

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

Office Use Only

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

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

25 Massachusetts Ave, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000422

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer

Kevin Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 04 2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		1105120.38
(b) Cash on Hand at Beginning of Reporting Period.....	1184860.86	
(c) Total Receipts (from Line 19) .....	79745.24	621400.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 05 / 01 / 2014

To:

 M M / 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

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

79034.98

619147.93

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

700.00

700.00

## 17. Other Federal Receipts

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

10.26

1552.32

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

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

79745.24

621400.25

## 20. Total Federal Receipts

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

79745.24

621400.25

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1007.46	6538.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1007.46	6538.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	201800.00	656300.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	383.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	383.33
29. Other Disbursements .....	0.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	202807.46	664721.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202807.46	664721.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	79034.98	619147.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	383.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79034.98	618764.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1007.46	6538.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1007.46	6538.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Art Lee Klawitter MD**

Mailing Address PO Box 1388

City  
Needville

State  
TX

Zip Code  
77461-1388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH TEXAS MEDICAL CLINICS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2014

Transaction ID : 59580387

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Janice Tildon-Burton MD**

Mailing Address 2600 Glasgow Ave  
Ste 207

City

Newark

State

DE

Zip Code

19702-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

05 / 02 / 2014

Transaction ID : 59580625

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**C. Patricia Louise Austin MD**

Mailing Address 1270 Arroyo Way

City

Walnut Creek

State

CA

Zip Code

94596-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 59661985

Amount of Each Receipt this Period

1000.00

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

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

1916.66

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

 Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 7 OF 136

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Edward Guptill MD**

Mailing Address 8 Creeping Jenny Ln

City

Taunton

State

MA

Zip Code

02780-7206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARITAS MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : 59661990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Stephen Katz MD**

Mailing Address 1725 W Harrison St Ste 365

City

Chicago

State

IL

Zip Code

60612-3836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : 59661996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. John Anthony Logiudice MD**

Mailing Address 8700 W Watertown Plank Rd

City

Milwaukee

State

WI

Zip Code

53226-3595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : 59661997

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)..... ►

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Martin Mauk MD**

Mailing Address 915 Gessner Rd Ste 850

City

Houston

State

TX

Zip Code

77024-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DIGESTIVE & LIVER SPECIALISTS OF HOUS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel O'Brien**

Mailing Address 4825 V St

City

Sacramento

State

CA

Zip Code

95817-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662005

Amount of Each Receipt this Period

208.38

Full Name (Last, First, Middle Initial)

**C. Anthony Michael Padula MD FACS**

Mailing Address 8216 Seminole St

City

Philadelphia

State

PA

Zip Code

19118-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662006

Amount of Each Receipt this Period

208.38

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

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

916.76



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

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(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brandy Rene Patterson MD**

Mailing Address 4611 Pine Cone Ln

City  
Belden

State  
MS

Zip Code  
38826-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : 59662008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kira A Geraci-Ciardullo MD**

Mailing Address 135 Osborn Rd

City  
Harrison

State  
NY

Zip Code  
10528-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : 59662552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. David S Zamierowski MD**

Mailing Address 13203 Lamar Ave

City  
Overland Park

State  
KS

Zip Code  
66209-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : 59662553

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joseph Howard Haslitt MD**

Mailing Address 2701 W North St

City

Muncie

State

IN

Zip Code

47303-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Scott M Schlesinger MD**

Mailing Address 5800 W 10th St  
Ste 205

City

Little Rock

State

AR

Zip Code

72204-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662598

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Christian Seavers Fahey MD**

Mailing Address 4511 Minden Rd

City

Memphis

State

TN

Zip Code

38117-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEMPHIS ORTHOPAEDIC GROUP PC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 59662599

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carol Sadie Shapiro MD**

Mailing Address 7822 Gingerbread Ln

City State Zip Code  
 Fairfax Station VA 22039-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : 59664790

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark N Bair MD FACEP**

Mailing Address 6048 Dry Creek Cir

City State Zip Code  
 Highland UT 84003-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMERGENCY MEDICAL BILLING LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 18 / 2014

Transaction ID : 59823196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Donald Robt Brada MD**

Mailing Address 5101 Cody Ct

City State Zip Code  
 Lawrence KS 66049-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UKSM WICHITA PSYCH MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2014

Transaction ID : 59824074

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 136

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. George Edward Burns MD**

Mailing Address 1122 Druid Rd E

City

Clearwater

State

FL

Zip Code

33756-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

Transaction ID : 59824075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Arthur Davison MD**

Mailing Address 309 E Church St

City

Marshalltown

State

IA

Zip Code

50158-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOLFE CLINIC PC

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

Transaction ID : 59824078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard John Depersio MD**
Mailing Address 7557 Dannaher Way  
Ste 220

City

Powell

State

TN

Zip Code

37849-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER KNOXVILLE EAR NOSE &amp; THROAT

Occupation

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

Transaction ID : 59824079

Amount of Each Receipt this Period

416.69

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

1166.69

**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 LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gary Robt Figge MD**

Mailing Address 8039 N Tuscany Dr

City

Tucson

State

AZ

Zip Code

85742-4348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Gerard Flores MD**

Mailing Address 730 E Eldorado Pkwy

City

Little Elm

State

TX

Zip Code

75068-5444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tamara Paskowitz Folz MD**

Mailing Address 1102 Brookfield Rd Ste 200

City

Memphis

State

TN

Zip Code

38119-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824083

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Jerry Dale Kennett MD**

Mailing Address 1605 E Broadway  
Ste 300

City State Zip Code  
Columbia MO 65201-8023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JERRY D KENNETT MD PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
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 State Zip Code  
Brooksville FL 34601-8925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : 59824101

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Bruce Melvyn Smoller MD**

Mailing Address 5530 Wisconsin Ave  
Ste 806

City State Zip Code  
Chevy Chase MD 20815-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
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 only)..... ►

3500.00

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Michael Misch MD**

Mailing Address 250 Avenue K SW  
Ste 200

City State Zip Code  
Winter Haven FL 33880-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : 59824140**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Aileen Miyoko Takahashi MD**

Mailing Address 23451 Madison St Ste 340

City State Zip Code  
Torrance CA 90505-4762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : 59824141**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Fernando L De La Sotta MD**

Mailing Address PO Box 385

City State Zip Code  
Linwood NJ 08221-0385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : 59824142**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lynda Marie Young MD**

Mailing Address 11 Otsego Rd

City  
WorcesterState  
MAZip Code  
01609-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : 59824144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gary Warren Floyd MD**Mailing Address 1500 S Main St  
Jps Health NetworkCity  
Fort WorthState  
TXZip Code  
76104-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer

COOK CHILDRENS HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : 59824145

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James Wm Callaghan MD**

Mailing Address 216 Rosa Ave

City  
MetairieState  
LAZip Code  
70005-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST JEFFERSON PHYSICIAN SERVICES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : 59824162

Amount of Each Receipt this Period

150.00

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

1150.00

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



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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Floyd Barber MD**

Mailing Address 3210 SW 33rd Rd  
Ste 101

City State Zip Code  
Ocala FL 34474-7409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : 59824163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda Werner MD**

Mailing Address PO Box 1960

City State Zip Code  
Soldotna AK 99669-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHREACH HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872403

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mark Mandabach MD**

Mailing Address 619 19th St S  
UAB Dept of Anesthesiology

City State Zip Code  
Birmingham AL 35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAHSF PSYCHIATRY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872404

Amount of Each Receipt this Period

41.66

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

583.32

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

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Timothy Michael Beittel MD**

Mailing Address 702 Wildwood Rd

City

Aberdeen

State

NC

Zip Code

28315-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACT MEDICAL GROUP PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872405

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Paul Erik Houmann MD**

Mailing Address 3 Kershaw Ct

City

Greenville

State

SC

Zip Code

29607-5986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872407

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Kevin Christopher Reilly MD**

Mailing Address 108 Deer Grove Ct

City

Elizabethtown

State

KY

Zip Code

42701-6986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY

Occupation

Neuroradiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872408

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

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

Mailing Address 355 Sycamore Ct

City

Bloomfield

State

MI

Zip Code

48302-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA ASSOCIATE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872409

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Lance Allen Talmage MD**

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROMEDICA PHYSICIAN GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872410

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. William Wells Simmons MD**

Mailing Address 5204 Box Turtle Cir

City

Sarasota

State

FL

Zip Code

34232-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872412

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Terrance Wm Breen MD**

Mailing Address 5451 Coral Reef Ave

City

La Jolla

State

CA

Zip Code

92037-7027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872413

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Leon Harvey Chandler MD**

Mailing Address 4100 Lake Otis Pkwy  
Ste 216

City

Anchorage

State

AK

Zip Code

99508-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A A SPECIALTY HEALTH CLINIC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872414

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Christopher Peter Poje MD**

Mailing Address 3580 Sheridan Dr  
Ste 115

City

Amherst

State

NY

Zip Code

14226-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEDIATRIC ENT ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872415

