of Employer         FORT WORTH ALLERGY ASTHMA         ASSOCIATES         Receipt For:         Primary       General         Other (specify) ▼	TX     76107-5029       C     Occupation       Physician     Aggregate Year-to-Date ▼       416.65	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) <b>John E Christie MD</b> Mailing Address 2661 Riva Rd         Bldg 600         City         Annapolis         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State MD     Zip Code 21401-7353       C       Occupation Physician       Aggregate Year-to-Date ▼       416.65	Date of Receipt 05 23 2014 Transaction ID : 59884313 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optiona	] al)	249.99

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA		
Full Name (Last, First, Middle Initial)         Mrs. Margaret Garikes         Mailing Address 4003 Sharp Place         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer         AMERICAN MEDICAL ASSOCIATION         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VA       22304-1736         C       Occupation         AMA Executive       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
	State Zip Code NH 03867-3226 C Occupation Physician Aggregate Year-to-Date ▼ 416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Peter Amberg Hollmann MD         Mailing Address 74 Fort Ave         City         Cranston         FEC ID number of contributing federal political committee.         Name of Employer         BLUE CROSS BLUE SHIELD OF RI         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         RI       02905-3610         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884316 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		249.99

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI		
Full Name (Last, First, Middle Initial)         Badri N Nath MD         Mailing Address PO Box 13331         City         Palm Desert         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         CA       92255-3331         C       Occupation         Surgeon       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Leonard Allison Brabson Sr. MD         Mailing Address 939 Emerald Ave Ste 806         Clark Tower         City         Knoxville         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TN       37917-4502         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Frederick Ray Ridge MD         Mailing Address 1043 N 1000 W         City         Linton         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code IN 47441-5281 C Occupation Physician Aggregate Year-to-Date ▼ 416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA		
Full Name (Last, First, Middle Initial)         William Alfred Mc Dade MD         Mailing Address 5401 S Ingleside Ave         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         IL       60615-5013         C       Occupation         Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Benjamin Zev Galper MD         Mailing Address 49 Marion St         Apt 6C         City         Brookline         FEC ID number of contributing federal political committee.         Name of Employer         BRIGHAM AND WOMEN'S HOSPITAL         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MA     02446-4499       C     C       Occupation       Resident Physician       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         Raghav Govindarajan MD         Mailing Address 5350 Pershing Ave         Apt 7B         City         Saint Louis         FEC ID number of contributing         federal political committee.         Name of Employer         CLEVELAND CLINIC FLORIDA         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         MO       63112-1779         C       Occupation         Resident Physician       Aggregate Year-to-Date ▼         208.30	Date of Receipt 05 23 2014 Transaction ID : 59884322 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)	▶	166.65

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

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		or each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION POI	LITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         A.         Albert J Osbahr MD         Mailing Address 810 Fairgrove Church Rd         Cvmc Ohs         City         Hickory         FEC ID number of contributing         federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State NC C Occupation Physician Aggregate Yea	Zip Code 28602-9617 ar-to-Date ▼ 416.65	Date of Receipt 05 23 2014 Transaction ID : 59884323 Amount of Each Receipt this Period 83.33
B. Full Name (Last, First, Middle Initial) Prasanta Chandra Chandra MD Mailing Address PO Box 8868			Date of Receipt
City Turnersville FEC ID number of contributing federal political committee.	State NJ	Zip Code 08012-8868	Transaction ID : 59884324         Amount of Each Receipt this Period         83.33
Name of Employer STOCKHOLM OB-GYN Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Yea	ir-to-Date ▼ 416.65	
C. Full Name (Last, First, Middle Initial) Mr. John Robert Jordan Mailing Address 5100 Williamsburg Blvd			Date of Receipt
City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         AMERICAN MEDICAL ASSOCIATION         Receipt For:         Primary       General         Other (specify)	State VA C Occupation AMA Executive Aggregate Yea		Transaction ID : 59884325         Amount of Each Receipt this Period         83.33
SUBTOTAL of Receipts This Page (optional)			249.99

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16					17					
Any information copied from such Reports an or for commercial purposes, other than using				for the		pose of	solicitin	g contribu	tions				
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSC	CIATION P	OLITICAL ACTION CO	OMM	1ITTE	ΞE								
Full Name (Last, First, Middle Initial)         A.       Carol Sadie Shapiro MD         Mailing Address 7822 Gingerbread Ln         City         Fairfax Station         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General			/ sact	23	5988432	his Period	ЗЗ						
Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan Eva Skochelak MD Mailing Address 401 N Wabash Ave Unit 48J		516.65		Date or		eceipt 23	/ Y	2014	Y				
City Chicago FEC ID number of contributing federal political committee. Name of Employer AMERICAN MEDICAL ASSOCIATION Receipt For: Primary General	State IL Occupation Physician Aggregate	Zip Code 60611-3790 Year-to-Date ▼	Transaction ID : 59884327         Amount of Each Receipt this Period         83.33										
C. Cuis James Kraus MD Mailing Address 910 Skokie Blvd STE230 City Northbrook	State	416.69 Zip Code 60062-4040			/ sact	23 ion ID :	598843	2014 <b>29</b> his Period	Ŷ				
FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Physician Aggregate	Year-to-Date ▼ 499.98				7	7		.33				
SUBTOTAL of Receipts This Page (optional)	)	•••••	<u> </u>			,		249	.99				
TOTAL This Period (last page this line numb	per only)	•				,							

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ITEMIZED RECEIPTS			itegory of the immary Page	X 11a 11b 11c 12 13 14 15 16					17			
Any information copied from such Reports and SI or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	OLITICAL	ACTION CO	OMM	літт	ΈE						
Full Name (Last, First, Middle Initial)         Mutaz Billah Habal MD FRCSC         Mailing Address 6358 W Maclaurin Dr         City         Tampa         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	Zip Code 33647-11 Year-to-Date	64			nsact	tion	23	/ Y 988433 ceipt th	20 <b>30</b>		33	
Full Name (Last, First, Middle Initial)         Gerald Robert Stephenson Jr. MD         Mailing Address 1000 9th Ave         City         Fort Worth         FEC ID number of contributing federal political committee.         Name of Employer         TEXAS HEALTH CARE PLLC         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Physician Aggregate	Zip Code 76104-39 Year-to-Date	06			nsact	tion	23	/ Y 988433 ceipt th			3
Full Name (Last, First, Middle Initial)         Mrs. Joanne Bergquist         Mailing Address 210 W Tacoma Ave         City         Latrobe         FEC ID number of contributing federal political committee.         Name of Employer         N/A         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occupation Physician S Aggregate		26			nsact	tion	23 ID:5	/ Y 988433 ceipt th			56
SUBTOTAL of Receipts This Page (optional)				▶ - ▶			1	-	7		333.3	2

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	TION POLITICAL ACTION CC	OMMITTEE
Receipt For: Primary General Other (specify) ▼	State       Zip Code         TX       77004-6943         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.65	Date of Receipt
	State       Zip Code         CT       06033-2943         C       C         Occupation       Physician         Aggregate Year-to-Date ▼       416.69	Date of Receipt
Full Name (Last, First, Middle Initial)         Jerry D Mclaughlin MD         Mailing Address 5419 N Lovington Hwy         Ste 25         City         Hobbs         FEC ID number of contributing         federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General         Other (specify) ▼	State Zip Code NM 88240-9135 C Occupation Physician Aggregate Year-to-Date ▼ 416.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	249.99

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

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16				17				
Any information copied from such Reports and or for commercial purposes, other than using t				for the		oose o	f soliciting	contribu	itions			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION P	POLITICAL ACTION CO	DMM	11778	EE							
Full Name (Last, First, Middle Initial)         A.         Corliss Adam Varnum MD         Mailing Address 79 Regan Dr         City         Oswego         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Physician Aggregate	Zip Code 13126-5602 Year-to-Date ▼ 416.69	Date of Receipt         05       23       2014         Transaction ID : 59884336         Amount of Each Receipt this Period         83.33         69									
Full Name (Last, First, Middle Initial)         David Andrew Rosman MD         Mailing Address 51 School St         City         Andover         FEC ID number of contributing federal political committee.         Name of Employer         MGH         Receipt For:         Primary       General         Other (specify) ▼	State MA C Occupation Physician Aggregate	Zip Code 01810-4037 Year-to-Date ▼ 416.65			sacti	23 on ID :		is Period	y 1 3.33			
Full Name (Last, First, Middle Initial)         John William Hartman MD         Mailing Address 1521 Belle Plane Cir         City         Green Bay         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State WI C Occupation Physician Aggregate	Zip Code 54313-3211 Year-to-Date ▼ 416.65			sact	23 ion ID		iis Period				
SUBTOTAL of Receipts This Page (optional).			•			7	· · ·	249	.99			

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Mark Stephen Seigel MD         Mailing Address 8406 Lynbrook Dr         City         Bethesda         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         MD       20814-4727         C       Occupation         Physician       Aggregate Year-to-Date ▼         416.65       416.65	Date of Receipt 05 23 2014 Transaction ID : 59884339 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial)         Kenneth Michael Certa MD         Mailing Address 833 Chestnut St         Ste 210         City         Philadelphia         FEC ID number of contributing federal political committee.         Name of Employer         THOMAS JEFFERSON UNIVERSITY         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       PA     19107-4405       C       Occupation       Physician       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         John Phillip Williams MD         Mailing Address 5004 W Grove Ln         City         Gibsonia         FEC ID number of contributing         federal political committee.         Name of Employer         UPMC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         PA       15044-6053         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.02       500.02	Date of Receipt 05 / 23 / 2014 Transaction ID : 59884341 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	▶	249.99

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

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Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		( 11a		11b	11c	12					
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	y information copied from such Reports and for commercial purposes, other than using t													
$\square$	NAME OF COMMITTEE (In Full)			~	41 <del></del>									
	AMERICAN MEDICAL ASSO	CIATION F	OLITICAL ACTION C		11111	:E								
Α.	Full Name (Last, First, Middle Initial) Mr. Christopher Todd Askew				Date o	f Re	eceipt							
	Mailing Address 2943 McKinley St, NW			05 23 2014										
	City	State	Zip Code	Transaction ID : 59884342										
	Washington	DC	20015-1217		Amoun	t of	Each I	Receipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С					7		83	3.33				
	Name of Employer	Occupation	1											
	AMERICAN MEDICAL ASSOCIATION	AMA Execu	utive											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		416.65	11										
			7											
В.	Full Name (Last, First, Middle Initial) Ardis Dee Hoven MD				Date o	f Re	eceipt							
	Mailing Address 2912 Sweet William Ct		05 23 2014											
	City	State	Zip Code	Transaction ID : 59884343										
	Lexington	KY 40502-2975						Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7	7	83	9.33				
	Name of Employer BLUEGRASS CARE CLINIC	Occupation Physician	1											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.65	1										
_	Full Name (Last, First, Middle Initial) Kenneth Elmassian DO		g g	-	Dete	( D a	:-+							
С.	Mailing Address 2399 Pine Hollow Dr				Date o		23		2014	Y				
	City	State	Zip Code		Trans	sact		: 5988434						
	East Lansing	MI	48823-9775		Amoun	t of	Each I	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С					7	7	83	3.33				
	Name of Employer	Occupation	1	_										
	LANSING ANESTHESIOLOGISTS PC	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		416.65	11										
	Other (specify)		410.03	4										
s	UBTOTAL of Receipts This Page (optional).						7	7	249	.99				
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ITEMIZED RECEIPTS		for each catego Detailed Summa		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					17						
Any information copied from such Reports and S or for commercial purposes, other than using the															
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION P	OLITICAL AG	CTION CO	MN	1ITTI	EE									
Full Name (Last, First, Middle Initial) A. E Scott Ferguson MD Mailing Address 200 S Rhodes St Ste B City West Memphis FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	Zip Code 72301-4213	Date of Receipt													
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	416.65												
B. Full Name (Last, First, Middle Initial) Mailing Address 1476 S Prairie Ave Unit C	State	Zip Code		_	Date of Receipt										
Chicago FEC ID number of contributing federal political committee.	C	60605-3343		Amount of Each Receipt this Period							3				
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼	416.65												
Full Name (Last, First, Middle Initial) Bruce Alan Mac Leod MD Mailing Address 1515 Mohican Dr	21.1	7.0.1		_	Date c	/	23	3	/ Y	2014					
City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer ASPN Receipt For: □ Primary □ General □ Other (specify) ▼	State PA Occupation Physician Aggregate	Zip Code 15228-1615 Year-to-Date ▼	416.65				ion ID Each I			is Peri	od 83.3	13			
SUBTOTAL of Receipts This Page (optional)							7	-	3	24	49.9	9			

