

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 1101 VERMONT AVENUE, NW  
 12TH FLOOR  
 WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000422  
 3. **IS THIS REPORT** NEW (N) OR X AMENDED (A)  
 CITY STATE ZIPCODE

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	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)
April 15 Quarterly Report(Q1)		Apr 20 (M4) X	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
October 15 Quarterly Report(Q3)		Convention (12C)	Special (12G)		
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)		Election on			in the State of

5. Covering Period 08 01 2003 through 08 30 2003

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 Electronically Filed by KEVIN WALKER Date 11 17 2003

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							
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**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: <sup>M</sup>06 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		325046.26
(b) Cash on Hand at Beginning of Reporting Period .....	1240625.18	
(c) Total Receipts (from Line 19) .....	192790.17	1308870.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1433415.35	1633916.70
<hr/>		
7. Total Disbursements (from Line 31) .....	64517.01	265018.36
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1368898.34	1368898.34
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>06 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	163395.00	
(ii) Unitemized .....	21422.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	184817.50	1293207.41
(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) .....	184817.50	1293207.41
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 .....	4000.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3972.67	6663.01
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 Transfer (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)) .....	192790.17	1308870.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	192790.17	1308870.42

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	12009.51	35431.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12009.51	35431.09
22. Transfers to Affiliated/Other Party Committees.....	535.00	36189.77
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	193500.00
24. Independent Expenditure (use Schedule E).....	-527.50	-527.50
25. Coordinated Expenditures Made by Party Committees (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	175.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	175.00
29. Other Disbursements.....	0.00	250.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared 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 ActMty (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))..	64517.01	265018.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	64517.01	265018.36

**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) .....	184817.50	1293207.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	184817.50	1293032.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12009.51	35431.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12009.51	35431.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. AMY WEXLER</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address <b>509 S LENDLA ROAD</b>		Transaction ID: SA11A1.11421
City <b>MOORESTOWN</b>	State <b>NJ</b>	Zip Code <b>08057</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ARIZONA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address <b>810 W BETHANY HOME ROAD</b>		Transaction ID: SA11A1.11377
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85013</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>650.00</b>
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1830.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ARKANSAS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address <b>PO BOX 55088</b>		Transaction ID: SA11A1.11352
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72215</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1050.00</b>
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4210.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. ARKANSAS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address PD BOX 55088		Transaction ID: SA11A1.11410
City	State	Zip Code
LITTLE ROCK	AR	72215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>650.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4860.00</b>	

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address 221 MAIN STREET		Transaction ID: SA11A1.11385
City	State	Zip Code
SAN FRANCISCO	CA	94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>21187.50</b>
Name of Employer NA	Occupation NA	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>91812.50</b>	

Full Name (Last, First, Middle Initial) <b>C. CAROL E PETERSON</b>		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 15432 W THORNWOOD LANE		Transaction ID: SA11A1.11388
City	State	Zip Code
LOCKPORT	IL	60441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>400.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>22237.50</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. CAROL FRIEDLAND</b>		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address <b>202 HIDDEN VALLEY CIRCLE</b>		Transaction ID: SA11A1.11431
City <b>SHEPHERDSTOWN</b>	State <b>WV</b>	Zip Code <b>25443</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer N/A	Occupation WIFE	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>B. COLORADO MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address <b>PO BOX 17560</b>		Transaction ID: SA11A1.11393
City <b>DENVER</b>	State <b>CO</b>	Zip Code <b>80217</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>7470.00</b>	

Full Name (Last, First, Middle Initial) <b>C. CONNECTICUT MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address <b>180 ST RONAN STREET</b>		Transaction ID: SA11A1.11393
City <b>NEW HAVEN</b>	State <b>CT</b>	Zip Code <b>06511</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>6110.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>26860.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6810.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9/44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. DISTRICT OF COLUMBIA PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 2175 K STREET NW		Transaction ID: SA11A1.11348
City	State	Zip Code
WASHINGTON	DC	20037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>310.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1570.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH P KAGAN</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 6981 LAKE DEVONWOOD DR		Transaction ID: SA11A1.11419
City	State	Zip Code
FORT MEYERS	FL	33908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ERIC HOLM JOHNSON MD</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 288 WARREN STREET		Transaction ID: SA11A1.11427
City	State	Zip Code
BROOKLINE	MA	02445
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1210.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. FLORIDA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD BOX 10289		Transaction ID: SA11A1.11357
City	State	Zip Code
TALLAHASSEE	FL	32302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4800.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 31805.00	