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charles Joseph Nivens MD**

Mailing Address PO Box 3828

City

Bluffton

State

SC

Zip Code

29910-3828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET EAST COOPER SPINE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872416

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Damon Michael Dietrich MD**

Mailing Address 229 English Turn Dr

City

New Orleans

State

LA

Zip Code

70131-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST JEFFERSON PHYSICIAN SERVICES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872417

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. James Albert Corwin MD**

Mailing Address 4516 Robin Ln

City

Midland

State

TX

Zip Code

79707-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ONCOLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872418

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Juan Francisco Fitz MD**

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COVENANT MEDICAL GROUP ADMINISTRAT

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872419

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Masud Iqbal Malik MD**

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872420

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Dennis Lee Galinsky MD**

Mailing Address 55 E Erie St

Apt 1905

City

Chicago

State

IL

Zip Code

60611-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOMC MACNEAL RADIATION THERAPY

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872422

Amount of Each Receipt this Period

41.66

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

124.98

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Jason Michael Goldman MD</b></p> <p>Mailing Address 3001 Coral Hills Dr  Ste 340</p> <p>City State Zip Code  Coral Springs FL 33065-4172</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.30</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 21 / 2014</p> <p><b>Transaction ID : 59872424</b></p> <p>Amount of Each Receipt this Period  41.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Gregory Laurence Heacock MD</b></p> <p>Mailing Address 2002 Medical Pkwy  Ste 230</p> <p>City State Zip Code  Annapolis MD 21401-3282</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  ANNAPOLIS ENT Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.30</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 21 / 2014</p> <p><b>Transaction ID : 59872425</b></p> <p>Amount of Each Receipt this Period  41.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. Joydeep Som MD</b></p> <p>Mailing Address 2002 Medical Pkwy Ste 230</p> <p>City State Zip Code  Annapolis MD 21401-3282</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.30</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 21 / 2014</p> <p><b>Transaction ID : 59872426</b></p> <p>Amount of Each Receipt this Period  41.66</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>124.98</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Harold A Woodcome MD**

Mailing Address 690 Eddy St

Retina Consultants

City

Providence

State

RI

Zip Code

02903-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETINA CONSULTANTS, INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872427

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Theodore A Calianos MD**

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872428

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **C. Erich Bryan Groos MD**

Mailing Address 2400 Patterson St

Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORNEA CONSULTANTS OF NASHVILLE PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872430

Amount of Each Receipt this Period

41.66

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

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124.98



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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Samantha Leona Rosman MD**

Mailing Address 39A Danforth St

City

Jamaica Plain

State

MA

Zip Code

02130-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

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

Layton

State

UT

Zip Code

84041-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

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

Greenville

State

NC

Zip Code

27834-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST CAROLINA UNIV PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872435

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Howard Bradley Chodash MD**

Mailing Address 3804 Indian Lands Ln

City

Springfield

State

IL

Zip Code

62711-8214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTHCARE NETWORK ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872437

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Niranjana Marino Selvarajah MD**

Mailing Address 1729 Burrstone Rd

Slocum Dickson Medical Group PLLC

City

New Hartford

State

NY

Zip Code

13413-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872438

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Marcy L Zwelling MD**

Mailing Address 3771 Katella Ave

Ste 108

City

Los Alamitos

State

CA

Zip Code

90720-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872439

Amount of Each Receipt this Period

41.66

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

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

124.98

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scott Robert Hannum DO**

Mailing Address 6554 Lake Burden View Dr

City

Windermere

State

FL

Zip Code

34786-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VASCULAR CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872440

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Steven Anthony Severyn MD**

Mailing Address 7023 Ginger Hill Rd

City

Utica

State

OH

Zip Code

43080-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHIO STATE SPINE CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872441

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Peter Michael Daloni MD**

Mailing Address 2400 Highland Rd

City

Hermitage

State

PA

Zip Code

16148-2868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872442

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Edward Daghish MD**

Mailing Address 311 W Noble Ave

City

Visalia

State

CA

Zip Code

93277-2669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VISALIA FAMILY PRACTICE MEDICAL GROU

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872443

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. William Alan Handelman MD**

Mailing Address 780 Litchfield St Ste 200

City

Torrington

State

CT

Zip Code

06790-6268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEPHROLOGY ASSOC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872444

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Michelle A Berger MD**

Mailing Address 4100 Duval Rd  
Ste 4-205

City

Austin

State

TX

Zip Code

78759-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872445

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Weeks Culclasure MD**

 Mailing Address 1510 Demonbreun St  
 Apt 1208

City	State	Zip Code
Nashville	TN	37203-3198

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

HOWELL ALLEN CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	1	4		

Transaction ID : 59872446

Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

**B. Michael Vest DO**

Mailing Address 13 Wineberry Dr

City	State	Zip Code
Hockessin	DE	19707-2124

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

YALE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	1	4		

Transaction ID : 59872447

Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

**C. Gary Lewis Woods MD**

Mailing Address 264 Pleasant St

City	State	Zip Code
Concord	NH	03301-2551

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

CONCORD ORTHOPAEDICS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	1	4		

Transaction ID : 59872448

Amount of Each Receipt this Period


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


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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kenneth Ian Barron MD**

Mailing Address 195 Morris Ave

City

Providence

State

RI

Zip Code

02906-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRUESDALE OBGYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872449

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Christopher James Conlin MD**

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRA FLINT PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872450

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. John Albert Kazmierowski MD**

Mailing Address 2415 NE 134th St  
Ste 301

City

Vancouver

State

WA

Zip Code

98686-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLERGY ASTHMA & DERMATOLOGY ASSO

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872451

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian Andrew Mc Donald MD**

Mailing Address 9 Gloria Ln

City

Schenectady

State

NY

Zip Code

12309-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPCCA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872453

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Charles F Pattavina MD**

Mailing Address 360 Broadway

St Joseph Hospital

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872454

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Joseph Robt Sellers MD**

Mailing Address 265 N Grand St

City

Cobleskill

State

NY

Zip Code

12043-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BASSETT HEALTHCARE CLINIC COOPERST

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872455

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen Francis Darrow MD**

Mailing Address 5324 30th Ave S

City

Minneapolis

State

MN

Zip Code

55417-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MINNESOTA

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872456

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. James Raymond Fowler MD**

Mailing Address 3864 S Parkview Cir

City

Salt Lake City

State

UT

Zip Code

84124-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872457

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Jose F Arrascue MD**

Mailing Address 5503 S Congress Ave Ste 103

City

Atlantis

State

FL

Zip Code

33462-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH PALM BEACH NEPHROLOGY PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872458

Amount of Each Receipt this Period

41.66

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

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

124.98



X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Anthony Pipia MD**

Mailing Address 19 Pine Rd

City

Syosset

State

NY

Zip Code

11791-4217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY PHYSICIANS OF BROOKLYN IN

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872463

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Dinesh Kushangi MD**

Mailing Address 15604 Shawnee Dr

City

Overland Park

State

KS

Zip Code

66223-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAKC - KANSAS

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872464

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Thu Nguyen Howell MD**

Mailing Address 2222 Neilson Way Unit 301

City

Santa Monica

State

CA

Zip Code

90405-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872465

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

FOR LINE NUMBER:  
(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Dragos Macelaru MD**

Mailing Address 11668 State Route 30

City State Zip Code  
 Malone NY 12953-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872466

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. Corey E Collins DO**

Mailing Address 60 Fairchild Dr

City State Zip Code  
 Reading MA 01867-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS EYE AND EAR INFIRMARY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872467

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **c. Sharon R Metzger Richens MD**

Mailing Address 161 W 200 N  
 Ste 200

City State Zip Code  
 St George UT 84770-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EYE CARE SPECIALISTS PS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872469

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dionne Hart MD**

Mailing Address 1506 Century Knoll Ln NE

City  
Rochester

State  
MN

Zip Code  
55906-7717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOJ

Occupation

Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872470

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Charles Rothberg MD**

Mailing Address 331 E Main St

City  
Patchogue

State  
NY

Zip Code  
11772-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872471

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Thomas Edward Sullivan MD**

Mailing Address 6 Brackenbury Ln

City  
Beverly

State  
MA

Zip Code  
01915-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872472

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

FOR LINE NUMBER:  
(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Rodrigo A Sierra**

Mailing Address 3727 N Janssen Ave

City

Chicago

State

IL

Zip Code

60613-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872473

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Paul David Salzberg MD**

Mailing Address PO Box 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872474

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Michael Jay Springer MD**

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROFESSIONAL READERS GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872475

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ross Calvin Bloomberg MD**

Mailing Address 4470 Dockray Dr

City State Zip Code  
Nashport OH 43830-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872476

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Robert Thomas Lyon MD**

Mailing Address 6525 Mercedes Ave

City State Zip Code  
Dallas TX 75214-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DALLAS ANESTHESIOLOGY ASSOCIATES