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION POLITICAL ACTION C	COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Peter Augusto Bernardo MD         Mailing Address       1475 Mount Hood Ave         Philberton Health General S         City         Woodburn         FEC ID number of contributing federal political committee.         Name of Employer	urgery State Zip Code OR 97071-9066 C	Date of Receipt
SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Surgeon Aggregate Year-to-Date ▼ 416.65	]
B. Ahmed Bajandas MD Mailing Address PO Box 489	·	Date of Receipt
City Humacao FEC ID number of contributing federal political committee.	State Zip Code PR 00792-0489	Transaction ID : 59884349       Amount of Each Receipt this Period       83.33
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 416.65	
C. Full Name (Last, First, Middle Initial) James David Grant MD Mailing Address 1574 Sodon Lake Dr		Date of Receipt
City Bloomfield FEC ID number of contributing	State Zip Code MI 48302-2362	05     23     2014       Transaction ID : 59884350       Amount of Each Receipt this Period       83.33
federal political committee.          Name of Employer         Beaumont Health System         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 416.65	
SUBTOTAL of Receipts This Page (optional)	I	▶ 249.99

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and St					purp				
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI						utions	from suc	h commit	tee.
Full Name (Last, First, Middle Initial)         Mr. John Robert Corker         Mailing Address 2906 Forest Lawn Dr Apt 4         City         Beavercreek         FEC ID number of contributing federal political committee.         Name of Employer         N/A         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation Medical Stu Aggregate				sactio	23 on ID		nis Perioo	
Full Name (Last, First, Middle Initial)         Mr. Andrew Christopher Rudawsky         Mailing Address 1302 Leith Dr         City         Toledo         FEC ID number of contributing federal political committee.         Name of Employer         N/A         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation Medical Stu Aggregate				/ sactio	23 on ID :		nis Perioo	
Full Name (Last, First, Middle Initial)         Mr. Samuel John Mackenzie         Mailing Address 505 Fellows Ave         City         Syracuse         FEC ID number of contributing federal political committee.         Name of Employer         N/A         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Medical Stu Aggregate				sacti	23 on ID		nis Perioo	
SUBTOTAL of Receipts This Page (optional)			•		-	,		124	.98

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

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

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

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	Detailed Summ		X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or u name and address of any polit	ised by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	ATION POLITICAL A		MMITTEE
Full Name (Last, First, Middle Initial) A. Steven Berkowitz MD Mailing Address 22 Malke Dr			Date of Receipt
City	State Zip Code		05 23 2014
Ocean	NJ 07712-3371		Transaction ID : 59884354 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer	Occupation		-
SEAVIEW ORTHOPAEDIC & MEDICAL ASSO	,,		-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	416.65	
Full Name (Last, First, Middle Initial)			Data of Data int
B. Mrs. Destiny K Lucas Mailing Address 8701 New Trails Dr. Ste 150			Date of Receipt 05 23 2014
City	State         Zip Code           TX         77381-4546		Transaction ID : 59884355
Spring FEC ID number of contributing		-	Amount of Each Receipt this Period
federal political committee.	С		83.33
Name of Employer N/A	Occupation		
Receipt For:	Physician Spouse Aggregate Year-to-Date ▼		-
Primary General Other (specify) ▼		416.69	
Full Name (Last, First, Middle Initial) C. Alexis Marie Smith DO			Date of Receipt
Mailing Address 1420 Centre Ave Apt 1910			05 23 2014
City Pittsburgh	State Zip Code PA 15219-3527		Transaction ID : 59884356
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 41.66
Name of Employer	Occupation		
N/A	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼	· · · · · · · · ·	208.30	
SUBTOTAL of Receipts This Page (optional)		••••••	208.32

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

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	17	
	ny information copied from such Reports and for commercial purposes, other than using th				for the	purpose	of solicitin	g contribu	tions	
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION F	POLITICAL ACTION CO	OMM	1ITTE	ΞE				
A. Nicholas V Polifroni MD Mailing Address 40 Cross St Ste 300		State				Date of Receipt				
	City Norwalk	CT	Zip Code 06851-4661	-			D:598843 h Receipt tl	-		
	FEC ID number of contributing federal political committee.	С			Amoun				.33	
	Name of Employer COASTAL ORTHOPAEDICS	Occupation Physician	l							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]						
в.	Full Name (Last, First, Middle Initial) Matthew Young	I			Date o	f Receip	t			
	Mailing Address 107 Avenue Louis Pasteur Vanderbilt Box 269		05 23 2014				Y			
	City Boston	State MA	Zip Code 02115-5750	Transaction ID : 59884358 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С					5	41	.66	
	Name of Employer N/A	Occupation Medical Stu								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Grayson Wilkes Armstrong				Date o	f Receip	t			
	Mailing Address 15 Pratt St Apt 3				<sup>M</sup> 05	/ D	23 / Y	2014	Y	
	City Providence	State RI	Zip Code 02906-1469				D : 598843 h Receipt ti			
	FEC ID number of contributing federal political committee.	С			Amoun				.66	
	Name of Employer	Occupation	1							
		Medical Stu	udent							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	]						
F	<b>CUBTOTAL</b> of Receipts This Page (optional)					- 7		166.	65	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC		OLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Christopher Lance Sudduth MD         Mailing Address 2508 S 14th St         City         Broken Arrow         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State OK C Occupation Physician Aggregate	Zip Code 74012-7264 Year-to-Date ▼ 208.30	Date of Receipt
Full Name (Last, First, Middle Initial)         Alyn L Adrain MD         Mailing Address 44 W River St         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State RI C Occupation Physician Aggregate	Zip Code 02904-2609 Year-to-Date ▼ 416.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Jeffrey Paul Katz MD         Mailing Address 6528 Ocean Shore Ln         City         Columbia         FEC ID number of contributing federal political committee.         Name of Employer         PHYSICIAN'S HOUSE CALLS         Receipt For:         Primary       General         Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21044-6070 Year-to-Date ▼ 416.69	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			208.32

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION PO	LITICAL ACTION CC	MMITTEE
Full Name (Last, First, Middle Initial)         Rattapol Srisinroongruang MD         Mailing Address         Apt 1821         City         Dallas         FEC ID number of contributing federal political committee.         Name of Employer         AEMA         Receipt For:	State TX C Occupation Physician	Zip Code 75201-1649	Date of Receipt
Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 416.69	
Full Name (Last, First, Middle Initial)         John Alexander Zagat MD         Mailing Address 166 E 34th St         Apt 13B         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary         General	State NY C Occupation Physician Aggregate Yea	Zip Code 10016-4728 ar-to-Date ▼	Date of Receipt
C. Full Name (Last, First, Middle Initial) Mailing Address 3312 Rueckert Ave City Baltimore FEC ID number of contributing federal political committee.	State MD	416.69 Zip Code 21214-2921	Date of Receipt 05 23 2014 Transaction ID : 59884367 Amount of Each Receipt this Period 83.33
Name of Employer SHEPPARD PRATT PHYSICIANS PA Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Physician Aggregate Ye	666.65	249.99
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TOTAL This Period (last page this line number only).....

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Sta		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA		
Full Name (Last, First, Middle Initial)         Deepak Azad MD MPH         Mailing Address 3505 Charlevoix Ct         City         Floyds Knobs         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IN       47119-9761         C       Occupation         Physician       Aggregate Year-to-Date ▼         516.69       516.69	Date of Receipt
Full Name (Last, First, Middle Initial)         William Lee Hamilton MD         Mailing Address 5171 S Cottonwood St         Ste 750         City         Salt Lake Cty         FEC ID number of contributing federal political committee.         Name of Employer         INTERMOUNTAIN HEALTHCARE         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       UT     84107-5705       C     Occupation       Physician     Aggregate Year-to-Date ▼       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Nancy Louise Mueller MD         Mailing Address 610 E Palisade Ave         City         Englewood         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NJ     07632-1801       C     Occupation       Occupation     Neurologist       Aggregate Year-to-Date ▼       1041.65	Date of Receipt 05 / 25 / 2014 Transaction ID : 59886916 Amount of Each Receipt this Period 208.33
SUBTOTAL of Receipts This Page (optional)	•	499.99

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

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

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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Mr. Kenneth D. Lancin         Mailing Address 610 East Palisade Avenue         City         Englewood Cliffs         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       07632-1801         C       Occupation         Occupation       Management Consultant         Aggregate Year-to-Date ▼       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Lisa Bohman Egbert MD         Mailing Address 5335 Far Hills Ave         Ste 112         City         Dayton         FEC ID number of contributing         federal political committee.         Name of Employer         PARAGON WOMEN'S CARE         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       OH     45429-2317       C       Occupation       Physician       Aggregate Year-to-Date ▼       1041.65	Date of Receipt 05 25 2014 Transaction ID : 59886918 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial)         Michael E Migliori MD         Mailing Address       120 Dudley St         Ste 301         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State RI       Zip Code 02905-2429         C       Occupation         Physician       Aggregate Year-to-Date ▼         1041.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	••••••	624.99

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

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI		
Full Name (Last, First, Middle Initial)         Mr. Kevin Walker         Mailing Address 10635 Canterberry Rd.         City         Fairfax Station         FEC ID number of contributing federal political committee.         Name of Employer         AMERICAN MEDICAL ASSOCIATION         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VA       22039-1927         C       Occupation         AMA Executive       Aggregate Year-to-Date ▼         1041.65       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         B.         Srinivas B Mukkamala MD         Mailing Address 1170 Charter Dr         Ste F         City         Flint         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MI     48532-3587       C     Occupation       Physician     Aggregate Year-to-Date ▼       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         William Eric Kobler MD         Mailing Address 6729 Millbrook Dr         City         Rockford         FEC ID number of contributing federal political committee.         Name of Employer         OSF MEDICAL GROUP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       IL     61108-4310       C       Occupation       Physician       Aggregate Year-to-Date ▼       1041.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		624.99