Full Name (Last, First, Middle Initial) <b>B. FLORIDA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address PD BOX 10289		Transaction ID: SA11A1.11384
City	State	Zip Code
TALLAHASSEE	FL	32302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2470.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 34275.00	

Full Name (Last, First, Middle Initial) <b>C. GEORGE THOS JONES MD</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 2112 W JEFFERSON STREET		Transaction ID: SA11A1.11425
City	State	Zip Code
JOLIET	IL	60435
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>7520.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. GEORGIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 133D W PEACHTREE STREET		Transaction ID: SA11A1.11354
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>850.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>7150.00</b>	

Full Name (Last, First, Middle Initial) <b>B. GEORGIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 133D W PEACHTREE STREET		Transaction ID: SA11A1.11355
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>9150.00</b>	

Full Name (Last, First, Middle Initial) <b>C. GEORGIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 133D W PEACHTREE STREET		Transaction ID: SA11A1.11356
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2060.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>11210.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4910.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. ILLINOIS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 20 N MICHIGAN AVENUE		Transaction ID: SA11A1.11358
City CHICAGO	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer N/A	Occupation n/a	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 8405.00	

Full Name (Last, First, Middle Initial) <b>B. ILLINOIS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 20 N MICHIGAN AVENUE		Transaction ID: SA11A1.11358
City CHICAGO	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer N/A	Occupation n/a	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 9155.00	

Full Name (Last, First, Middle Initial) <b>C. INDIANA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address 322 CANAL WALK		Transaction ID: SA11A1.11388
City INDIANAPOLIS	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 530.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 51860.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1630.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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) <b>A. IOWA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 1001 GRAND AVENUE		Transaction ID: SA11A1.11350
City	State	Zip Code
W. DES MOINES	IA	50265
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 15250.00	

Full Name (Last, First, Middle Initial) <b>B. IOWA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address 1001 GRAND AVENUE		Transaction ID: SA11A1.11380
City	State	Zip Code
W. DES MOINES	IA	50265
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 15500.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES BAKER</b>		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 6501 BELLAIRE DRIVE		Transaction ID: SA11A1.11390
City	State	Zip Code
NEW ORLEANS	LA	70005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. J EDWARD HILL MD</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 1376 COUNTRY WOOD CV		Transaction ID: SA11A1.11379
City	State	Zip Code
TUPELO	MS	38801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. JOHN A KNOTE</b>		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 315 E 850 NORTH		Transaction ID: SA11A1.11368
City	State	Zip Code
WILAFAYETTE	IN	47306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>900.00</b>
Name of Employer INDIANA UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. JOHN M O'BANNON III</b>		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 8111 ROSEHILL ROAD		Transaction ID: SA11A1.11368
City	State	Zip Code
RICHMOND	VA	23229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>550.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. JOHN M VAN ETTA</b>		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 1535 SKYWOOD LANE		Transaction ID: SA11A1.11989
City DULUTH	State MN	Zip Code 55805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer ST. LUKE INT. MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH P ANNIS MD</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 3 SUNDOWN PARKWAY		Transaction ID: SA11A1.11423
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>C. KANSAS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 623 SW 10TH		Transaction ID: SA11A1.11378
City TOPEKA	State KS	Zip Code 66612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>870.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>10870.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1770.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. KENTUCKY EDUC MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003	
Mailing Address <b>4985 US HIGHWAY 42</b>		Transaction ID: SA11A1.11371	
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40222</b>	Amount of Each Receipt this Period <b>5440.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A		Occupation N/A	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ <b>34470.00</b>	