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872477

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Shari Louise Orser MD**

Mailing Address 414 N 7th St

City State Zip Code  
Bismarck ND 58501-4423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANFORD HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872478

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cheryl Gibson Fountain MD**

Mailing Address 1219 Lakepointe St

City

Grosse Pointe

State

MI

Zip Code

48230-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872479

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Gary David Thal MD**

Mailing Address 111 E Chestnut St  
Apt 49A

City

Chicago

State

IL

Zip Code

60611-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872480

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Kevin Richard Burke MD**

Mailing Address 3218 E 10th St

City

Jeffersonville

State

IN

Zip Code

47130-7216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTONS HEALTHCARE

Occupation

Primary Care Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872481

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rita Fattouch Saikali MD**

Mailing Address 52 Prince Of Wales Ct

City  
Buffalo

State  
NY

Zip Code  
14221-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAGDY GHALY MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872483

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. John Gerald Albertini MD**

Mailing Address 1450 Professional Park Dr  
Ste 150

City

Winston Salem

State

NC

Zip Code

27103-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKIN SURGERY CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872485

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. James A Taylor Jr. MD**

Mailing Address PO Box 609

City

Livingston

State

LA

Zip Code

70754-0609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BR GENERAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872486

Amount of Each Receipt this Period

41.66

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

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

124.98



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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lawrence Mariano Simon MD**

Mailing Address 106 Rimwood Ave

City

Lafayette

State

LA

Zip Code

70501-6560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSU NEW ORLEANS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872487

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michael Ashley Taylor MD**

Mailing Address 39 Via Navarro

City

Greenbrae

State

CA

Zip Code

94904-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872488

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Henry Jerrold Kaplan MD**

Mailing Address 301 E Muhammad Ali Blvd

Eye Specialists Of Louisvi

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EYE SPECIALISTS OF LOUISVILLE

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872489

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy O Naghavi DO**

Mailing Address 9307 Shady Lane Cir

City

Houston

State

TX

Zip Code

77063-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY CARE PLUS REHAB

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872490

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Lawrence Jay Singerman MD**

Mailing Address 3401 Enterprise Pkwy  
Ste 300

City

Beachwood

State

OH

Zip Code

44122-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETINA ASSOCIATES OF CLEVELAND INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872491

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. J Brennan Cassidy MD**

Mailing Address 177 Riverside Ave  
Ste E

City

Newport Beach

State

CA

Zip Code

92663-4080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST COAST LASER

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872492

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen Noah Horwitz MD**

Mailing Address 2999 NE 191st St  
Ph 1

City State Zip Code  
Aventura FL 33180-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORWITZ WEISSMAN & MEHREL MD PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872494

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Wade Anthony Weigel MD**

Mailing Address 1100 9th Ave  
Dept Of Anesthesia B2-AN

City State Zip Code  
Seattle WA 98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA MASON MEDICAL CENTER

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872496

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Ajoy Kumar MD**

Mailing Address 749 Nina Dr

City State Zip Code  
Tierra Verde FL 33715-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYFRONT MEDICAL CENTER

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872497

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mushtaq Ahmad Sheikh MD**

Mailing Address 49 Estates Dr

City  
Elmira

State  
NY

Zip Code  
14903-7978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARNOT MEDICAL SERVICES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872498

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Mrs. Barbara Hurwitz**

Mailing Address 690 Dallas Hwy  
Ste 101

City  
Villa Rica

State  
GA

Zip Code  
30180-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872499

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Zachary Bregman MD**

Mailing Address 149 E 18th St Apt 2

City  
New York

State  
NY

Zip Code  
10003-2480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. William R. Abrams JD**

 Mailing Address 7702 Radcliffe Drive  
 Apt. C

 City State Zip Code  
 Madison WI 53719-2083

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 WISCONSIN MEDICAL SOCIETY

 Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 21 2014

Transaction ID : 59872501

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Sidney Gold MD**

Mailing Address 16973 Stardust Pl

 City State Zip Code  
 Granada Hills CA 91344-1732

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 KAISER FOUNDATION HEALTH PLAN

 Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 21 2014

Transaction ID : 59872502

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Spiro G Spanakis DO**

 Mailing Address 65 Lake Ave  
 Apt 1005

 City State Zip Code  
 Worcester MA 01604-1163

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 UMASS MEMORIAL HEALTH CARE

 Occupation  
 Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 21 2014

Transaction ID : 59872503

Amount of Each Receipt this Period

41.66

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

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124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathleen Ann Hoye MD**

Mailing Address 20 Ashland St

City

Taunton

State

MA

Zip Code

02780-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872504

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Asa Carroll Lockhart MD**

Mailing Address 2106 Kennebunk Ln

City

Tyler

State

TX

Zip Code

75703-0301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST TEXAS ANESTHESIOLOGY  
ASSOCIATES P

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872508

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Peter Karczmar MD**

Mailing Address 225 Adelaide Ave

City

Providence

State

RI

Zip Code

02907-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

308.30

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872511

Amount of Each Receipt this Period

41.66

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

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Hang Thanh Bui MD**

Mailing Address 1321 N Harbor Blvd  
Ste 101

City Fullerton State CA Zip Code 92835-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872512

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Raj Behari Lal MD**

Mailing Address 2809 Meyers Rd

City Oak Brook State IL Zip Code 60523-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872513

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Terry Nye Wooldridge MD**

Mailing Address 230 E 22nd St  
Ste 2

City Fremont State NE Zip Code 68025-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872514

Amount of Each Receipt this Period

41.66

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

124.98

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wendell Byars Wells MD**

Mailing Address 2208 Darnell Lake Dr

City

Mishawaka

State

IN

Zip Code

46545-7277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872515

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Michael Michel Miller MD**

Mailing Address 34700 Valley Rd

Rogers Memorial Hospital

City

Oconomowoc

State

WI

Zip Code

53066-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872516

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Daniel M Young MD**

Mailing Address 33-57 Harrison St

Family Medicine Residency Office

City

Johnson City

State

NY

Zip Code

13790-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 21 / 2014

Transaction ID : 59872517

Amount of Each Receipt this Period

41.66

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

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

124.98



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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Goitom Andom Asgedom MD**

Mailing Address 1135 Lake Blvd  
Apt 11

City Marion State OH Zip Code 43302-6685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872520

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Leon Everett Butler MD**

Mailing Address 16605 Chestnut Glen Pl

City Louisville State KY Zip Code 40245-6121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : 59872521

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Joy Ann Maxey MD**

Mailing Address 455 E Paces Ferry Rd NE  
Ste 212

City Atlanta State GA Zip Code 30305-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA CHILDRENS CLINICAL CENTER PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884247

Amount of Each Receipt this Period

83.33

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

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

166.65

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elvin C Irvin MD**

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884248

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Keith Francis De Sonier MD**

Mailing Address 555 Dr Michael Debakey Dr  
Ste 103

City

Lake Charles

State

LA

Zip Code

70601-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884249

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Steven Polsley MD**

Mailing Address 900 Scioto St  
Ste 7

City

Urbana

State

OH

Zip Code

43078-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PHYSICIANS OF URBANA INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884250

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. George E. Cox**

Mailing Address 10308 Fleming Ave.

City

Bethesda

State

MD

Zip Code

20814-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884251

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mr. Dean Armandroff**

Mailing Address 3603 Gunston Rd.

City

Alexandria

State

VA

Zip Code

22302-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884252

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James Thos Hay MD**

Mailing Address 14202 Recuerdo Dr

City

Del Mar

State

CA

Zip Code

92014-2956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH COAST FAMILY MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884253

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Keith Irvin Adams MD**

Mailing Address 416 Munro Rd

City State Zip Code  
 Mill Hall PA 17751-8463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HEALTH SERVICES OF CLARION INC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884254

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Gregory Jude Gallina MD**

Mailing Address 255 W Spring Valley Ave  
 Ste 103

City State Zip Code  
 Maywood NJ 07607-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLON RECTAL SURGERY PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884255

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James Allan Goodyear MD FACS**

Mailing Address 125 Medical Campus Dr  
 Ste 310

City State Zip Code  
 Lansdale PA 19446-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NORTH PENN SURGICAL ASSOCIATES

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884256

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Floyd Anthony Buras Jr. MD**

Mailing Address 713 Live Oak St

City

Metairie

State

LA

Zip Code

70005-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEBOEUF & BURAS MDS INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884257

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mary Susan Carpenter MD**

Mailing Address PO Box 769

City

Winner

State

SD

Zip Code

57580-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC OF WINNER  
 PLLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884258

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Gary Lee Dillehay MD**

Mailing Address 5555 N Sheridan Rd

Apt 1402

City

Chicago

State

IL

Zip Code

60640-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOYOLA UNIVERSITY PHYSICIAN FOUNDATI

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884259

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Stuart Gitlow MD**

Mailing Address 153 Gaskill St

City

Woonsocket

State

RI

Zip Code

02895-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884260

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

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

Mailing Address 1801 Windy Ridge Pt

City

Virginia Bch

State

VA

Zip Code

23454-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORFOLK SURGICAL GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884261