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the						f soliciting	contributi	ons
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION P	POLITICAL ACTION	N COM	MITTE	E			
Α.	Full Name (Last, First, Middle Initial) Robert Puchalski MD Mailing Address PO Box 520				M M			YY	Y
	City	State SC	Zip Code 29078-0520				: 59886924		
	Lugoff           FEC ID number of contributing           federal political committee.	C	29078-0320		Amoun	t of Each I	Receipt this	s Period 416.	66
	Name of Employer SOUTH CAROLINA ENT Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 2083.3	30					
В.	Full Name (Last, First, Middle Initial) Seth Yawki Flagg MD Mailing Address 9129 Bradford Rd				Date of	f Receipt	D / Y	YY	Ŷ
	City Silver Spring FEC ID number of contributing	State MD	Zip Code 20901-4917				59886925 Receipt this		33
	federal political committee. Name of Employer US NAVY	Occupation Physician				/9		200.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1041.6	5					
C.	Full Name (Last, First, Middle Initial) Russell Clark Libby MD FAAP				Date of	f Receipt			
	Mailing Address 3020 Hamaker Ct Ste 200				м м 05	/ 25		y y 2014	Y
	City Fairfax	State VA	Zip Code 22031-2220				: 59886926 Receipt this		
	FEC ID number of contributing federal political committee.	С					7	208.	33
	Name of Employer	Occupation	l						
	VIRGINIA PEDIATRIC GROUP LTD Receipt For: Primary General Other (specify) V	Physician       Aggregate	Year-to-Date ▼ 1041.6	65					
s	UBTOTAL of Receipts This Page (optional)							833.3	32
т	OTAL This Period (last page this line number	only)		►		, ,	,		

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

Use separate schedule(s) for each category of the

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136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT	TION POLITICAL ACTION CO	OMMITTEE
Name of Employer     C       SELF-EMPLOYED     P	State       Zip Code         MA       02540-2333         C       Occupation         Decupation       President of the second of the seco	Date of Receipt
Name of Employer C MASS GENERAL HOSPITAL PI	State     Zip Code       TN     37212-2250       C     C       Deccupation       hysician       Aggregate Year-to-Date ▼       1041.65	Date of Receipt
Name of Employer     C       HORIZONS MENTAL HEALTH CENTER     P	State Zip Code KS 67054-2708 C Decupation Physician Aggregate Year-to-Date ▼ 1041.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		624.99

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 94 OF

136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Sara S Woodward Dyrstad MD         Mailing Address 569 Cedar St         City         Minocqua         FEC ID number of contributing federal political committee.         Name of Employer         BARNES JEWISH HOSPITAL         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WI       54548-9281         C       Occupation         Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Dev Appannagari Gnanadev MD         Mailing Address PO Box 670         City         Redlands         FEC ID number of contributing federal political committee.         Name of Employer         ARROWHEAD COMMUNITY SURGICAL         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       CA     92373-0221       C     Occupation       Physician     Aggregate Year-to-Date ▼       1041.65	Date of Receipt
Full Name (Last, First, Middle Initial)         Joseph T Inglefield MD         Mailing Address 220 18th Street Cir SE         City         Hickory         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State NC       Zip Code 28602-1361         C       Occupation         Physician       Aggregate Year-to-Date ▼         1041.65	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	••••••	624.99

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

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

Use separate schedule(s) for each category of the 

FOR LINE NUMBER:

(check only one)

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136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         John Pasteur Hamide MD         Mailing Address 4720 Carthage St         City       State         Metairie       LA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupa         LSUHSC       Physicial         Receipt For:       Aggreg         Other (specify) ▼       Image: Content of the specify of the specific of the specif	70002-1402	Date of Receipt
Popoint For:	45434-0903	Date of Receipt
Full Name (Last, First, Middle Initial)         Jan Marie Kief MD         Mailing Address 9501 Sand Hill Ct         City       State         Highlands Ranch       CO         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupa         SELF-EMPLOYED       Physici         Receipt For:       Aggreg         Other (specify) ▼       Image: Control of the system of th	80126-5266	Date of Receipt 05 / 25 / 2014 Transaction ID : 59886936 Amount of Each Receipt this Period 208.33
SUBTOTAL of Receipts This Page (optional)	••••••	520.82

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATIO	ON POLITICAL ACTION CO	MMITTEE
Denver     C       FEC ID number of contributing federal political committee.     C       Name of Employer     Occ       COPIC     Phys       Receipt For:     Agg       Other (specify) ▼     C	ate Zip Code O 80217-0540 upation sician regate Year-to-Date ▼ 1041.65	Date of Receipt
San Antonio     TX       FEC ID number of contributing federal political committee.     C       Name of Employer     Occ       SELF-EMPLOYED     Phys       Paconint Enr.     C	ate Zip Code < 78230-1500  upation sician regate Year-to-Date ▼ 1041.69	Date of Receipt
Atlanta     G       FEC ID number of contributing federal political committee.     C       Name of Employer     Occ       SELF-EMPLOYED     Physic	ate Zip Code A 30303-3030 upation sician regate Year-to-Date ▼ 416.69	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	750.02

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

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Use separate schedule(s) for each category of the

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PAGE 97 OF

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Any inform	nation copied from such Reports and S	tatements ma	av not be sold or used by any pe	rson	13 for the		14 005e.0	15 If solicitin	a contrib		17 005
or for con	nmercial purposes, other than using the										
	OF COMMITTEE (In Full) RICAN MEDICAL ASSOCI	ATION P	OLITICAL ACTION CO	DMM	11778	ΞE					
	ame (Last, First, Middle Initial) Louie MD				Date o	of Re	eceipt				
	Address 44 Buckingham Dr				<sup>M</sup> ■ M	/	D 27		2014	Y	]
City Belle I	Mead	State NJ	Zip Code 08502-4022				-	: 598874	-		
FEC ID	D number of contributing political committee.	С			Amoun		Each i	Receipt t		u 1.7	4
	of Employer AND PARK MEDICAL ASSOCIATES	Occupation Physician									
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.38								
	ame (Last, First, Middle Initial) berly Moser				Date o	of Re	eceipt				
	Address 3216 High Ridge Drive				м м 05	/	D 27		2014	Y	]
City Taylor	Mill	State KY	Zip Code 41015-4411					: 5989520		-1	
FEC ID	D number of contributing political committee.	С			Amoun		Each I	Receipt t		a 3.33	3
Name N/A	of Employer	Occupation Physician S									
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.69								
	ame (Last, First, Middle Initial) n Michael Montgomery MD MI	PH FAA			Date o	of Re	eceipt				
Mailing	Address 2636 Country Side Dr				м м 05	/	27		2014	Y	1
City Orang	e Park	State FL	Zip Code 32003-4951		Tran		ion ID	: <b>598953</b> Receipt t	71	d	-
	D number of contributing political committee.	С					,			33.3	3
Name	of Employer	Occupation									
	RSITY OF FLORIDA JACKSONVILLE P	Physician									
	ot For: Primary General Other (specify) <del>_</del>	Aggregate	Year-to-Date ▼ 666.64								
	AL of Receipts This Page (optional)						7		20	8.40	)

Use separate schedule(s) for each category of the

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PAGE 98 OF

136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)         Dana M Block-Abraham DO         Mailing Address 9704 Brevard St         City         Laurel         FEC ID number of contributing federal political committee.         Name of Employer         UNIV OF MARYLAND MEDICAL CTR         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       20723-1920         C       Occupation         OB/GYN Resident       Aggregate Year-to-Date ▼         520.80	Date of Receipt
Full Name (Last, First, Middle Initial)         Michael Andrew Zimmer MD         Mailing Address 509 Jackson St N         City         St Petersburg         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         FL       33705-1477         C       C         Occupation       C         Physician       Aggregate Year-to-Date ▼         500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         David James Becker MD         Mailing Address 508 Jeffords St         Ste D         City         Clearwater         FEC ID number of contributing federal political committee.         Name of Employer         GASTROENTEROLOGY CONSULTANTS OF (         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         FL       33756-3839         C       C         Occupation       C         Physician       Aggregate Year-to-Date ▼         1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1604.16

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

7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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136

	15	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE	(In Full) DICAL ASSOCIATION P	OLITICAL ACTION C	OMMITTEE
A. Janice Tildon-Burto Mailing Address 2600 G Ste 207 City Newark	n MD	Zip Code 19702-5704	Date of Receipt 05 / 05 / 2014 Transaction ID : 60040870
FEC ID number of contr federal political committe Name of Employer	buting		Amount of Each Receipt this Period
SELF-EMPLOYED Receipt For:	Physician	Year-to-Date ▼ 1041.65	]
Bull Name (Last, First, M B. Daniel C Dennehy Mailing Address PO Box	MD		Date of Receipt
City Tulsa FEC ID number of contr	State OK	Zip Code 74170-2187	Transaction ID : 60043996 Amount of Each Receipt this Period
federal political committe Name of Employer SELF-EMPLOYED	ů.		1000.00
Receipt For: Primary ( Other (specify) ▼	/	Year-to-Date ▼ 1000.00	]
C. Full Name (Last, First, N William Hall Mohr	MD		Date of Receipt
Mailing Address 115 E E City Kokomo	Soulevard State IN	Zip Code 46902-2101	05 / 30 / 2014 Transaction ID : 60043997
FEC ID number of contr federal political committee	buting	40302-2101	Amount of Each Receipt this Period
Name of Employer AMERICAN HEALTH NE Receipt For:		Year-to-Date ▼	
Other (specify)	General	500.00	]
SUBTOTAL of Receipts T	nis Page (optional)		1708.33

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial)         Paul Jerry Carniol MD         Mailing Address 33 Overlook Rd         Ste 401         City         Summit         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State       Zip Code         NJ       07901-3564         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Linda Gale T May MD         Mailing Address 207 Cyril Ln         City         Richmond         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VA       23229-7740         C       Occupation         Physician       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Edward Salisbury Bentley MD         Mailing Address       2403 Castillo St         Ste 201         City         Santa Barbara         FEC ID number of contributing         federal political committee.         Name of Employer         SANTA BARBARA GASTROENTEROLOGY C         Receipt For:         Primary       General         Other (specify)	State       Zip Code         C       93105-5316         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       500.00	Date of Receipt 05 30 2014 Transaction ID : 60044000 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2000.00

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 101 OF

136

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI	ATION POLITICAL ACTION C	OMMITTEE
A. Full Name (Last, First, Middle Initial) Anthony Shihin Shen MD Mailing Address 12787 Wynfield Pines Ct	State Zip Code	Date of Receipt
Saint Louis FEC ID number of contributing federal political committee.	MO 63131-2156	Transaction ID : 60044016         Amount of Each Receipt this Period         500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Rebecca Elliott Reyes MD  Mailing Address 1250 8th Ave  Ste 570  City Fort Worth  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED	State Zip Code TX 76104-4145 C Occupation	Date of Receipt
Receipt For: Primary General Other (specify) V	Physician         Aggregate Year-to-Date ▼         500.00	]
C. Full Name (Last, First, Middle Initial) James G Nachbar MD Mailing Address 509 S Lenola Rd Bldg 11 City	State Zip Code	Date of Receipt
Moorestown FEC ID number of contributing federal political committee.	NJ 08057-1556	Amount of Each Receipt this Period
Name of Employer SOUTH JERSEY EYE PHYSICIANS PA Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)		1500.00