Full Name (Last, First, Middle Initial) <b>B. LOUISIANA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003	
Mailing Address <b>8787 PERKINS ROAD</b>		Transaction ID: SA11A1.11373	
City <b>BATON ROUGE</b>	State <b>LA</b>	Zip Code <b>70802</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A		Occupation N/A	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ <b>25740.00</b>	

Full Name (Last, First, Middle Initial) <b>C. LOUISIANA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003	
Mailing Address <b>8787 PERKINS ROAD</b>		Transaction ID: SA11A1.11397	
City <b>BATON ROUGE</b>	State <b>LA</b>	Zip Code <b>70802</b>	Amount of Each Receipt this Period <b>350.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A		Occupation N/A	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ <b>26090.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>6290.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 44	
	<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) <b>A. LOUISIANA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 8787 PERKINS ROAD		Transaction ID: SA11A1.11415
City	State	Zip Code
BATON ROUGE	LA	70802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1170.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 27260.00	

Full Name (Last, First, Middle Initial) <b>B. MARYLAND MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 1211 CATHEDRAL STREET		Transaction ID: SA11A1.11349
City	State	Zip Code
BALTIMORE	MD	21201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3650.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 17884.00	

Full Name (Last, First, Middle Initial) <b>C. MEDICAL SOC OF THE ST OF NY PAC</b>		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address ONE COMMERCE PLAZA		Transaction ID: SA11A1.11394
City	State	Zip Code
ALBANY	NY	12210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18700.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 131290.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>23420.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. MINNESOTA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address PD BOX 18655		Transaction ID: SA11A1.11395
City	State	Zip Code
MINNEAPOLIS	MN	55418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>10800.00</b>	

Full Name (Last, First, Middle Initial) <b>B. MISSISSIPPI MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD BOX 2548		Transaction ID: SA11A1.11364
City	State	Zip Code
RIDGELAND	MS	39158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1100.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>15850.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MISSISSIPPI MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address PD BOX 2548		Transaction ID: SA11A1.11414
City	State	Zip Code
RIDGELAND	MS	39158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>900.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>16850.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. MISSOURI MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD BOX 1402		Transaction ID: SA11A1.11351
City	State	Zip Code
JEFFERSON CITY	MO	65102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3120.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 21170.00	

Full Name (Last, First, Middle Initial) <b>B. NC MEDICAL POL EDUC &amp; ACTION CMNTT</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD BOX 25834		Transaction ID: SA11A1.11363
City	State	Zip Code
RALEIGH	NC	27611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 6950.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 22780.00	

Full Name (Last, First, Middle Initial) <b>C. NC MEDICAL POL EDUC &amp; ACTION CMNTT</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address PD BOX 25834		Transaction ID: SA11A1.11372
City	State	Zip Code
RALEIGH	NC	27611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3150.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 25910.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>13220.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. NC MEDICAL POL EDUC &amp; ACTION COMMITTEE</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address PD BOX 25834		Transaction ID: SA11A1.11413
City	State	Zip Code
RALEIGH	NC	27611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4700.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 30610.00	

Full Name (Last, First, Middle Initial) <b>B. NEBRASKA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 233 S 13TH STREET		Transaction ID: SA11A1.11391
City	State	Zip Code
LINCOLN	NE	68508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1160.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5864.50	

Full Name (Last, First, Middle Initial) <b>C. NEVADA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 3880 BAKER LANE		Transaction ID: SA11A1.11409
City	State	Zip Code
RENO	NV	89509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10500.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 10500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>16360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. OHIO MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address <b>3401 MILL RUN DRIVE</b>		Transaction ID: SA11A1.11398
City <b>HILLIARD</b>	State <b>OH</b>	Zip Code <b>43206</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5050.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>32700.00</b>	