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Steven James Hattamer MD**

Mailing Address 8 Prospect St

Dept Of Anesthesiology

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS PLLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884262

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Ernest Hertzka MD**

Mailing Address PO Box 1018

City State Zip Code  
 Rcho Santa Fe CA 92067-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ANESTHESIA SERVICE MEDICAL GROUP

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884263

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

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

Mailing Address 1675 Providence Ave

City State Zip Code  
 Schenectady NY 12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884264

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Mark Chas Komorowski MD**

Mailing Address 610 S Trumbull St

City State Zip Code  
 Bay City MI 48708-7656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884265

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Joel Koretz MD**

Mailing Address 1939 Lake Rd

City

Ontario

State

NY

Zip Code

14519-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884266

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Glenn Allen Loomis MD**

Mailing Address 334 Thomas More Pkwy  
Ste 160

City

Crestview Hills

State

KY

Zip Code

41017-3496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPARROW HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884267

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

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

Mailing Address 2222 Cherry St # 2-M200

City

Toledo

State

OH

Zip Code

43608-2673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROSURGICAL NETWORK INC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884268

Amount of Each Receipt this Period

83.33

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

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

249.99



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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Kay Miller MD**

Mailing Address 22 S 900 E

City	State	Zip Code
Salt Lake City	UT	84102-1307

FEC ID number of contributing federal political committee.

C

Name of Employer

INTERMOUNTAIN EAR NOSE &amp; THROAT SPE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884269

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Judith Richmond Prybick DO**

Mailing Address 5422 Holiday Dr

City	State	Zip Code
Allentown	PA	18104-9439

FEC ID number of contributing federal political committee.

C

Name of Employer

ST LUKES PHYSICIAN GROUP INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884270

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Michael Bradley Simon MD**

Mailing Address 35 Gellatly Dr

City	State	Zip Code
Wappingers Fl	NY	12590-6452

FEC ID number of contributing federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
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)..... ►

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Cameron More MD**

Mailing Address 6 Sand Hill Rd Ste 102

City

Flemington

State

NJ

Zip Code

08822-4946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNTERDON ORTHOPEDIC INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884272

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Stephen Alan Imbeau MD**

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

City

Florence

State

SC

Zip Code

29506-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLERGY ASTHMA & SINUS CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884273

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John S Mc Intyre MD**

Mailing Address 2000 Winton Rd S  
Bldg 4

City

Rochester

State

NY

Zip Code

14618-3970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITY MENTAL HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884274

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Devdutta G Sangvai MD**

Mailing Address 708 Oxboro Cir

City

Durham

State

NC

Zip Code

27713-8298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884275

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David George Gerkin MD**

Mailing Address 2300 Lakemoor Dr

City

Knoxville

State

TN

Zip Code

37920-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884276

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Judson J Somerville MD**

Mailing Address 1503 Palmer Dr

City

Laredo

State

TX

Zip Code

78045-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884277

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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for each category of the  
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(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Franklin Jr. MD**

Mailing Address 5335 Summerfield Ln

City

Signal Mtn

State

TN

Zip Code

37377-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEPHROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

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)

**B. Kathleen Blake MD**

Mailing Address 330 N Wabash Ave  
Ste 39300

City

Chicago

State

IL

Zip Code

60611-5885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884279

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Spurgeon Wm Clark III MD**

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMORY HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

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)..... ►

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

249.99

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

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

FOR LINE NUMBER: PAGE 61 OF 136

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Dieter Pohl MD

Mailing Address 34 Eames St

City

State

Zip Code

Providence

RI

02906-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RHODE ISLAND SURGEONS

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884281

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Albert Ray MD

Mailing Address 7035 Convoy Ct

Southern Ca Permanente Med Group

City

State

Zip Code

San Diego

CA

92111-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

KAISER FDN HEALTH PLAN NATION HQ

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884282

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Alexander Ding MD

Mailing Address 1251 Talbryn Dr

City

State

Zip Code

Belmont

CA

94002-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PARTNERS HEALTH CARE

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884283

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 62 OF 136

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joseph Payne Annis MD**

Mailing Address 3 Sundown Pkwy

City	State	Zip Code
Austin	TX	78746-5201

FEC ID number of contributing federal political committee.

C

Name of Employer

UT PHYSICIANS-ADMINISTRATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884284

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Thomas Walton Eppes Jr. MD**

Mailing Address 1175 Corporate Park Dr

City	State	Zip Code
Forest	VA	24551-2238

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTRAL VIRGINIA FAMILY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884285

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Alan Barth Pillersdorf MD**

Mailing Address 1620 S Congress Ave  
Ste 100

City	State	Zip Code
Palm Springs	FL	33461-2128

FEC ID number of contributing federal political committee.

C

Name of Employer

PLASTIC SURGERY OF PALM BEACH PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884286

Amount of Each Receipt this Period

83.33

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

291.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 136

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Erick Allen Eiting MD**

Mailing Address 1111 S Grand Ave  
Apt 805

City State Zip Code  
Los Angeles CA 90015-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACOBI MEDICAL CENTER

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884287

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

## **B. William Chas Sternfeld MD FACS**

Mailing Address 4235 Secor Rd  
Bldg 1

City State Zip Code  
Toledo OH 43623-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOLEDO CLINIC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884288

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Carl Alexander Sirio MD**

Mailing Address 3000 Arlington Ave  
Mail Stop 1018

City State Zip Code  
Toledo OH 43614-2595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PITTSBURGH MEDICAL CTR

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884289

Amount of Each Receipt this Period

83.33

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

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

208.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Evangelos Megariotis MD**

Mailing Address 21 Ravona St

City  
Clifton

State  
NJ

Zip Code  
07012-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884290

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Marilyn Joan Heine MD**

Mailing Address 900 Twining Rd

City  
Dresher

State  
PA

Zip Code  
19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEVERN EMERGENCY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884291

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Peter Scott Lund MD FACS**

Mailing Address 311 W 24th St  
Ste 101

City  
Erie

State  
PA

Zip Code  
16502-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLIED UROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884292

Amount of Each Receipt this Period

83.33

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

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

249.99



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Ruth Jean Schulze MD**

Mailing Address 577 Chestnut Ridge Rd

City

Woodcliff Lk

State

NJ

Zip Code

07677-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S TOTAL HEALTH OF WOODCLIFF L

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884293

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Richard Allen Dart MD**

Mailing Address 9050 Ader Rd

Wisconsin Medical Soc

City

Marshfield

State

WI

Zip Code

54449-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884294

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. John Robt Mc Gill MD**

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884295

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 136

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Perry Lynn Haney MD**

Mailing Address PO Box 6680

City

Denver

State

CO

Zip Code

80206-0680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPINEONE, INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884296

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Roni Ephrat MD**

Mailing Address 116 Broadway

City

Norwood

State

NJ

Zip Code

07648-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN ANESTHESIA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884297

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Thomas James Madejski MD**

Mailing Address 100 Ohio St

Ste C

City

Medina

State

NY

Zip Code

14103-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884298

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 67 OF 136

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Fay Wu MD**

 Mailing Address 2504 Samaritan Dr  
 Ste 20

City	State	Zip Code
San Jose	CA	95124-4005

 FEC ID number of contributing  
 federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884299

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. Michael Allan Sandler MD**

Mailing Address 4270 Barcroft Way

City	State	Zip Code
Orchard Lake	MI	48323-1804

 FEC ID number of contributing  
 federal political committee.

Name of Employer

HENRY FORD MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884300

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. Betty Shuwein Chu MD**

Mailing Address 233 Warrington Rd

City	State	Zip Code
Bloomfield	MI	48304-2952

 FEC ID number of contributing  
 federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884301

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 68 OF 136

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

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

Mailing Address 547 S Clark St Apt 1401

City State Zip Code  
Chicago IL 60605-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN MEDICAL ASSOCIATION

Occupation  
AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884302

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

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

Mailing Address 6 Oakhurst Ct

City State Zip Code  
Clifton Park NY 12065-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA GROUP OF ALBANY

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884303

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Gerald Edward Harmon MD**

Mailing Address 9699 Ocean Hwy  
PO Box 289

City State Zip Code  
Pawleys Isl SC 29585-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884304

Amount of Each Receipt this Period

83.33

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

249.99

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 136

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Jos Sexton MD**

Mailing Address 12 Erica Ct

City	State	Zip Code
Novato	CA	94947-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

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

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : 59884305

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. James J Dehen MD**

Mailing Address 2024 S 6th St

City	State	Zip Code
Brainerd	MN	56401-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRAINERD MEDICAL CENTER INC

Occupation

Physician

Receipt For:

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

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : 59884306

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Thomas Danl Griffin MD**

Mailing Address 741 Hunt Ln

City	State	Zip Code
Flourtown	PA	19031-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARTHUR K BALIN MD PHD PC