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 102 OF

136

ITEMIZED RECEIPTS	for each category of t Detailed Summary Pa	
		y any person for the purpose of soliciting contributions for maintee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCI		
Full Name (Last, First, Middle Initial)         Vijay Bhogilal Dave MD         Mailing Address 200 E 86th PI         City         Merrillville         FEC ID number of contributing federal political committee.         Name of Employer         CARDIOVASCULAR CLINIC PC         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       IN     46410-6258       C       Occupation       Physician       Aggregate Year-to-Date ▼       600	Date of Receipt Date of Receipt 30 2014 Transaction ID : 60044031 Amount of Each Receipt this Period 500.00 0.00
Full Name (Last, First, Middle Initial)         Julie Goonewardene         Mailing Address 608 Hillcrest Rd.         City         West Lafayette         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF KANSAS         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       IN     47906-2350       C     Occupation       Vice Chancellor       Aggregate Year-to-Date ▼       1000	Date of Receipt Date of Receipt 30 2014 Transaction ID : 60044033 Amount of Each Receipt this Period 1000.00 0.00
Full Name (Last, First, Middle Initial)         Mr. Robert A Anderson Jr.         Mailing Address 71 Rolling Hill Drive         City         Exeter         FEC ID number of contributing federal political committee.         Name of Employer         RI MED SOC INSURANCE BROKERAGE COR         Receipt For:         Primary         General         Other (specify) ▼	State     Zip Code       RI     02822-2812       C       Occupation       Director       Aggregate Year-to-Date ▼       1000	Date of Receipt Date of Receipt 30 2014 Transaction ID : 60044077 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		2500.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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136

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	
			Detailed Summary Page	Ĺ	13		14	15	16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOC	IATION F	POLITICAL ACTION CO	OMN	ЛІТТ	EE				
Α.	Full Name (Last, First, Middle Initial) Michael Sean Brown MD				Date of	of Re	eceipt			
	Mailing Address 2900 12th Ave N Ste 295W City	State	Zip Code		05	/	30	)	2014	Y
	Billings	MT	59101-7504					: 6004408 Receipt th	-	
	FEC ID number of contributing federal political committee.	С					,		500	.00
	Name of Employer	Occupation	l							
	PATHOLOGY CONSULTANTS PC Receipt For:	Physician								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
в.	Full Name (Last, First, Middle Initial) Alan Kenneth Klitzke MD				Date of	of Re	eceipt			
	Mailing Address 83 Bryant St Apt 5A	01.14	7. 0.4		05	/	30	)	2014	Y
	City Buffalo	State NY	Zip Code 14209-1831					<u>: 6004413</u> Receipt th	-	
	FEC ID number of contributing federal political committee.	С					,		500	.00
	Name of Employer SELF-EMPLOYED	Occupation Physician	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
<u> </u>	Full Name (Last, First, Middle Initial) Sterling N. Ransone Jr. MD FAA				Date of	of Re	eceipt			
	Mailing Address 151 Deer Path PO Box 711				05	1	30		у у 2014	Y
	City Cobbs Creek	State VA	Zip Code 23035-2160					<u>: 6006857</u> Receipt th		
	FEC ID number of contributing federal political committee.	С					7	7		0.00
	Name of Employer	Occupation	1							
	RIVERSIDE HEALTH SYSTEM Receipt For:	Physician								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00							
s	UBTOTAL of Receipts This Page (optional)			•			7		1100	.00
Γ.	OTAL This Pariod (last page this line number	ophy)		-					48307	.37

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

FOR LINE NUMBER:

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PAGE 104 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the					purp				
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA									
Α.	Full Name (Last, First, Middle Initial) PNC ADVISORS Mailing Address PO BOX 96211 City Washington	State DC	Zip Code 20090			/ sactio	31			_
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	C Occupation Aggregate	Year-to-Date ▼	_				7	1	0.26
	Other (specify)         Full Name (Last, First, Middle Initial)		52.32		nterest					
В.	Mailing Address City	State	Zip Code	_		f Rec		D / Y	Y Y	Y
	FEC ID number of contributing federal political committee. Name of Employer	C			Amoun	t of E	Each F	Receipt th	is Period	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
C.	Full Name (Last, First, Middle Initial) 				Date o		ceipt	D / Y	YY	Y
	City	State	Zip Code	_	Amoun	t of F	ach F	Receipt th	is Perior	
	FEC ID number of contributing federal political committee. Name of Employer	C		_				7		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)		•••••	<b>_</b>			,		1(	).26
т	OTAL This Period (last page this line number o	nly)					,		10	).26

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

Use separate schedule(s) for each category of the

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PAGE 105 OF

	EMIZED RECEIPIS		for each category of the Detailed Summary Page		11a 13	11b	11c	12 X 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purpose c	f soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	ATION P	POLITICAL ACTION (	OM	MITTE	E			
Α.	Full Name (Last, First, Middle Initial) Poe For Congress Mailing Address P.O. Box 14222 City	State	Zip Code		м м 05	Receipt	)	2014 36	Y
	Humble FEC ID number of contributing federal political committee.		77347 0392670		Amount	t of Each	Receipt th		1 0.00
	Name of Employer Receipt For: 2014	Occupation Aggregate	Year-to-Date ▼ 700.00	]	2014 Pri	mary-Refu	nd		
В.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date of	FReceipt	D / Y	Y Y	Y
	FEC ID number of contributing federal political committee. Name of Employer	C			Amount	t of Each	Receipt th	is Perioc	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]					
с.	Full Name (Last, First, Middle Initial) Mailing Address				Date of	FReceipt	D / Y	Y Y	Y
	City	State	Zip Code			t of Each			4
	FEC ID number of contributing federal political committee. Name of Employer	C							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)			•		- J		700	).00
т	OTAL This Period (last page this line number o	nly)		•			7	700	0.00

S	CHEDULE B (FEC Form 3X)		F	)B		F NI	JMBEF	۶.			PA	GE	106 C	F 136	;
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	- I	hec	k o	nly o	ne)		1.65	-					
		Detailed Summary Page		X	21 27	L	22 28a		23 28b	╞	24 28c		25 29	26	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nan														
$\setminus$	NAME OF COMMITTEE (In Full)														
	AMERICAN MEDICAL ASSOCIAT	ION POLITICAL AC	TIO	N (		)MI									
Α.	Full Name (Last, First, Middle Initial)						Date of	of Di	sburs	em	nent				
							M	VI /	D	D	/ 1	Y	Y	Y	
	Mailing Address 1620 DODGE STREET STOP 325						05			31		20	)14		
	City S OMAHA	State Zip Code NE 68197					Tran	sact	ion IE	<b>D</b> :	600440	41			
	Purpose of Disbursement Credit Card Bank Charges		0	01			Amou	nt of	Each	ו D	isburse	nent	this F	Period	
	Candidate Name		Cate	egor ype									1007	.46	
	Office Sought: House Disburser	nent For:	13	ype					5					_	1
	Senate President	Primary General Other (specify)					Credit	Card	Bank	k C	harges				
	State: District:														
В.	Full Name (Last, First, Middle Initial)						Date	of Di	sburs	em	nent				
							M	VI /	D	D	/ Y	Y	Y	Y	
	Mailing Address									_		-			
	City	State Zip Code													
	Purpose of Disbursement			-			Amou	nt of	Fach	ח ו	visburse	nent	this F	Period	
	Candidate Name		Cate	eaor	rv/				Laon		100 41 001			oniou	
	Office Sought: House Disburser	mont For:		ype			<u> </u>	-	7	-		-		_	
	Senate President	Primary General Other (specify)													
	State: District:														
C.	Full Name (Last, First, Middle Initial)						Date of	of Di	sburs	em	nent				
	Mailing Address					-	M	VI /	D	D	/ Y	Y	Y	Y	
	City	State Zip Code				+									
	Purpose of Disbursement		_	_	_										
	Candidate Name		Cate Ty	egor ype			Amou	nt of	Each	ם n	visburse	nent	this F	Period	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) <b>v</b>													1
	State: District:									_					_
s	UBTOTAL of Disbursements This Page (optional)								3		,		1007.	46	
Т	OTAL This Period (last page this line number only)								,				1007.	46	