Full Name (Last, First, Middle Initial) <b>B. OKLAHOMA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address <b>PO BOX 54520</b>		Transaction ID: SA11A1.11370
City <b>OKLAHOMA CITY</b>	State <b>OK</b>	Zip Code <b>73154</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>7650.00</b>
Name of Employer NA	Occupation NA	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>18250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. PAUL JOHN MARGOTTE</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address <b>3400 SPRUCE STREET</b>		Transaction ID: SA11A1.11347
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19104</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>12950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. PENNSYLVANIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD BOX 8B20		Transaction ID: SA11A1.11362
City HARRISBURG	State PA	Zip Code 17105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3050.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 44650.00	

Full Name (Last, First, Middle Initial) <b>B. PENNSYLVANIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address PD BOX 8B20		Transaction ID: SA11A1.11363
City HARRISBURG	State PA	Zip Code 17105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2150.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 46800.00	

Full Name (Last, First, Middle Initial) <b>C. PENNSYLVANIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address PD BOX 8B20		Transaction ID: SA11A1.11412
City HARRISBURG	State PA	Zip Code 17105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1850.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 46650.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>7050.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 44	
	<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) <b>A. RONALD M DAVIS</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address <b>2495 BARNSBURY ROAD</b>		Transaction ID: SA11A1.11404
City <b>EAST LANSING</b>	State <b>MI</b>	Zip Code <b>48823</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ROY W VANDIVER MD</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address <b>3525 PIEDMONT ROAD</b>		Transaction ID: SA11A1.11405
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30305</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer <b>MAG MUTUAL</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SANDRA K FROST</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address <b>488 LEAF LN</b>		Transaction ID: SA11A1.11417
City <b>SOMERSET</b>	State <b>KY</b>	Zip Code <b>42503</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. SOUTH CAROLINA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address PD BOX 11188		Transaction ID: SA11A1.11374
City	State	Zip Code
COLUMBIA	SC	29211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4080.00</b>	

Full Name (Last, First, Middle Initial) <b>B. SOUTH DAKOTA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 1323 S MINNESOTA AVENUE		Transaction ID: SA11A1.11392
City	State	Zip Code
SIoux FALLS	SD	57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1300.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>8050.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SOUTH DAKOTA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 1323 S MINNESOTA AVENUE		Transaction ID: SA11A1.11408
City	State	Zip Code
SIoux FALLS	SD	57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>400.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>8450.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>2150.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. STEPHEN F MILLER MD</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address <b>508 MAPLE CREST DRIVE</b>		Transaction ID: SA11A1.11433
City	State	Zip Code
<b>PARSONS</b>	<b>KS</b>	<b>67357</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. SUSAN PADDACK</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address <b>500 SE COUNTRY ROAD</b>		Transaction ID: SA11A1.11402
City	State	Zip Code
<b>ADA</b>	<b>OK</b>	<b>74820</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>225.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>275.00</b>	

Full Name (Last, First, Middle Initial) <b>C. TEXAS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address <b>401 W 15TH STREET</b>		Transaction ID: SA11A1.11375
City	State	Zip Code
<b>AUSTIN</b>	<b>TX</b>	<b>78701</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>9420.00</b>
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200110.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10095.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. UTAH MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address <b>540 EAST FIFTH SOUTH</b>		Transaction ID: SA11A1.11353
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84102</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>3622.50</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>12480.00</b>	

Full Name (Last, First, Middle Initial) <b>B. VIRGINIA MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address <b>4205 DOVER ROAD</b>		Transaction ID: SA11A1.11381
City <b>RICHMOND</b>	State <b>VA</b>	Zip Code <b>23221</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5700.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>33850.00</b>	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address <b>2033 SIXTH AVENUE</b>		Transaction ID: SA11A1.11380
City <b>SEATTLE</b>	State <b>WA</b>	Zip Code <b>98121</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>450.00</b>
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>24350.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9772.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 44	
	<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) <b>A. WASHINGTON MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address <b>2033 SIXTH AVENUE</b>		Transaction ID: SA11A1.11961
City <b>SEATTLE</b>	State <b>WA</b>	Zip Code <b>98121</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>NA</b>	Occupation <b>NA</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>24700.00</b>	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address <b>2033 SIXTH AVENUE</b>		Transaction ID: SA11A1.11411
City <b>SEATTLE</b>	State <b>WA</b>	Zip Code <b>98121</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5050.00</b>
Name of Employer <b>NA</b>	Occupation <b>NA</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>29750.00</b>	