Occupation

Physician

Receipt For:

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

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : 59884307

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jack M Chapman MD**

Mailing Address 2061 Beverly Rd

City State Zip Code  
 Gainesville GA 30501-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884308

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Richard Earl Thorp MD**

Mailing Address 2395 Tokay Ct

City State Zip Code  
 Paradise CA 95969-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARADISE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884309

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Julia Virginia Johnson MD**

Mailing Address 119 Belmont St

Umass Memorial Medical Center

City State Zip Code  
 Worcester MA 01605-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMASS MEMORIAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884310

Amount of Each Receipt this Period

83.33

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

249.99

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

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

PAGE 71 OF 136

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Georgia Anne Tuttle MD**Mailing Address 129 Mechanic St  
The Skin Care Ctr

City Lebanon State NH Zip Code 03766-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884311

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Susan Rudd Bailey MD**Mailing Address 5929 Lovell Ave  
F W A A

City Fort Worth State TX Zip Code 76107-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORT WORTH ALLERGY ASTHMA  
ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884312

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John E Christie MD**Mailing Address 2661 Riva Rd  
Bldg 600

City Annapolis State MD Zip Code 21401-7353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884313

Amount of Each Receipt this Period

83.33

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

249.99

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 136  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mrs. Margaret Garikes**

Mailing Address 4003 Sharp Place

City

Alexandria

State

VA

Zip Code

22304-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884314

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John M De Figueiredo MD**

Mailing Address 11 Whitehall Rd

Frisbie Memorial Hospital

City

Rochester

State

NH

Zip Code

03867-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884315

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Peter Amberg Hollmann MD**

Mailing Address 74 Fort Ave

City

Cranston

State

RI

Zip Code

02905-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE CROSS BLUE SHIELD OF RI

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884316

Amount of Each Receipt this Period

83.33

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

249.99

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



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

PAGE 73 OF 136

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Badri N Nath MD**

Mailing Address PO Box 13331

City

Palm Desert

State

CA

Zip Code

92255-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

**Transaction ID : 59884317**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Leonard Allison Brabson Sr. MD**Mailing Address 939 Emerald Ave Ste 806  
Clark Tower

City

Knoxville

State

TN

Zip Code

37917-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

**Transaction ID : 59884318**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Frederick Ray Ridge MD**

Mailing Address 1043 N 1000 W

City

Linton

State

IN

Zip Code

47441-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

**Transaction ID : 59884319**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 74 OF 136  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. William Alfred Mc Dade MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : 59884320</b></p>	
<p>Mailing Address 5401 S Ingleside Ave</p>			<p>Amount of Each Receipt this Period  83.33</p>	
<p>City State Zip Code  Chicago IL 60615-5013</p>	<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  416.65</p>	
<p>Name of Employer  SELF-EMPLOYED</p>	<p>Occupation  Physician</p>		<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Benjamin Zev Galper MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : 59884321</b></p>	
<p>Mailing Address 49 Marion St  Apt 6C</p>			<p>Amount of Each Receipt this Period  41.66</p>	
<p>City State Zip Code  Brookline MA 02446-4499</p>	<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  208.30</p>	
<p>Name of Employer  BRIGHAM AND WOMEN'S HOSPITAL</p>	<p>Occupation  Resident Physician</p>		<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Raghav Govindarajan MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : 59884322</b></p>	
<p>Mailing Address 5350 Pershing Ave  Apt 7B</p>			<p>Amount of Each Receipt this Period  41.66</p>	
<p>City State Zip Code  Saint Louis MO 63112-1779</p>	<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  208.30</p>	
<p>Name of Employer  CLEVELAND CLINIC FLORIDA</p>	<p>Occupation  Resident Physician</p>		<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>166.65</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 136

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Albert J Osbahr MD**Mailing Address 810 Fairgrove Church Rd  
Cvmc Ohs

City	State	Zip Code
Hickory	NC	28602-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884323

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Prasanta Chandra Chandra MD**

Mailing Address PO Box 8868

City	State	Zip Code
Turnersville	NJ	08012-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOCKHOLM OB-GYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884324

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mr. John Robert Jordan**

Mailing Address 5100 Williamsburg Blvd

City	State	Zip Code
Arlington	VA	22207-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884325

Amount of Each Receipt this Period

83.33

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

249.99

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

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

PAGE 76 OF 136

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carol Sadie Shapiro MD**

Mailing Address 7822 Gingerbread Ln

City	State	Zip Code
Fairfax Station	VA	22039-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884326

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Susan Eva Skochelak MD**Mailing Address 401 N Wabash Ave  
Unit 48J

City	State	Zip Code
Chicago	IL	60611-3790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884327

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Louis James Kraus MD**Mailing Address 910 Skokie Blvd  
STE230

City	State	Zip Code
Northbrook	IL	60062-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : 59884329

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)..... ►

✗	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sherman C Yu MD**

Mailing Address 1200 Binz St  
Ste 950

City Houston State TX Zip Code 77004-6943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884333

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Donald D Timmerman MD**

Mailing Address 1817 Main St

City Glastonbury State CT Zip Code 06033-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT VALLEY HOSP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884334

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jerry D McLaughlin MD**

Mailing Address 5419 N Lovington Hwy  
Ste 25

City Hobbs State NM Zip Code 88240-9135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884335

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 136

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Corliss Adam Varnum MD**

Mailing Address 79 Regan Dr

City

Oswego

State

NY

Zip Code

13126-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884336

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David Andrew Rosman MD**

Mailing Address 51 School St

City

Andover

State

MA

Zip Code

01810-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MGH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884337

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John William Hartman MD**

Mailing Address 1521 Belle Plane Cir

City

Green Bay

State

WI

Zip Code

54313-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884338

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 80 OF 136

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mark Stephen Seigel MD**

Mailing Address 8406 Lynbrook Dr

City State Zip Code  
 Bethesda MD 20814-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884339

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Kenneth Michael Certa MD**

Mailing Address 833 Chestnut St  
 Ste 210

City State Zip Code  
 Philadelphia PA 19107-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMAS JEFFERSON UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 59884340

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Phillip Williams MD**

Mailing Address 5004 W Grove Ln

City State Zip Code  
 Gibsonia PA 15044-6053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 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)..... ►



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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher Todd Askew**

Mailing Address 2943 McKinley St, NW

City

Washington

State

DC

Zip Code

20015-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884342

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Ardis Dee Hoven MD**

Mailing Address 2912 Sweet William Ct

City

Lexington

State

KY

Zip Code

40502-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUEGRASS CARE CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884343

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Kenneth Elmassian DO**

Mailing Address 2399 Pine Hollow Dr

City

East Lansing

State

MI

Zip Code

48823-9775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LANSING ANESTHESIOLOGISTS PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884344

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. E Scott Ferguson MD**

Mailing Address 200 S Rhodes St  
Ste B

City State Zip Code  
West Memphis AR 72301-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884345

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Neil Emerson Winston MD**

Mailing Address 1476 S Prairie Ave Unit C

City State Zip Code  
Chicago IL 60605-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884346

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Bruce Alan Mac Leod MD**

Mailing Address 1515 Mohican Dr

City State Zip Code  
Pittsburgh PA 15228-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASPN

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884347

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Peter Augusto Bernardo MD**

Mailing Address 1475 Mount Hood Ave

Philberton Health General Surgery

City

Woodburn

State

OR

Zip Code

97071-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884348

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Ahmed Bajandas MD**

Mailing Address PO Box 489

City

Humacao

State

PR

Zip Code

00792-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884349

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James David Grant MD**

Mailing Address 1574 Sodon Lake Dr

City

Bloomfield

State

MI

Zip Code

48302-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaumont Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884350

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. John Robert Corker**

Mailing Address 2906 Forest Lawn Dr Apt 4

City State Zip Code  
 Beavercreek OH 45431-8854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 59884351**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew Christopher Rudawsky**

Mailing Address 1302 Leith Dr

City State Zip Code  
 Toledo OH 43614-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 59884352**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Samuel John Mackenzie**

Mailing Address 505 Fellows Ave

City State Zip Code  
 Syracuse NY 13210-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 59884353**

Amount of Each Receipt this Period

41.66

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

124.98

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Berkowitz MD**

Mailing Address 22 Malke Dr

City

Ocean

State

NJ

Zip Code

07712-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEAVIEW ORTHOPAEDIC &amp; MEDICAL ASSOC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884354

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Destiny K Lucas**

Mailing Address 8701 New Trails Dr.  
Ste 150

City

Spring

State

TX

Zip Code

77381-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884355

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Alexis Marie Smith DO**

Mailing Address 1420 Centre Ave  
Apt 1910

City

Pittsburgh

State

PA

Zip Code

15219-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884356

Amount of Each Receipt this Period

41.66

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

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

208.32

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nicholas V Polifroni MD**

Mailing Address 40 Cross St  
Ste 300

City State Zip Code  
Norwalk CT 06851-4661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COASTAL ORTHOPAEDICS