S	CHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER	:			PAC	àE 107	OF 136
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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT		FICAL AC	τιοι	N C	ЮМ	MITT	EE					
Α.	Full Name (Last, First, Middle Initial) Tom Reed For Congress						Date c	_	sburse			YYY	Y
	Mailing Address PO Box 391						05			)1		2014	_
	Geneva		p Code 4456				Tran	sacti	ion ID	: 595	7316	7	
	Purpose of Disbursement 2014 Primary Candidate Name			0	11		Amour	nt of	Each	Disbu	ursem	nent this	Period
	Rep. Tom Reed	went Fem. 201		Cate Ty	egory /pe	//			,		7	100	00.00
	Office Sought: House Disburser Senate President State: NY District: 23	nent For: 2014 Primary Other (specify)	General				2014 P	rima	ıry				
в.	Full Name (Last, First, Middle Initial)						Date o	_		ement	Y	YY	Y
	Mailing Address PO Box 642						05		C	)1		2014	
	Morgantown		p Code 6507				Tran	sact	ion ID	) : 595	57319	4	
	Purpose of Disbursement 2014 Primary Candidate Name				11		Amour	nt of	Each	Disbu	ursem	nent this	Period
	Rep. David McKinley	nent For: 201	4	Cate Ty	egory /pe	//	L.		7	_	7	100	00.00
		Primary Other (specify)	General				2014 F	rima	ary				
с.	Full Name (Last, First, Middle Initial) Vanila Singh For Congress 2014						Date o	of Dis	sburse	ement			
	Mailing Address PO Box 14037						<sup>M</sup> 05	/		D 15	Y	2014	Y
	City Fremont Purpose of Disbursement		p Code 4539				Tran	sact	ion ID	) : 596	60152	9	
	Candidate Name			Cate		//	Amour	nt of	Each	Disbu	ursem	nent this	Period 00.00
	Vanila Singh Office Sought: House Disburser Senate President State: CA District: 17	nent For: 2014 Primary Other (specify)	General	13	/pe				7		7		
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	AMERICAN MEDICAL ASSOCIAT	ION POLITICAL		ON		IMITTE	E				
Α.	Full Name (Last, First, Middle Initial) Friends Of Farr					Date of	Disb	ourser	ment		
	Mailing Address PO Box 122					05	/	D 05		2014	Y
	City S Monterey	State Zip Code CA 93942				Trans	actio	n ID :	: 59601	531	
	Purpose of Disbursement	93942									
	2014 Primary			011		Amount	of E	ach I	Disburse	ement thi	s Period
	Candidate Name Rep. Sam Farr		C	Catego Type						40	00.00
	Office Sought: X House Disburser	nent For: 2014 Primary Genera Other (specify) ▼	al	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	2014 Pr	imary	,	,		
в.	Full Name (Last, First, Middle Initial) Friends Of John Barrow					Date of	<sup>:</sup> Disb	D	D /	Y Y Y	Y
	Mailing Address PO Box 1001					05		05		2014	
	Augusta	State Zip Code GA 30903				Trans	actio	n ID	: 59601	534	
	Purpose of Disbursement 2014 Primary			011		Amount	t of E	ach I	Disburse	ement thi	s Period
	Candidate Name			Catego	rv/					05	
	Rep. John Barrow			Туре						25	00.00
	Senate X	nent For: 2014 Primary Genera Other (specify) v	al			2014 Pr	imary	1			
_	Full Name (Last, First, Middle Initial)										
C.	Kurt Schrader For Congress					Date of	Disb	urser	ment		
	Mailing Address PO Box 3314					05	/	05		2014	Y
	5	State Zip Code OR 97045				Trans	actio	n ID	: 59601	540	
	Purpose of Disbursement 2014 Primary			011		Amount	of F	ach I	Dishurse	ement thi	s Period
	Candidate Name			Catego	ory/	, unoun			Biobalo		
	Rep. Kurt Schrader			Туре	;				7	10	00.00
	Office Sought: House Disburser Senate President State: OR District: 05	nent For: 2014 Primary Genera Other (specify) <b>v</b>	al			2014 Pr	imary				
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A.	Full Name (Last, First, Middle Initial) Tim Scott For Senate						Date o		burse		YY	Y	Y
	Mailing Address 1405 Ashley River Road						05		0	5	201	14	
	Charleston	StateZip CodeSC29407					Trans	sactio	on ID	: 596015	45		
	Purpose of Disbursement 2014 Primary			01	1		Amoun	t of E	Each	Disburse	ment t	this P	eriod
	Candidate Name Sen. Tim Scott			Cate Ty		/			,			2500.	00
	Office Sought: House Disburser Senate President State: SC District:	nent For: 2014 Primary Gener Other (specify) <del>V</del>	ral				2014 Pi	rimar	У				
в.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn						Date o		burse		γY	Y	Ŷ
	Mailing Address Post Office Box 12567						05		0	5	201	14	
	Columbia	StateZip CodeSC29211					Trans	sactio	on ID	: 596015	646		
	Purpose of Disbursement 2014 Primary Candidate Name		_[	Cate		1	Amoun	t of E	Each	Disburse	-	this P	
		nent For: 2014 Primary Gener Other (specify) v	ral	Ту	pe		2014 P	rimar	y				
C.	Full Name (Last, First, Middle Initial) Capito For West Virginia						Date o		burse			Y	V
	Mailing Address PO Box 11519						05	Í	Q		201		
	City Charleston Purpose of Disbursement	StateZip CodeWV25339					Trans	sactio	on ID	: 596015	48		
	2014 Primary Candidate Name		_[	01 Cate	1	1	Amoun	t of E	Each	Disburse			
	Ms. Shelley Capito Office Sought: House Disburser	nent For: 2014		Ту					,			2500.	00
	State: WV District:	Primary Gener Other (specify)	ral				2014 Pi	rimar	у				
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	Full Name (Last, First, Middle Initial) Enzi For Us Senate						Date		Disk	burse	ement	Y	Y	Y	Y
	Mailing Address PO Box 2775						C	5		0	5		20	014	
	Cody	State WY	Zip Code 82414				Tra	ansa	ctic	on ID	: 596	0154	19		
	Purpose of Disbursement 2014 Primary			C	)11		Amo	ount o	of E	Each	Disb	urser	nent	this	Period
	Candidate Name Sen. Mike B. Enzi			Cate T	egor ype	y/			,	,		7		2500	0.00
	Office Sought: House Disburser Senate President State: WY District:	nent For: 2 Primary Other (spe	General				2014	Prin	nary	y					
	Full Name (Last, First, Middle Initial)						Date	-	Disk	ourse	ement	Y	Y	Y	Y
	Mailing Address 50 E Street, SE Suite 1						(	)5		C	6	_	20	014	
	Washington	State DC	Zip Code 20003				Tra	ansa	ctic	on ID	: 596	6220	29		
	Purpose of Disbursement 2014 Contribution Candidate Name			Cate	)11 egor ype	y/	Amo	ount d	of E	Each	Disb	urser	nent	this 5000	Period 0.00
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General cify) ▼				2014	l Cor	ntrib	outior	١				
	Full Name (Last, First, Middle Initial) Friends Of Pete Gallego								Dist		ement				
	Mailing Address PO Box 1781						M C	5	/	0	7	Y		)14	Y
	San Antonio	State TX	Zip Code 78296				Tra	ansa	ctic	on ID	: 596	6275	00		
	Purpose of Disbursement 2014 General			C	)11		Amo	ount d	of E	Each	Disb	urser	nent	this	Period
	Candidate Name Mr. Pete Gallego			Cate T	egor ype	y/			,	,		7		2500	).00
	Office Sought: House Disburser Senate President State: TX District: 23	nent For: 2 Primary Other (spe	X General				2014	Gen	iera	al					
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT	ION POLITICAL A	стю	N COI	MMITTEE	
Α.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro				Date of Disbur	sement
	Mailing Address 129 Church St, Ste 818				05	072014
	New Haven	State Zip Code CT 06510			Transaction	D : 59627501
	Purpose of Disbursement 2014 Convention		C	)11	Amount of Eac	h Disbursement this Period
	Candidate Name Rep. Rosa L. DeLauro			egory/ ype		1000.00
	Office Sought: House Disburser Senate President State: CT District: 03	ment For: 2014 Primary General Other (specify) ▼ Convention20	)14		2014 Conventio	n
В.	Full Name (Last, First, Middle Initial) Fleming For Congress				Date of Disbur	sement
	Mailing Address PO Box 1236				05	07 2014
	Minden	StateZip CodeLA71058			Transaction	ID : 59627506
	Purpose of Disbursement 2014 Primary Candidate Name Rep. John C. Fleming MD		Cat	011 egory/ ype	Amount of Eac	h Disbursement this Period
	Office Sought: House Disburser	ment For: 2014 Primary General Other (specify) ▼	,	уре	2014 Primary	
C.	Full Name (Last, First, Middle Initial) Mchenry For Congress				Date of Disbur	sement
	Mailing Address PO Box 1406				05	07 2014
	Hickory	StateZip CodeNC28603	1		Transaction	ID : 59627530
	Purpose of Disbursement Void - 4/14/14 Chk Candidate Name			)11 egory/	Amount of Eac	h Disbursement this Period
	Rep. Patrick Timothy McHenry         Office Sought:       House       Disburser         Senate       President       X         State:       NC       District:       10	ment For: 2014 Primary General Other (specify)		ype	Void - 4/14/14 C	-2000.00 Chk
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Full Name (Last, First, Middle Initial) A. Jim Renacci For Congress			Date of Disbursement
Mailing Address 150 Smokerise Drive			05 08 2014
City Wadsworth	StateZip CodeOH44281		Transaction ID : 59632676
Purpose of Disbursement 2014 General Candidate Name		011	Amount of Each Disbursement this Period
Rep. James B. Renacci	ement For: 2014	Category/ Type	1000.00
State: OH District: 16	Primary X General Other (specify) ▼		2014 General
Full Name (Last, First, Middle Initial) B. Mchenry For Congress			Date of Disbursement
Mailing Address PO Box 1406			05 08 2014
City Hickory Purpose of Disbursement	State Zip Code NC 28603		Transaction ID : 59632678
2014 General Candidate Name Rep. Patrick Timothy McHenry		011 Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President State: NC District: 10	ement For: 2014 Primary X General Other (specify) ▼		2014 General
Full Name (Last, First, Middle Initial) C. Guthrie For Congress			Date of Disbursement
Mailing Address PO Box 9639			05 14 2014
City Bowling Green	StateZip CodeKY42102		Transaction ID : 59796265
Purpose of Disbursement 2014 Primary Candidate Name		011	Amount of Each Disbursement this Period
Rep. S. Brett Guthrie	ement For: 2014	Category/ Type	1000.00
State: KY District: 02	Primary General Other (specify) ▼		2014 Primary
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 113 OF 136
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NAME OF COMMITTEE (In Full)			
AMERICAN MEDICAL ASSOCIA	TION POLITICAL A		MITTEE
Full Name (Last, First, Middle Initial)			
A. Alan Lowenthal For Congress			Date of Disbursement
Mailing Address 6380 Wilshire Blvd., #1612			05 / 14 / 2014
City	State Zip Code		
Los Angeles	CA 90048		Transaction ID : 59796359
Purpose of Disbursement 2014 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Mr. Alan Lowenthal		Туре	1000.00
Office Sought: House Disburse Senate President State: CA District: 47	ement For: 2014 Primary General Other (specify) ▼		2014 Primary
Full Name (Last, First, Middle Initial)			
B. Bill Cassidy For Us Senate			Date of Disbursement
-			M M / D D / Y Y Y
Mailing Address PO Box 80505			05 14 2014
City Baton Rouge	State Zip Code LA 70898		Transaction ID : 59796362
Purpose of Disbursement			
2014 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Mr. William Cassidy	ement For: 2014	Туре	
Senate President	Primary General Other (specify) ▼		2014 Primary
State: LA District:			
Full Name (Last, First, Middle Initial) C. Scalise For Congress			Date of Disbursement
Mailing Address PO Box 23219			05 / 14 / 2014
City	State Zip Code		<b>T</b> (1) <b>ID F</b>
Jefferson	LA 70183		Transaction ID : 59796363
Purpose of Disbursement 2014 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Steve Scalise		Туре	5000.00
Senate President	ement For: 2014 Primary General Other (specify)		2014 Primary
State: LA District: 01			
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	AMERICAN MEDICAL ASSOCIAT	ION PC	OLITICAL AC	TIO	N (	COM	MITTE	E				
	Full Name (Last, First, Middle Initial) Richmond For Congress						Date of	f Dist	bursei	ment		