Full Name (Last, First, Middle Initial) <b>C. WAYNE V. POLEK, MD</b>		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address <b>6N479 SPLITRAIL LANE</b>		Transaction ID: SA11A1.11407
City <b>ST CHARLES</b>	State <b>IL</b>	Zip Code <b>60175</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. W BRIGGS HOPSON</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 2100 HIGHWAY 81 NORTH		Transaction ID: SA11A1.11406
City	State	Zip Code
VICKSBURG	MS	39183
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. WISCONSIN PHYSICIANS MEDICAL PAC</b>		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address PO BOX 2505		Transaction ID: SA11A1.11382
City	State	Zip Code
MADISON	WI	53701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 10867.00	

Full Name (Last, First, Middle Initial) <b>C. YOU SUNG BANG</b>		Date of Receipt M / D / Y 06 / 12 / 2003
Mailing Address 27 SANDPIPER LANE		Transaction ID: SA11A1.11400
City	State	Zip Code
EAST LYME	CT	06333
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1900.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>163395.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 44	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. MAC COLLINS FOR CONGRESS		Date of Receipt M / D / Y 06 / 04 / 2008
Mailing Address PD BOX 35		Transaction ID: SA16.11503
City JONESBORO	State GA	Zip Code 30237
FEC ID number of contributing federal political committee. C C00265842		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: 2002 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	4000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 44	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. RIGGS INVESTMENT MANAGEMENT COMPANY		Date of Receipt M / D / Y 06 / 30 / 2008
Mailing Address PD BOX 98211		Transaction ID: SA17.11428
City WASHINGTON	State DC	Zip Code 20000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3972.67
Name of Employer	Occupation	INTEREST
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 6663.01	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3972.67</b>
TOTAL This Period (last page this line number only) .....	▶	<b>3972.67</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 31 / 44
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