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884357

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Matthew Young**

Mailing Address 107 Avenue Louis Pasteur  
Vanderbilt Box 269

City State Zip Code  
Boston MA 02115-5750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884358

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Grayson Wilkes Armstrong**

Mailing Address 15 Pratt St  
Apt 3

City State Zip Code  
Providence RI 02906-1469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 59884359

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)..... ►

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Lance Sudduth MD**

Mailing Address 2508 S 14th St

City

Broken Arrow

State

OK

Zip Code

74012-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884360

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Alyn L Adrain MD**

Mailing Address 44 W River St

City

Providence

State

RI

Zip Code

02904-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884361

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jeffrey Paul Katz MD**

Mailing Address 6528 Ocean Shore Ln

City

Columbia

State

MD

Zip Code

21044-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHYSICIAN'S HOUSE CALLS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884362

Amount of Each Receipt this Period

83.33

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

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

208.32

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Rattapol Srisinroongruang MD**

Mailing Address 2728 McKinnon St  
Apt 1821

City State Zip Code  
Dallas TX 75201-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : 59884363**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. John Alexander Zagat MD**

Mailing Address 166 E 34th St  
Apt 13B

City State Zip Code  
New York NY 10016-4728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : 59884364**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Steven Roy Daviss MD**

Mailing Address 3312 Rueckert Ave

City State Zip Code  
Baltimore MD 21214-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHEPPARD PRATT PHYSICIANS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : 59884367**

Amount of Each Receipt this Period

83.33

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

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

249.99



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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Deepak Azad MD MPH**

Mailing Address 3505 Charlevoix Ct

City

Floyds Knobs

State

IN

Zip Code

47119-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.69

Date of Receipt

05 / 23 / 2014

Transaction ID : 59884368

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. William Lee Hamilton MD**

Mailing Address 5171 S Cottonwood St  
Ste 750

City

Salt Lake Cty

State

UT

Zip Code

84107-5705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERMOUNTAIN HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

05 / 25 / 2014

Transaction ID : 59886915

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **C. Nancy Louise Mueller MD**

Mailing Address 610 E Palisade Ave

City

Englewood

State

NJ

Zip Code

07632-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

499.99

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth D. Lancin**

Mailing Address 610 East Palisade Avenue

City

Englewood Cliffs

State

NJ

Zip Code

07632-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886917

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Lisa Bohman Egbert MD**

Mailing Address 5335 Far Hills Ave  
Ste 112

City

Dayton

State

OH

Zip Code

45429-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARAGON WOMEN'S CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886918

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Michael E Migliori MD**

Mailing Address 120 Dudley St  
Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886919

Amount of Each Receipt this Period

208.33

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

624.99

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Walker**

Mailing Address 10635 Canterbury Rd.

City State Zip Code  
 Fairfax Station VA 22039-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN MEDICAL ASSOCIATION

Occupation  
AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 25 2014

Transaction ID : 59886920

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Srinivas B Mukkamala MD**

Mailing Address 1170 Charter Dr  
 Ste F

City State Zip Code  
 Flint MI 48532-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 25 2014

Transaction ID : 59886922

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City State Zip Code  
 Rockford IL 61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF MEDICAL GROUP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 25 2014

Transaction ID : 59886923

Amount of Each Receipt this Period

208.33

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

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

624.99

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

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

FOR LINE NUMBER: PAGE 92 OF 136  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Puchalski MD**

Mailing Address PO Box 520

City State Zip Code  
 Lugoff SC 29078-0520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SOUTH CAROLINA ENT

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 25 2014

**Transaction ID : 59886924**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City State Zip Code  
 Silver Spring MD 20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 US NAVY

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 25 2014

**Transaction ID : 59886925**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Russell Clark Libby MD FAAP**

Mailing Address 3020 Hamaker Ct Ste 200

City State Zip Code  
 Fairfax VA 22031-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VIRGINIA PEDIATRIC GROUP LTD

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 25 2014

**Transaction ID : 59886926**

Amount of Each Receipt this Period

208.33

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

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

833.32

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

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

FOR LINE NUMBER: PAGE 93 OF 136

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Maryanne C Bombaugh MD**

Mailing Address 81 Clowes Dr

City  
Falmouth

State  
MA

Zip Code  
02540-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886927

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Jesse Menachem Ehrenfeld MD**

Mailing Address 900 20th Ave S  
Apt 1611

City

Nashville

State

TN

Zip Code

37212-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS GENERAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886928

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Luis S Alonzo MD**

Mailing Address 610 E Grant Ave  
Iroquois Center for Human Dev

City

Greensburg

State

KS

Zip Code

67054-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HORIZONS MENTAL HEALTH CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886929

Amount of Each Receipt this Period

208.33

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

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

624.99

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sara S Woodward Dyrstad MD**

Mailing Address 569 Cedar St

City

Minocqua

State

WI

Zip Code

54548-9281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARNES JEWISH HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886930

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Dev Appannagari Gnanadev MD**

Mailing Address PO Box 670

City

Redlands

State

CA

Zip Code

92373-0221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARROWHEAD COMMUNITY SURGICAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886932

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Joseph T Inglefield MD**

Mailing Address 220 18th Street Cir SE

City

Hickory

State

NC

Zip Code

28602-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : 59886933

Amount of Each Receipt this Period

208.33

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

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

624.99

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

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

PAGE 95 OF 136

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Pasteur Hamide MD**

Mailing Address 4720 Carthage St

City

Metairie

State

LA

Zip Code

70002-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSUHSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

05 / 25 / 2014

Transaction ID : 59886934

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Julie Lynn Whitis**

Mailing Address PO Box 340903

City

Dayton

State

OH

Zip Code

45434-0903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.80

Date of Receipt

05 / 25 / 2014

Transaction ID : 59886935

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

**C. Jan Marie Kief MD**

Mailing Address 9501 Sand Hill Ct

City

Highlands Ranch

State

CO

Zip Code

80126-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

05 / 25 / 2014

Transaction ID : 59886936

Amount of Each Receipt this Period

208.33

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

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

520.82

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

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

FOR LINE NUMBER: PAGE 96 OF 136

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Alethia Ellen Morgan MD**

Mailing Address PO Box 17540

Risk Management

City

Denver

State

CO

Zip Code

80217-0540

FEC ID number of contributing federal political committee.

C

Name of Employer

COPIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2014

Transaction ID : 59886937

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Michael Arthur Battista MD**

Mailing Address 11 Orsinger HI

City

San Antonio

State

TX

Zip Code

78230-1500

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2014

Transaction ID : 59886938

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **C. Patrice A Harris MD**

Mailing Address 99 Jesse Hill Jr Dr SE

Ste 400

City

Atlanta

State

GA

Zip Code

30303-3030

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : 59887187

Amount of Each Receipt this Period

333.36

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

750.02

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



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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ted Louie MD**

Mailing Address 44 Buckingham Dr

City

Belle Mead

State

NJ

Zip Code

08502-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HIGHLAND PARK MEDICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

05 / 27 / 2014

Transaction ID : 59887440

Amount of Each Receipt this Period

41.74

Full Name (Last, First, Middle Initial)

**B. Kimberly Moser**

Mailing Address 3216 High Ridge Drive

City

Taylor Mill

State

KY

Zip Code

41015-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 27 / 2014

Transaction ID : 59895263

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

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

Mailing Address 2636 Country Side Dr

City

Orange Park

State

FL

Zip Code

32003-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA JACKSONVILLE PH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

05 / 27 / 2014

Transaction ID : 59895371

Amount of Each Receipt this Period

83.33

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

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

208.40

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

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

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dana M Block-Abraham DO**

Mailing Address 9704 Brevard St

City

Laurel

State

MD

Zip Code

20723-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV OF MARYLAND MEDICAL CTR

Occupation

OB/GYN Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

**Transaction ID : 59895474**

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

**B. Michael Andrew Zimmer MD**

Mailing Address 509 Jackson St N

City

St Petersburg

State

FL

Zip Code

33705-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

**Transaction ID : 60035933**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. David James Becker MD**

Mailing Address 508 Jeffords St

Ste D

City

Clearwater

State

FL

Zip Code

33756-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GASTROENTEROLOGY CONSULTANTS OF C

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

**Transaction ID : 60038561**

Amount of Each Receipt this Period

1000.00

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

1604.16

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Janice Tildon-Burton MD</b></p> <p>Mailing Address 2600 Glasgow Ave  Ste 207</p> <p>City State Zip Code  Newark DE 19702-5704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1041.65</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 30 / 2014</p> <p><b>Transaction ID : 60040870</b></p> <p>Amount of Each Receipt this Period  208.33</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Daniel C Dennehy MD</b></p> <p>Mailing Address PO Box 702187</p> <p>City State Zip Code  Tulsa OK 74170-2187</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  SELF-EMPLOYED Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 30 / 2014</p> <p><b>Transaction ID : 60043996</b></p> <p>Amount of Each Receipt this Period  1000.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. William Hall Mohr MD</b></p> <p>Mailing Address 115 E Boulevard</p> <p>City State Zip Code  Kokomo IN 46902-2101</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AMERICAN HEALTH NETWORK OF INDIANA Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 30 / 2014</p> <p><b>Transaction ID : 60043997</b></p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>1708.33</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Jerry Carniol MD**