							M M	/	D	D / Y	Y	Y Y
	Mailing Address 1631 Elysian Fields Suite 150						05		14		2014	
	,	State	Zip Code				Trans	actic	on ID	: 597963	64	
	New Orleans	LA	70126				Trans	aone			04	
	Purpose of Disbursement 2014 Primary			0	011		Amount	t of E	Each	Disburser	ment th	is Period
	Candidate Name			Cate	əgor	ry/					2	000.00
	Mr. Cedric Richmond			Ty	уре		_		,		2	000.00
	Office Sought: House Disburser Senate President State: LA District: 02	nent For: Primary Other (spe	General				2014 Pr	imary	y			
	Full Name (Last, First, Middle Initial)											
В.	Charles Boustany Jr. Md For Cong	ress, Ir	IC.				Date of	f Dist				
	Mailing Address PO Box 80126						05	/	D 14		2014	
	Lafayette	State LA	Zip Code 70598				Trans	actio	on ID	: 597963	66	
	Purpose of Disbursement 2014 Primary			C	011		Amount	t of E	Each	Disburser	nent th	is Period
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	Rep. Charles W. Boustany Jr.				ype	y/			,		1	500.00
		nent For: Primary Other (spe	General				2014 Pr	imar	у			
<u>с.</u>	Full Name (Last, First, Middle Initial) Fleming For Congress						Date of	f Dist	bursei	ment		
							M M	/	D		201 <i>4</i>	
	Mailing Address PO Box 1236						05		14		2014	
	City Minden	State LA	Zip Code 71058				Trans	actio	on ID	: 597963	67	
	Purpose of Disbursement 2014 Primary			0	)11		Amount	t of F	- ach	Disburser	nent th	is Period
	Candidate Name			Cate	eaor	v/						
	Rep. John C. Fleming MD				ype			-	,	- 7	30	000.00
	Office Sought: House Disburser Senate President State: LA District: 04	nent For: Primary Other (spe	General				2014 Pr	imary	ý			
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_	Full Name (Last, First, Middle Initial)												
А.	Collins For Senator						Date of	r Disi					
	Mailing Address PO Box 1096						05	/	14			014	Y
	5	State Zip Co	ode				Trans	actio	n ID	: 59796	268		
	Bangor	ME 04402	2				ITalia	actic		. 53730	500		
	Purpose of Disbursement 2014 Primary			0	11		Amoun	t of E	Each	Disburse	emen	t this	Period
	Candidate Name			Cate		y/						5000	0.00
	Sen. Susan M. Collins Office Sought: House Disburser	nent For: 2014		Ту	/pe				,		-	5000	
	State: ME District:		General				2014 Pr	imary	y				
	Full Name (Last, First, Middle Initial)												
В.							Date of	f Disl					
	Mailing Address P.O. Box 1523						05	/	14			014	Y
	Bangor	State Zip Co ME 04402					Trans	sactio	on ID	: 59796	380		
	Purpose of Disbursement 2014 Primary			0	11		Amoun	t of E	Each	Disburse	emen	t this	Period
	Candidate Name			Cate	aor	v/		1				500	
	Ms. Emily Cain				/pe	<i>y.</i>			,			5000	0.00
	Senate X	nent For: 2014 Primary C Other (specify) V	General				2014 Pi	rimar	у				
с.	Full Name (Last, First, Middle Initial) Moolenaar For Congress						Date of	f Disl	burse	ment			
	Mailing Address 5915 Eastman Avenue Suite 100						м м 05	1	D 14			014	Y
	Midland	State Zip Co MI 48640					Trans	sactio	on ID	: 59796	801		
	Purpose of Disbursement 2014 Primary			0	11		Amoun	t of E	Each	Disburse	emen	t this	Period
	Candidate Name			Cate		y/			-			5000	0.00
	Mr. John Moolenaar Office Sought: Y House Disburser	nent For: 2014		IJ	/pe				,		-		
	State: MI District: 04		deneral				2014 Pr	imary	y				
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSO	CIATION POLITICAL AC		MMITTEE
Full Name (Last, First, Middle Initial) A. Mike Bishop For Congress			Date of Disbursement
Mailing Address PO Box 1148			05 14 2014
City Brighton	State Zip Code MI 48116		Transaction ID : 59796809
Purpose of Disbursement 2014 Primary Candidate Name		011	Amount of Each Disbursement this Period
Mr. Michael Bishop	sbursement For: 2014	Category/ Type	5000.00
State: MI District: 08	Primary General Other (specify)		2014 Primary
Full Name (Last, First, Middle Initial) B. Friends Of Sessions Senate (	Committee Inc		Date of Disbursement
Mailing Address P O Box 4278			05 16 2014
City Montgomery	State Zip Code AL 36103		Transaction ID : 59816059
Purpose of Disbursement 2014 Primary Candidate Name Sen. Jeff Sessions		011 Category/ Type	Amount of Each Disbursement this Period 4000.00
Office Sought: House Di Senate President State: AL District:	sbursement For: 2014		2014 Primary
Full Name (Last, First, Middle Initial) C. Byrne For Congress Inc			Date of Disbursement
Mailing Address PO Box 2743			05 16 / Y Y Y Y 2014
City Mobile	State Zip Code AL 36652		Transaction ID : 59816060
Purpose of Disbursement 2014 Primary Candidate Name		011	Amount of Each Disbursement this Period
Mr. Bradley Byrne	sbursement For: 2014	Category/ Type	2000.00
State: AL District: 01	Primary General Other (specify)		2014 Primary
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	AMERICAN MEDICAL ASSOCIAT	ION POL	ITICAL AC	TIO	N C	COM	MITTE	ΞE					
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Martha Roby For Congress						Date of						_
	Mailing Address PO Box 195						05	/	D 1		20	14 14	Ŷ
	City	State	Zip Code				<b>-</b>			500404	~		
	Montgomery	AL	36101				Trans	acti	on ID	: 598161	21		
	Purpose of Disbursement 2014 Primary			0	11		Amoun	t of	Each	Disburse	ment	this P	eriod
	Candidate Name			Cate	egory	//						2000	00
	Rep. Martha Roby				ype				,			2000.	00
	Office Sought: House Disburser Senate President State: AL District: 02	nent For: 20 Primary Other (specif	General				2014 Pr	rimar	у				
_	Full Name (Last, First, Middle Initial)												
В.	Mike Rogers For Congress						Date of	f Dis		_			_
	Mailing Address 123 East 13th Street						05	/	D 1		20	14	Ŷ
	Anniston	State AL	Zip Code 36201				Trans	sacti	on ID	: 598161	23		
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	Candidate Name						Amoun		Lacii	Disbuise	mem		chida
	Rep. Michael D. Rogers				egory ype	//	L.		,			2000.	00
	Office Sought: X House Disburser	nent For: 20 Primary Other (specif	General				2014 Pi	rimai	ry				
_	Full Name (Last, First, Middle Initial)												
C.	Robert Aderholt For Congress						Date of	f Dis					
	Mailing Address P. O. Box 1158						05	/	D 1		20	14 14	Y
	City	State	Zip Code				Tuona			. 5004.04	~ 4		
	Haleyville	AL	35565				Trans	sacti	on ID	: 598161	24		
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	Candidate Name			Cate	egory	//						2000.	00
	Rep. Robert B. Aderholt			Ty	ype			_	7			2000.	00
	Office Sought: House Disburser Senate President State: AL District: 04	nent For: 20 Primary Other (specif	General				2014 Pr	rimar	У				
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	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT	ION PC	DLITICAL AC	стю	N (	СОМ	MITT	EE					
Α.	Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com						Date o	_	sburse		Y	YY	Y
	Mailing Address 7610 Foxfire Dr.						05		1	6	L.	2014	
	Huntsville	State AL	Zip Code 35802				Trans	sacti	ion ID	: 598	16126		
	Purpose of Disbursement 2014 Primary			C	)11		Amoun	it of	Each	Disbu	irseme	nt this	Period
	Candidate Name Mo Brooks			Cate T	egor ype	·y/			<u>,</u>		7	200	0.00
		nent For: Primary Other (spe	General				2014 P	rima	ry				
В.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress						Date o		sburse		Y	YY	Y
	Mailing Address P.O. Box 1964						05		1	6	L.	2014	
	Birmingham	State AL	Zip Code 35201				Trans	sact	ion ID	: 598	16131		
	Purpose of Disbursement 2014 Primary Candidate Name			Cate		y/	Amoun	it of	Each	Disbu	irseme		Period 0.00
	Senate X	nent For: Primary Other (spe	General	Ţ	ype		2014 P	rima	iry		7		
C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress						Date o		_	_			
	Mailing Address 5429 Madison Avenue						05	/	D 1	6		y y 2014	Y
	,	State CA	Zip Code 95841				Trans	sact	ion ID	: 598	16132		
	2014 Primary Candidate Name				)11		Amoun	it of	Each	Disbu	irseme	nt this	Period
	Rep. Mike Thompson	nent For:	2014		egor ype	·y/			7		7	150	0.00
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)											
	AMERICAN MEDICAL ASSOCIAT	ION POLI	TICAL AC	TIOI	N C	COM	MITTE	E				
Α.	Full Name (Last, First, Middle Initial) Cory Booker For Senate						Date of	Disb	urser	ment		
							M M	/	D	D / Y	YY	Y
	Mailing Address PO Box 32237						05		16	3	2014	
	5		ip Code				Trans	actio	n ID :	: 5981613	34	
	Newark Purpose of Disbursement	INJ (	7102									
	2014 Primary			0	11		Amount	of Ea	ach I	Disburser	nent this	Period
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	Cory Booker Office Sought: House Disburser	nent For: 201	A	Ту	ype				_	7		
	Senate X President	Primary Other (specify)	General				2014 Pri	mary				
	State: NJ District:											
В.	Full Name (Last, First, Middle Initial) Pallone For Congress						Date of	Disb	urser	ment		
	Mailing Address PO Box 3176						05	/	D 16		2014	Y
	Long Branch		ip Code 07740				Trans	actio	n ID	: 598161:	36	
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	Rep. Frank Pallone Jr.				/pe	y/		,			250	0.00
		nent For: 201 Primary Other (specify)	General				2014 Pr	imary				
	Full Name (Last, First, Middle Initial)											
C.	Pete King For Congress Committee	е					Date of	Disb				
	Mailing Address PO Box 1428						05	/	16		2014	Y
	City	State Z	ip Code				Trope	actio	ח ור	: 5981614	10	
	Seaford	NY 1	1783				Trans	actio	טו ה	. 2901014	ŧU	
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	Rep. Pete T. King           Office Sought:         V         House         Disburser	ment For: 201	4	IJ	ype			7				
	State: NY District: 02	Primary Other (specify)	General				2014 Pri	mary				
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	AMERICAN MEDICAL ASSOCIAT				N		M	MITTI	EE						
Α.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Commit	tee						Date c	of Dis						
	Mailing Address PO Box 1400							05	/	D 1	16			014	Y
	Melville	State NY	Zip Code 11747					Trans	sacti	ion ID	):	598161	42		
	Purpose of Disbursement 2014 Primary			(	)11			Amour	it of	Each	Ē	Disburse	men	t this	Period
	Candidate Name Rep. Steve J. Israel			Cat T	ego ype	,				,	2	7		100	0.00
	Office Sought: House Disburser Senate President State: NY District: 03	nent For: Primary Other (spe	General					2014 P	rima	ry					
в.	Full Name (Last, First, Middle Initial) Grace For New York							Date c		sburse			Y Y	Y	Y
	Mailing Address 49-04 43rd Ave							05			16			014	
	Woodside	State NY	Zip Code 11377					Tran	sact	ion ID	<b>)</b> :	598161	45		
	Purpose of Disbursement 2014 Primary Candidate Name			la de la compañía de	011			Amour	it of	Each	C	)isburse	men	t this	Period
	Ms. Grace Meng			Cat T	ego ype			L.,		7				200	0.00
		nent For: Primary Other (spe	General					2014 P	rima	ıry					
с.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. V	/elazqu	ez To Congr	e				Date c	of Dis	sburse	en	nent			
	Mailing Address 315 Inspiration Lane							M M 05	/	D 1	16			014	Y
	Gaithersburg	State MD	Zip Code 20878					Tran	sact	ion ID	):	<b>59816</b> 1	47		
	Purpose of Disbursement 2014 Primary			(	011			Amour	it of	Each	Ē	)isburse	men	t this	Period
	Candidate Name Rep. Nydia M. Velazquez			Cat T	ego ype					7		. ,		2000	0.00
	Office Sought:     House     Disburser       Senate     President     X       State:     NY     District:     07	nent For: Primary Other (spe	General					2014 P	rima	ry					
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	AMERICAN MEDICAL ASSOCIAT	ION POLITICAL A		ON CO	OMMITT	EE									