Mailing Address 33 Overlook Rd  
Ste 401

City State Zip Code  
Summit NJ 07901-3564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60043998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda Gale T May MD**

Mailing Address 207 Cyril Ln

City State Zip Code  
Richmond VA 23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60043999

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Edward Salisbury Bentley MD**

Mailing Address 2403 Castillo St  
Ste 201

City State Zip Code  
Santa Barbara CA 93105-5316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANTA BARBARA GASTROENTEROLOGY CC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
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 only)..... ►

2000.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anthony Shihin Shen MD**

Mailing Address 12787 Wynfield Pines Ct

City

Saint Louis

State

MO

Zip Code

63131-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60044016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rebecca Elliott Reyes MD**

Mailing Address 1250 8th Ave  
Ste 570

City

Fort Worth

State

TX

Zip Code

76104-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60044017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James G Nachbar MD**

Mailing Address 509 S Lenola Rd Bldg 11

City

Moorestown

State

NJ

Zip Code

08057-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH JERSEY EYE PHYSICIANS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60044030

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Vijay Bhogilal Dave MD**

Mailing Address 200 E 86th Pl

City

Merrillville

State

IN

Zip Code

46410-6258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDIOVASCULAR CLINIC PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 30 / 2014

Transaction ID : 60044031

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Julie Goonewardene**

Mailing Address 608 Hillcrest Rd.

City

West Lafayette

State

IN

Zip Code

47906-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF KANSAS

Occupation

Vice Chancellor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2014

Transaction ID : 60044033

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert A Anderson Jr.**

Mailing Address 71 Rolling Hill Drive

City

Exeter

State

RI

Zip Code

02822-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RI MED SOC INSURANCE BROKERAGE COR

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2014

Transaction ID : 60044077

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Sean Brown MD**

Mailing Address 2900 12th Ave N  
Ste 295W

City State Zip Code  
Billings MT 59101-7504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATHOLOGY CONSULTANTS PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60044080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Kenneth Klitzke MD**

Mailing Address 83 Bryant St  
Apt 5A

City State Zip Code  
Buffalo NY 14209-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60044136

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Sterling N. Ransone Jr. MD FAA**

Mailing Address 151 Deer Path  
PO Box 711

City State Zip Code  
Cobbs Creek VA 23035-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE HEALTH SYSTEM

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 60068577

Amount of Each Receipt this Period

100.00

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

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

1100.00

48307.37

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 104 OF 136  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. PNC ADVISORS**

Mailing Address PO BOX 96211

City State Zip Code  
Washington DC 20090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2014

Transaction ID : 60044040

Amount of Each Receipt this Period

10.26

Interest

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

10.26

10.26



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

Use separate schedule(s)  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Poe For Congress**

Mailing Address P.O. Box 14222

City	State	Zip Code
Humble	TX	77347

FEC ID number of contributing federal political committee.

C C00392670

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2014

Transaction ID : 60040936

Amount of Each Receipt this Period

700.00

2014 Primary-Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

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

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

700.00

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

700.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FIRST NATIONAL MERCHANT SOLUTIONS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	4		

Mailing Address 1620 DODGE STREET STOP 3254

City	State	Zip Code
OMAHA	NE	68197

**Transaction ID : 60044041**Purpose of Disbursement  
Credit Card Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

1007.46

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

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

Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

Candidate Name

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

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

Candidate Name

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

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

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

1007.46

1007.46

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Tom Reed**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

**Transaction ID : 59573167**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. McKinley For Congress**

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. David McKinley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

**Transaction ID : 59573194**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Vanila Singh For Congress 2014**

Mailing Address PO Box 14037

City	State	Zip Code
Fremont	CA	94539

Purpose of Disbursement

Candidate Name

**Vanila Singh**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

**Transaction ID : 59601529**

Amount of Each Disbursement this Period

5000.00
---------

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

7000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Farr**

Mailing Address PO Box 122

City	State	Zip Code
Monterey	CA	93942

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Sam Farr**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 20
----------------	--	------------------------

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59601531**

Amount of Each Disbursement this Period

4000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Friends Of John Barrow**

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. John Barrow**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 12
----------------	--	------------------------

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59601534**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Kurt Schrader**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 05
----------------	--	------------------------

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59601540**

Amount of Each Disbursement this Period

1500.00
---------

2014 Primary

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Sen. Tim Scott**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59601545**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59601546**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Capito For West Virginia**

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ms. Shelley Capito**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59601548**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Enzi For Us Senate**

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Sen. Mike B. Enzi**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59601549**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. JOE-PAC**Mailing Address 50 E Street, SE  
Suite 1

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

**Transaction ID : 59622029**

Amount of Each Disbursement this Period

5000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Pete Gallego**

Mailing Address PO Box 1781

City	State	Zip Code
San Antonio	TX	78296

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mr. Pete Gallego**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : 59627500**

Amount of Each Disbursement this Period

2500.00
---------

2014 General

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Rosa DeLauro**

Mailing Address 129 Church St, Ste 818

City  
New HavenState  
CTZip Code  
06510Purpose of Disbursement  
2014 Convention

Candidate Name

**Rep. Rosa L. DeLauro**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT District: 03

Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : 59627501**

Amount of Each Disbursement this Period

1000.00
---------

2014 Convention

Full Name (Last, First, Middle Initial)

**B. Fleming For Congress**

Mailing Address PO Box 1236

City  
MindenState  
LAZip Code  
71058Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. John C. Fleming MD**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : 59627506**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Mchenry For Congress**

Mailing Address PO Box 1406

City  
HickoryState  
NCZip Code  
28603Purpose of Disbursement  
Void - 4/14/14 Chk

Candidate Name

**Rep. Patrick Timothy McHenry**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : 59627530**

Amount of Each Disbursement this Period

-2000.00
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Void - 4/14/14 Chk

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
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Purpose of Disbursement  
2014 General

011

Candidate Name

**Rep. James B. Renacci**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

**Transaction ID : 59632676**

Amount of Each Disbursement this Period

1000.00
---------

2014 General

Full Name (Last, First, Middle Initial)

**B. Mchenry For Congress**

Mailing Address PO Box 1406

City Hickory	State NC	Zip Code 28603
-----------------	-------------	-------------------

Purpose of Disbursement  
2014 General

011

Candidate Name

**Rep. Patrick Timothy McHenry**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

**Transaction ID : 59632678**

Amount of Each Disbursement this Period

2000.00
---------

2014 General

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green	State KY	Zip Code 42102
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. S. Brett Guthrie**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

**Transaction ID : 59796265**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

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

4000.00



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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan Lowenthal For Congress**

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
2014 Primary

Candidate Name

**Mr. Alan Lowenthal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796359**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement  
2014 Primary

Candidate Name

**Mr. William Cassidy**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796362**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Steve Scalise**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796363**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

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

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richmond For Congress**Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
2014 Primary

Candidate Name

**Mr. Cedric Richmond**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796364**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796366**

Amount of Each Disbursement this Period

1500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Fleming For Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. John C. Fleming MD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796367**

Amount of Each Disbursement this Period

3000.00
---------

2014 Primary

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

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Collins For Senator**

Mailing Address PO Box 1096

City Bangor	State ME	Zip Code 04402
----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

Candidate Name

**Sen. Susan M. Collins**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796368**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Cain For Congress**

Mailing Address P.O. Box 1523

City Bangor	State ME	Zip Code 04402
----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

Candidate Name

**Ms. Emily Cain**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796380**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

Candidate Name

**Mr. John Moolenaar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796801**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

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

15000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mike Bishop For Congress**

Mailing Address PO Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mr. Michael Bishop**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : 59796809**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Friends Of Sessions Senate Committee Inc**

Mailing Address P O Box 4278

City	State	Zip Code
Montgomery	AL	36103

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Sen. Jeff Sessions**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59816059**

Amount of Each Disbursement this Period

4000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Byrne For Congress Inc**

Mailing Address PO Box 2743

City	State	Zip Code
Mobile	AL	36652

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mr. Bradley Byrne**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59816060**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

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

11000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Martha Roby For Congress**

Mailing Address PO Box 195

City	State	Zip Code
Montgomery	AL	36101

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Martha Roby**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816121**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Michael D. Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816123**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Robert Aderholt For Congress**

Mailing Address P. O. Box 1158

City	State	Zip Code
Haleyville	AL	35565

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Robert B. Aderholt**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816124**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mobrooksforcongress.Com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address 7610 Foxfire Dr.

City	State	Zip Code
Huntsville	AL	35802

**Transaction ID : 59816126**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Mo Brooks**Category/  
Type

2000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AL	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

**Transaction ID : 59816131**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Terri A. Sewell**Category/  
Type

2000.00

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

**Transaction ID : 59816132**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Mike Thompson**Category/  
Type

1500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2014 Primary

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cory Booker For Senate**

Mailing Address PO Box 32237

City Newark	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Cory Booker**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816134**

Amount of Each Disbursement this Period

2600.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch	State NJ	Zip Code 07740
---------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Frank Pallone Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816136**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Pete King For Congress Committee**

Mailing Address PO Box 1428

City Seaford	State NY	Zip Code 11783
-----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Pete T. King**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816140**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

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

7100.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

**Transaction ID : 59816142**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Steve J. Israel**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: NY District: 03

Full Name (Last, First, Middle Initial)

**B. Grace For New York**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Mailing Address 49-04 43rd Ave

City	State	Zip Code
Woodside	NY	11377

**Transaction ID : 59816145**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Ms. Grace Meng**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: NY District: 06

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Nydia M. Velazquez To Congre**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Mailing Address 315 Inspiration Lane

City	State	Zip Code
Gaithersburg	MD	20878

**Transaction ID : 59816147**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Nydia M. Velazquez**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: NY District: 07

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

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Clarke For Congress**

Mailing Address 111-36 200th. Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement  
2014 Primary

Candidate Name

**Ms. Yvette Clarke**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 11

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59816157**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Maloney For Congress**

Mailing Address 49 East 92nd St

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Carolyn B. Maloney**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 12

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59816160**

Amount of Each Disbursement this Period

3000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Joseph Crowley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 14

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59816164**

Amount of Each Disbursement this Period

4000.00
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2014 Primary

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

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Engel For Congress**

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Eliot L. Engel**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816166**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Chris Gibson For Congress**

Mailing Address PO Box 255

City	State	Zip Code
Kinderhook	NY	12106

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mr. Christopher Gibson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816168**

Amount of Each Disbursement this Period

4000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Paul Tonko For Congress**Mailing Address 911 Central Avenue  
PO Box 221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Paul David Tonko**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816177**

Amount of Each Disbursement this Period

2500.00
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2014 Primary

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

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Hanna For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address PO Box 118

City	State	Zip Code
Utica	NY	13503

**Transaction ID : 59816180**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard Hanna**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address 1150 University Ave, Bldg. 5

City	State	Zip Code
Rochester	NY	14607

**Transaction ID : 59816183**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Louise McIntosh Slaughter**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Collins For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Mailing Address PO Box 386

City	State	Zip Code
Clarence	NY	14031

**Transaction ID : 59816184**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Christopher Collins**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 27

2014 Primary

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

7000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
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Purpose of Disbursement  
2014 Primary

Candidate Name

**Mr. Dennis Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816185**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington	State KY	Zip Code 40588
-------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Andy Barr**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816191**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. AMERIPAC: The Fund For A Greater America**Mailing Address 700 13th Street, NW  
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : 59816211**

Amount of Each Disbursement this Period

2500.00
---------

2014 Contribution

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Sen. Mitch McConnell**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 59819189**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Billy Long**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

**Transaction ID : 59824069**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Mike Pompeo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

**Transaction ID : 59824070**

Amount of Each Disbursement this Period

1000.00
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2014 Primary

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Mailing Address PO Box 80126

City Lafayette	State LA	Zip Code 70598
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**Transaction ID : 59824072**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: LA District: 03

Full Name (Last, First, Middle Initial)

**B. John Lewis For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Mailing Address P.O. Box 2323

City Atlanta	State GA	Zip Code 30301
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**Transaction ID : 59825424**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. John Lewis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: GA District: 05

Full Name (Last, First, Middle Initial)

**C. Mulvaney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Mailing Address P.O. Box 1975

City Lancaster	State SC	Zip Code 29721
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**Transaction ID : 59872770**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Mick Mulvaney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

2014 Primary

State: SC District: 05

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. The Madison PAC**Mailing Address 235 State Street  
Suite 206

City Springfield State MA Zip Code 01103

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : 59872771**

Amount of Each Disbursement this Period

5000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 24Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : 59873386**

Amount of Each Disbursement this Period

1000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppersberger For Congress Committee**

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. C.A. Dutch Ruppersberger**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: MD District: 02Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

**Transaction ID : 59884673**

Amount of Each Disbursement this Period

2000.00
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2014 Primary

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

8000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Edwards For Congress**

Mailing Address P.O. Box 441153

City	State	Zip Code
Fort Washington	MD	20749

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Donna F. Edwards**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : 59884674**

Amount of Each Disbursement this Period

2000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Hoyer For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Steny H. Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : 59884675**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Friends Of John Delaney**

Mailing Address PO Box 70835

City	State	Zip Code
Bethesda	MD	20813

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. John Delaney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : 59884676**

Amount of Each Disbursement this Period

2000.00
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2014 Primary

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cummings For Congress Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Mailing Address PO Box 1631

City	State	Zip Code
Baltimore	MD	21203

**Transaction ID : 59884678**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Elijah E. Cummings**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 07

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Mailing Address 10537 St. Paul St.

City	State	Zip Code
Kensington	MD	20895

**Transaction ID : 59884679**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Chris Van Hollen**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 08

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Maffei**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

**Transaction ID : 59884730**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Daniel B. Maffei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

2014 Primary

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

12000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
2014 General

011

**Transaction ID : 59884731**

Amount of Each Disbursement this Period

1200.00
---------

Candidate Name

**Rep. Pat J. Tiberi**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

2014 General

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
2014 General

011

**Transaction ID : 59895491**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Steve Stivers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

2014 General

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : 59899627**

Amount of Each Disbursement this Period

3500.00
---------

Candidate Name

**Rep. Mike Thompson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

2014 Primary

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

5700.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Matsui For Congress**

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Doris Matsui**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899629**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Paul Cook For Congress**

Mailing Address PO Box 365

City	State	Zip Code
Yucca Valley	CA	92286

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mr. Paul Cook**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899630**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Nancy Pelosi**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899631**

Amount of Each Disbursement this Period

5000.00
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2014 Primary

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Anna G. Eshoo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899634**

Amount of Each Disbursement this Period

4000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy For Congress**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Kevin McCarthy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899635**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Lois Capps**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 59899637**

Amount of Each Disbursement this Period

1500.00
---------

2014 Primary

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sherman For Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Brad Sherman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899638**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Ted Lieu For Congress**

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mr. Ted Lieu**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899641**

Amount of Each Disbursement this Period

5000.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Becerra For Congress**

Mailing Address P.O. Box 71584

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Xavier Becerra**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899643**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

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

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Walters For Congress**

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine	State CA	Zip Code 92618
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ms. Mimi Walters**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899645**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**B. Issa For Congress**

Mailing Address PO Box 760

City Vista	State CA	Zip Code 92085
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Darrell E. Issa**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899647**

Amount of Each Disbursement this Period

2500.00
---------

2014 Primary

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547
--------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Rep. Paul D. Ryan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 59899648**

Amount of Each Disbursement this Period

4000.00
---------

2014 Primary

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

9000.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent For Congress**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement  
Void - 4/14/14 Chk

011

Candidate Name

**Rep. Charlie W. Dent**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

**Transaction ID : 60069333**

Amount of Each Disbursement this Period

-2000.00

Void - 4/14/14 Chk

Full Name (Last, First, Middle Initial)

**B. Ron Desantis For Congress**

Mailing Address PO Box 405

City	State	Zip Code
Pointe Vedra	FL	32004

Purpose of Disbursement  
Void - 2/24/2014 chk.

011

Candidate Name

**Mr. Ronald Desantis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

**Transaction ID : 60069334**

Amount of Each Disbursement this Period

-2500.00

Void - 2/24/2014 chk.

Full Name (Last, First, Middle Initial)

**C. Ruben Hinojosa For Congress**

Mailing Address 10125 N. 10th Street, Suite E

City	State	Zip Code
Mcallen	TX	78504

Purpose of Disbursement  
Void - 2/24/2014 chk.

011

Candidate Name

**Rep. Ruben Hinojosa**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

**Transaction ID : 60069335**

Amount of Each Disbursement this Period

-1500.00

Void - 2/24/2014 chk.

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

-6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Filemon Vela For Congress**Mailing Address 2929 Mossrock Street  
Suite 215

City San Antonio State TX Zip Code 78230

Purpose of Disbursement  
Void - 2/24/2014 chk.

Candidate Name

**Filemon Vela**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2014

**Transaction ID : 60069336**

Amount of Each Disbursement this Period

-3500.00
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Void - 2/24/2014 chk.

Full Name (Last, First, Middle Initial)

**B. Doggett For Us Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
Void - 2/24/2014 chk.

Candidate Name

**Rep. Lloyd Doggett**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2014

**Transaction ID : 60069337**

Amount of Each Disbursement this Period

-3500.00
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Void - 2/24/2014 chk.

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

-7000.00
201800.00