Α.	Full Name (Last, First, Middle Initial) Clarke For Congress				Date o	_	burse		YY	V					
	Mailing Address 111-36 200th. Street				05		1		2014						
	City Hollis Purpose of Disbursement	StateZip CodeNY11412			Trans	sacti	on ID	: 59816 <sup>,</sup>	157						
	2014 Primary Candidate Name			011	Amour	it of	Each	Disburse	ement th	is Period					
	Ms. Yvette Clarke	Sought: X House Disbursement For: 2014													
	State: NY District: 11	Senate     ➤     Primary     General       President     Other (specify)     ▼													
в.	Full Name (Last, First, Middle Initial) Maloney For Congress		Date o	_		ement	YY	V							
	Mailing Address 49 East 92nd St				05	4									
	New York	State Zip Code Transact						Transaction ID : 59816160							
	Purpose of Disbursement 2014 Primary Candidate Name			011 itegory/	Amour	it of	Each	Disburse	ement th	is Period					
		ment For: 2014 Primary Genera Other (specify)		Туре	2014 P	2014 Primary									
c.	Full Name (Last, First, Middle Initial) Crowley For Congress				Date o	_									
	Mailing Address 84-56 Grand Avenue				05 / D D / Y Y Y Y 2014										
	City Elmhurst Purpose of Disbursement	StateZip CodeNY11373			Tran	sacti	on ID	: 59816	164						
	2014 Primary Candidate Name		Ca	011 itegory/	Amour	it of	Each	Disburse		is Period					
	Rep. Joseph Crowley       Office Sought:     House     Disburser       Senate     President     X       State:     NY     District:     14	ment For: 2014 Primary Genera Other (specify) <b>v</b>	·	Туре	2014 P	rimar	ŷ	7	4	000.00					
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Α.	Full Name (Last, First, Middle Initial) Engel For Congress						D	ate o	f Dis	sburs	em	nent				
	Mailing Address 462 California Road							05	/	D	16			014	Y	
	City S Bronxville	State NY	Zip Code 10708				-	Frans	sacti	ion IE	):	59816	166			
	Purpose of Disbursement 2014 Primary			C	)11		Aı	noun	t of	Each	D	isburs	emen	t this	Period	
	Candidate Name Rep. Eliot L. Engel			Category/ Type 5000.0												
	Office Sought: House Disburser Senate President State: NY District: 16	2014 General cify) ▼				20	14 P	rima	ry							
в.	Full Name (Last, First, Middle Initial) Chris Gibson For Congress							ate o		sburs			Y		Y	
	Mailing Address PO Box 255						05 16 2014									
	Kinderhook	State NY	Zip Code 12106					Transaction ID : 59816168								
	Purpose of Disbursement 2014 Primary Candidate Name			la de la compañía de	011		Aı	noun	t of	Each	D	isburs	emen	t this	Period	
	Mr. Christopher Gibson			Cate T	egoi ype		L			7			_	400	0.00	
	-	nent For: Primary Other (spe	General				20	)14 P	rima	iry						
C.	Full Name (Last, First, Middle Initial) Paul Tonko For Congress						D	ate o	f Dis	sburs	em	nent				
	Mailing Address 911 Central Avenue PO Box 221						Ľ	05	/	D	16			014	Y	
	City S Albany	State NY	Zip Code 12206					Trans	sacti	ion IE	):	59816	177			
	Purpose of Disbursement 2014 Primary			C	)11		Aı	noun	t of	Each	D	isburs	emen	t this	Period	
	Candidate Name Rep. Paul David Tonko			Cate T	egoi ype					7	2	,		250	0.00	
	Office Sought:     House     Disburser       Senate     President     X       State:     NY     District:     20	nent For: Primary Other (spe	General				20	14 Pi	rima	ry						
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/ /	AMERICAN MEDICAL ASSOCIAT	ION POLITICAL AC		IMITTEE											
	ull Name (Last, First, Middle Initial)														
<b>A</b> .	Richard Hanna For Congress Com	mittee		Date of Disbursement											
N	Aailing Address PO Box 118			05 16 2014											
Ċ	Dity S	State Zip Code		Transaction ID : 59816180											
	Utica Purpose of Disbursement	NY 13503													
	2014 Primary		011	Amount of Each Disbursement this Period											
ζ	Candidate Name		Category/												
	Rep. Richard Hanna		Туре												
C		nent For: 2014 Primary General Other (specify) ▼		2014 Primary											
5	State: NY District: 22														
	Full Name (Last, First, Middle Initial)														
В.	Louise Slaughter Re-Election Com	mittee		Date of Disbursement											
N	Aailing Address 1150 University Ave, Bldg. 5			05 16 2014											
_															
	Sity S Rochester	State Zip Code NY 14607		Transaction ID : 59816183											
F	Purpose of Disbursement	14007													
	2014 Primary		011	Amount of Each Disbursement this Period											
			Category/	3000.00											
	Rep. Louise McIntosh Slaughter Office Sought: Y House Disbursen	nent For: 2014	Туре												
	Senate President	Primary General Other (specify) $\checkmark$		2014 Primary											
	State: NY District: 25														
	Collins For Congress			Date of Disbursement											
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Ν	Aailing Address PO Box 386			05 16 2014											
	5	State Zip Code		Transaction ID : 59816184											
	Clarence Purpose of Disbursement	NY 14031													
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	Candidate Name		Category/												
	Rep. Christopher Collins		Туре	2000.00											
		nent For: 2014 Primary General Other (specify) ▼		2014 Primary											
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NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIA	TION POLITICAL AC		IMITTEE								
Full Name (Last, First, Middle Initial) A. Denny Heck For Congress Mailing Address PO Box 235			Date of Disbursement								
City Olympia	State Zip Code WA 98507		Transaction ID : 59816185								
Purpose of Disbursement 2014 Primary Candidate Name		011	Amount of Each Disbursement this Period								
Mr. Dennis Heck	ement For: 2014	Category/ Type	2000.00								
State: WA District: 10	Primary General Other (specify) ▼		2014 Primary								
Full Name (Last, First, Middle Initial) B. Andy Barr For Congress, Inc.			Date of Disbursement								
Mailing Address PO Box 2059	State Zin Code		05 16 2014								
City Lexington Purpose of Disbursement	State Zip Code KY 40588		Transaction ID : 59816191								
2014 Primary Candidate Name Rep. Andy Barr		011 Category/ Type	Amount of Each Disbursement this Period								
	ement For: 2014 Primary General Other (specify) ▼		2014 Primary								
Full Name (Last, First, Middle Initial) C. AMERIPAC: The Fund For A Grea	ater America		Date of Disbursement								
Mailing Address 700 13th Street, NW Suite 600			05 16 2014								
City Washington Purpose of Disbursement	StateZip CodeDC20005		Transaction ID : 59816211								
2014 Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period 2500.00								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	2014 Contribution								
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	AMERICAN MEDICAL ASSOCIAT		LITICAL AC	TIO	N (		1MI	TT	EE							
Α.	Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14						Da	ate o	f Dis	sburse	em	nent				
	Mailing Address PO Box 1496						ľ	05	/	D 1	16			014	Y	
	City S Louisville	State KY	Zip Code 40201				٦	rans	sacti	ion ID	):	598191	89			
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	Candidate Name Sen. Mitch McConnell			Cate Ty	egoi ype	ry/				,		7		2500	0.00	
		nent For: 2 Primary Other (spec	General				20	14 P	rima	ry						
в.	Full Name (Last, First, Middle Initial) Billy Long For Congress						_	1 M	_	sburse	D	/		Y	Y	
	Mailing Address 3246 E. Ridgeview Street	_					05 19 2014						014			
	Springfield	State MO	Zip Code 65804				Transaction ID : 59824069									
	Purpose of Disbursement 2014 Primary Candidate Name				)11		Ar	noun	t of	Each	D	isburse	emen	t this	Period	
	Rep. Billy Long			Cate Ty	egoi ype	ry/				7				100	0.00	
	Senate X	nent For: 2 Primary Other (spec	General				20	14 P	rima	ıry						
C.	Full Name (Last, First, Middle Initial) Pompeo For Congress Inc									sburse						
	Mailing Address PO Box 780146						ľ	05	/	D 1	9			014	Y	
	Wichita	State KS	Zip Code 67212					ran	sact	ion ID	):	59824	070			
	Purpose of Disbursement 2014 Primary Candidate Name			0	11		Ar	noun	t of	Each	D	isburse	emen	t this	Period	
	Rep. Mike Pompeo			Cate Ty	egoi ype	ry/				,	2	7		1000	0.00	
	Office Sought: House Disburser Senate President State: KS District: 04	nent For: 2 Primary Other (spec	General				20	14 P	rima	ry						
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	AMERICAN MEDICAL ASSOCIAT	ION PC	OLITICAL AC	TIO	N (	CC	M	MITTI	EE										
Α.	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong	ress, Ir	IC.					Date c	_	sburse		Y	YYY	Y					
	Mailing Address PO Box 80126							05			9		2014						
	Lafayette	State LA	Zip Code 70598					Tran	sacti	ion ID	: 59824	072							
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	Candidate Name Rep. Charles W. Boustany Jr.			Cate T	egoi ype					,			2500	0.00					
	Office Sought: House Disburser	nent For: Primary Other (spe	General					2014 P	rima	ry									
в.	Full Name (Last, First, Middle Initial) John Lewis For Congress							Date c		sburse		Y	ΥΥ	Y					
	Mailing Address P.O. Box 2323				05						05 19 2014								
	Atlanta	State GA	Zip Code 30301				Transaction ID : 59825424												
	Purpose of Disbursement 2014 Primary			C	)11			Amount of Each Disbursement this Period											
	Candidate Name Rep. John Lewis			Cate T	egoi ype					,	,		1000	0.00					
	Senate X	nent For: Primary Other (spe	General					2014 P	rima	ıry									
c.	Full Name (Last, First, Middle Initial) Mulvaney For Congress							Date c	of Dis	sburse	ement								
	Mailing Address P.O. Box 1975							05	/	2	D /		2014	Y					
	Lancaster	State SC	Zip Code 29721					Tran	sact	ion ID	: 59872	770							
	Purpose of Disbursement 2014 Primary			0	11			Amour	nt of	Each	Disburs	emer	nt this	Period					
	Candidate Name Rep. Mick Mulvaney			Cate T	egoi ype					,	,		1000	0.00					
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$\setminus$	NAME OF COMMITTEE (In Full)																	
$ \rangle$	AMERICAN MEDICAL ASSOCIAT	ION PC	OLITICAL AC	TIO	N (	COM	MITTE	E										
Α.	Full Name (Last, First, Middle Initial) The Madison PAC						Date of	f Dis	burse		_	Ý						
	Mailing Address 235 State Street Suite 206						05	/		21	7 1	2014						
	Springfield	State MA	Zip Code 01103				Trans	acti	on ID	: 5	987277	<b>'</b> 1						
	Purpose of Disbursement 2014 Contribution			C	011		Amount	tof	Each	Dis	sbursen	nent th	is Period					
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В.	Friends Of Lois Capps						Date of	f Dis	burse		_	Y	YY					
	Mailing Address P.O. Box 23940						05 21 2014											
	Santa Barbara	State CA	Zip Code 93121				Trans	acti	on ID	):5	987338	36						
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C.	Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congres	ss Comr	nittee				Date of	f Dis			ent							
	Mailing Address PO Box 231						05	/	2	3	/ Y	2014						
	Lutherville	State MD	Zip Code 21094				Trans	acti	on ID	):5	988467	73						
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	Rep. C.A. Dutch Ruppersberger				egor ype	ry/						20	00.00					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
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Α.	Full Name (Last, First, Middle Initial) Donna Edwards For Congress						Date o	f Dis	sburse	ement							
	Mailing Address P.O. Box 441153						м м 05	/	D 2		20	14	Y				
	City Fort Washington	State MD	Zip Code 20749				Trans	sacti	on ID	: 598846	74						
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	Candidate Name Rep. Donna F. Edwards			Cate		ry/						2000.	00				
	•	ment For: Primary Other (spe	General	1	ype		2014 Pi	rima	ry		_						
в.	Full Name (Last, First, Middle Initial) Hoyer For Congress						Date o	_	sburse		Y Y	Y	Y				
	Mailing Address 700 13th Street, Nw Suite 600						05		2	:3	_ 20	)14					
	Washington	State DC	Zip Code 20005					Transaction ID : 59884675									
	Purpose of Disbursement 2014 Primary Candidate Name Rep. Steny H. Hoyer			Cate		ry/	Amoun	t of	Each	Disburse	ment	this P 2500					
	Office Sought: X House Disburse	ment For: Primary Other (spe	General		ype		2014 P	rima	ry								
с.	Full Name (Last, First, Middle Initial) Friends Of John Delaney						Date o	f Dis	sburse	ement							
	Mailing Address PO Box 70835						м м 05	/	2		20	ү 14	Y				
	Bethesda	State MD	Zip Code 20813				Trans	sacti	ion ID	: 598846	676						
	Purpose of Disbursement 2014 Primary Candidate Name			0	11		Amoun	t of	Each	Disburse	ment	this P	eriod				
	Rep. John Delaney			Cate T	egor ype	ſy/			,			2000.	00				
	Office Sought: House Disburse Senate President State: MD District: 06	ment For: Primary Other (spe	General				2014 Pi	rimai	ry								
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Α.	Full Name (Last, First, Middle Initial) Cummings For Congress Campaig	in Com	mittee				I	Date o	_	D	-	D /		Y	Y		
	Mailing Address PO Box 1631							05			23		2	014			
	Baltimore	State MD	Zip Code 21203					Trans	sacti	ion II	D :	598846	678				
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	Candidate Name Rep. Elijah E. Cummings			Cate	egoi /pe	ry/	/ 2000.00										
	Office Sought: House Disburse Senate President State: MD District: 07	2014 General ecify) ▼				2	2014 P	rima	ry								
в.	Full Name (Last, First, Middle Initial) Van Hollen For Congress					I	Date o		sburs			Y Y	Y	Ŷ			
	Mailing Address 10537 St. Paul St.						05 23 2014										
	Kensington	State Zip Code MD 20895					Transaction ID : 59884679										
	Purpose of Disbursement 2014 Primary Candidate Name Rep. Chris Van Hollen			Cate	)11 egoi /pe		Amount of Each Disbursement this Perio										
	Office Sought: X House Disburser	ment For: Primary Other (spe	General	<u>_</u>	,he		2	2014 P	rima	iry							
C.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei						I	Date o		sburs			v	Ý	Y		
	Mailing Address PO Box 230							05	Í		23			014			
	City Syracuse Purpose of Disbursement	State NY	Zip Code 13201					Trans	sact	ion II	D :	598847	730				
	2014 Primary Candidate Name Rep. Daniel B. Maffei			Cate			/	Amoun	it of	Each	ם ר	Disburse	emen		Period 0.00		
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	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check or 21k 27	nly one)			
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$\setminus$	NAME OF COMMITTEE (In Full)						
$ \rangle$	AMERICAN MEDICAL ASSOCIAT	ION POLITICAL AC	CTION CO	MMITTEE			
Α.	Full Name (Last, First, Middle Initial) Tiberi For Congress			Date of Disbursement			
	Mailing Address 2931 E Dublin Granville Road Suite 190			05 23 2014			
	City Columbus	StateZip CodeOH43231		Transaction ID : 59884731			
	Purpose of Disbursement 2014 General		011	Amount of Each Disbursement this Period			
	Candidate Name Rep. Pat J. Tiberi		Category/ Type	1200.00			
	Office Sought: House Disburser Senate President State: OH District: 12	ment For: 2014 Primary X General Other (specify) ▼		2014 General			
В.	Full Name (Last, First, Middle Initial) Stivers For Congress			Date of Disbursement			
	Mailing Address 4679 Winterset Drive			05 27 2014			
	Columbus	StateZip CodeOH43220		Transaction ID : 59895491			
	Purpose of Disbursement 2014 General Candidate Name		011	Amount of Each Disbursement this Period			
	Rep. Steve Stivers		Category/ Type	1000.00			
	Office Sought: House Disburser Senate President State: OH District: 15	ment For: 2014 Primary X General Other (specify) ▼		2014 General			
c.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress			Date of Disbursement			
	Mailing Address 5429 Madison Avenue			05 / 28 / 2014			
	Sacramento	State Zip Code CA 95841		Transaction ID : 59899627			
	Purpose of Disbursement 2014 Primary	ry 011					
	Candidate Name Rep. Mike Thompson		Category/ Type	3500.00			
	Office Sought: House Disburser Senate President State: CA District: 05	ment For: 2014 Primary General Other (specify) ▼		2014 Primary			
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<u> </u>	Full Name (Last, First, Middle Initial)					_										
Α.	Matsui For Congress					Date of	f Dist									
	Mailing Address PO Box 1738					05	/	28		201	4 Y					
	City	State Zip Code				Trans	actic	n ID	: 59899	629						
	Sacramento	CA 95812				ITalis	actic	טו ווע	. 59699	029						
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_	Full Name (Last, First, Middle Initial)															
В.	Paul Cook For Congress					Date of	ment									
						MM	/	D			Y Y					
	Mailing Address PO Box 365					05 28 2014										
	Yucca Valley	State Zip Code CA 92286				Trans	actio	on ID	: 59899	630						
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_	Full Name (Last, First, Middle Initial)															
C.	Nancy Pelosi For Congress					Date of	f Dist	burse	ment							
	Mailing Address 700 13th Street, Nw Suite 600		05 / 28 / Y Y Y 2014													
	City			Trans	actio	on ID	: 59899	631								
	Washington Purpose of Disbursement	DC 20005								•						
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Α.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress						Date		sburse	ement	Y	Y Y	Ý		
	Mailing Address 555 Capitol Mall, Suite 1425						05	5	2	28		2014			
	Sacramento	State CA	Zip Code 95814				Tra	nsact	ion ID	) : 598	99634				
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	Candidate Name Rep. Anna G. Eshoo			Cate	egor ype	ry/			7		,	400	0.00		
	Office Sought: House Disburser Senate President State: CA District: 18	ment For: Primary Other (spe	General				2014	Prima	ary						
в.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress						Date		sburse	ement	Y	YYY	Y		
	Mailing Address PO Box 12667						05 28 2014								
	Bakersfield	State CA	Zip Code 93389				Transaction ID : 59899635								
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	Mailing Address P.O. Box 23940						M 05		2	28	Y	y y 2014	Y		
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Mailing Ad	Mailing Address 777 S. Figueroa St., Ste. 4050									05 28 2014									
City			5	State	Zip Code				Transaction ID : 59899638										
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Mailing Ad	Mailing Address 6380 Wilshire Blvd #1612								-	M M / D D / Y Y Y Y 05 28 2014									
City	City State Zip Code								+										
Los Ange				CA	90048				Transaction ID : 59899641										
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-	Full Name (Last, First, Middle Initial) Becerra For Congress									Date o	f Dis	sburse	ment						
	Mailing Address P.O. Box 71584								-	05 / D D / Y Y Y Y 28 2014									
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Los Angel			CA 90071							Trans	sacti	ion ID	: 59899	643					
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А.	Walters For Congress							_											
	Mailing Address C/O 8001 Irvine Center Drive, #400		05		2		201												
	City	State	Zip Code				Transaction ID : 59899645												
	Irvine	CA	92618				India	sacu		. 556550	45								
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	State:     CA     District:     45       Full Name (Last, First, Middle Initial)																		
В.	Issa For Congress		Date of Disbursement																
	Mailing Address PO Box 760																		
	Vista	StateZip CodeCA92085									Transaction ID : 59899647								
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_	Full Name (Last, First, Middle Initial)																		
C.	Ryan For Congress, Inc.							Date of Disbursement											
	Mailing Address PO Box 1488		05 / D D / Y Y Y Y 28 / 2014																
	City	State	Zip Code				Trans	sacti	ion ID	: 598996	\$19								
	Janesville	sville WI 53547								. 330390	-+0								
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_	Full Name (Last, First, Middle Initial)		Data	( D'-I												
А.	Charlie Dent For Congress						Date o	_				X				
	Mailing Address PO Box 442			05 31 2014												
	City S	Code				Transaction ID : 60069333										
	Allentown	05				ITana	Sactic		. 000035	55						
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	Rep. Charlie W. Dent				/pe				,	- 7	-200	0.00				
		General ▼				Void - 4/14/14 Chk										
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B.	Full Name (Last, First, Middle Initial) Ron Desantis For Congress						Date o	of Dist	ourse	ment						
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	Mailing Address PO Box 405															
	City S Pointe Vedra			Transaction ID : 60069334												
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	Mr. Ronald Desantis															
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	State: FL District: 06															
_	Full Name (Last, First, Middle Initial)															
C.	Ruben Hinojosa For Congress		Date of Disbursement													
	Mailing Address 10125 N. 10th Street, Suite E															
	City	State Zip	Code			-+	<b>.</b>				05					
	Mcallen	TX 78504								: 600693	35					
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	Mailing Address 2929 Mossrock Street				05 / V V V V V 2014															
	Suite 215	State	Zip Code																	
	San Antonio	TX	78230				Transaction ID : 60069336													
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	Office Sought: X House Disburser Senate President State: TX District: 34	President Other (specify)								Void - 2/24/2014 chk.										
	Full Name (Last, First, Middle Initial)																			
	Doggett For Us Congress						Date of Disbursement													
	Mailing Address PO Box 5843		05 31 2014																	
	Austin	State TX		Transaction ID : 60069337																
	Purpose of Disbursement Void - 2/24/2014 chk.			C	)11		Amount of Each Disbursement this Period													
	Candidate Name			у/	-3500.00															
	Rep. Lloyd Doggett           Office Sought:         Y House         Disburser	ment For:	2014	L.	ype															
	- X	Primary Other (spe		Void - 2/24/2014 chk.																
— c.	Full Name (Last, First, Middle Initial)						Date of Disbursement													
	Mailing Address																			
	City	State	tate Zip Code																	
	Purpose of Disbursement																			
	Candidate Name		y/	Amount of Each Disbursement this Period																
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼		ype				,		,									
_	State: District:																			
s	UBTOTAL of Disbursements This Page (optional)					•			,		,	-7000	).00							
т	OTAL This Period (last page this line number only)	)							,		,	201800	0.00							