Full Name (Last, First, Middle Initial) A. D.C. TREASURER		Transaction ID: SB21B.11474 Date of Disbursement 06 / 10 / 2003	
Mailing Address 941 NORTH CAPITOL STREET, NE		Amount of Each Disbursement this Period 1450.00	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1450.00
Purpose of Disbursement D30 ESTIMATED TAXES		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAYMENTECH		Transaction ID: SB21B.11478 Date of Disbursement 06 / 30 / 2003	
Mailing Address 4 NORTHEASTERN BLVD		Amount of Each Disbursement this Period 412.78	
City SALEM	State NH	Zip Code 13070	Amount of Each Disbursement this Period 412.78
Purpose of Disbursement CREDIT CARD BANK CHARGES		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RIGGS INVESTMENT MANAGEMENT COMPANY		Transaction ID: SB21B.11475 Date of Disbursement 06 / 30 / 2003	
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 535.34	
City WASHINGTON	State DC	Zip Code 20090	Amount of Each Disbursement this Period 535.34
Purpose of Disbursement LOSS ON INVESTMENTS		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2398.12
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 32 / 44
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) <b>A. RIGGS INVESTMENT MANAGEMENT COMPANY</b>		Transaction ID: SB21B.11476 Date of Disbursement 06 / 30 / 2003
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period  9011.25
City WASHINGTON	State DC	
Zip Code 20090		
Purpose of Disbursement ACCRUED INTEREST PAID	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. RIGGS INVESTMENT MANAGEMENT COMPANY</b>		Transaction ID: SB21B.11477 Date of Disbursement 06 / 30 / 2003
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period  150.14
City WASHINGTON	State DC	
Zip Code 20090		
Purpose of Disbursement BANK CHARGES	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. RIGGS NATIONAL BANK</b>		Transaction ID: SB21B.11473 Date of Disbursement 06 / 10 / 2003
Mailing Address PO BOX 1912		Amount of Each Disbursement this Period  8450.00
City WASHINGTON	State DC	
Zip Code 20074		
Purpose of Disbursement 1120-POL ESTIMATED TAXES	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>9611.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>12009.51</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 33 / 44
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. GEORGIA MEDICAL PAC</b>		Transaction ID: SB22.11439 Date of Disbursement 06 / 05 / 2003	
Mailing Address 1390 W PEACHTREE STREET		Amount of Each Disbursement this Period  200.00	
City ATLANTA	State GA Zip Code 30309		
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING			008 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NC MEDICAL POL EDUC &amp; ACTION CMMTT</b>		Transaction ID: SB22.11440 Date of Disbursement 06 / 05 / 2003	
Mailing Address PO BOX 25834		Amount of Each Disbursement this Period  60.00	
City RALEIGH	State NC Zip Code 27611		
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING			008 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NEBRASKA MEDICAL PAC</b>		Transaction ID: SB22.11457 Date of Disbursement 06 / 23 / 2003	
Mailing Address 233 S 13TH STREET		Amount of Each Disbursement this Period  50.00	
City LINCOLN	State NE Zip Code 68508		
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING			008 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>310.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 34 / 44
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. PENNSYLVANIA MEDICAL PAC</b>		Transaction ID: SB22.11441 Date of Disbursement 06 / 05 / 2003
Mailing Address PO BOX 8820		Amount of Each Disbursement this Period  75.00
City HARRISBURG	State PA	
Zip Code 17105	008 Category/ Type	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TEXAS MEDICAL PAC</b>		Transaction ID: SB22.11442 Date of Disbursement 06 / 05 / 2003
Mailing Address 401 W 15TH STREET		Amount of Each Disbursement this Period  150.00
City AUSTIN	State TX	
Zip Code 78701	008 Category/ Type	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	225.00
TOTAL This Period (last page this line number only) .....	▶	535.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. BILL SHUSTER FOR CONGRESS</b>			Transaction ID: SB23.1146B Date of Disbursement 06 / 27 / 2003		
Mailing Address PO BOX 27			Amount of Each Disbursement this Period  2500.00		
City HOLLIDAYSBURG	State PA	Zip Code 16848			
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type			
Candidate Name WILLIAM F SHUSTER					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: PA District: D8					

Full Name (Last, First, Middle Initial) <b>B. BILLY TAUZIN CONGRESSIONAL COMMITTEE</b>			Transaction ID: SB23.1144B Date of Disbursement 06 / 16 / 2003		
Mailing Address PO BOX 2266			Amount of Each Disbursement this Period  5000.00		
City HOUMA	State LA	Zip Code 70361			
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type			
Candidate Name W J BILLY TAUZIN					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: LA District: D3					

Full Name (Last, First, Middle Initial) <b>C. BOB GOODLATTE FOR CONGRESS COMMITTEE</b>			Transaction ID: SB23.11444 Date of Disbursement 06 / 25 / 2003		
Mailing Address PO BOX 292			Amount of Each Disbursement this Period  500.00		
City ROANOKE	State VA	Zip Code 24002			
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type			
Candidate Name ROBERT W GOODLATTE					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: VA District: D6					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER COX CONGRESSIONAL COMMITTEE</b>		Transaction ID: SB23.11438 Date of Disbursement 06 / 03 / 2003	
Mailing Address PO BOX 8088 C		Amount of Each Disbursement this Period  2000.00	
City NEWPORT BEACH	State CA		Zip Code 92658
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name CHRISTOPHER COX			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 48	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT LINCOLN DAVIS</b>		Transaction ID: SB23.11452 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO BOX 350		Amount of Each Disbursement this Period  2500.00	
City JAMESTOWN	State TN		Zip Code 38556
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name LINCOLN DAVIS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TN District: 04	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CRANE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.11463 Date of Disbursement 06 / 27 / 2003	
Mailing Address PO BOX 8534		Amount of Each Disbursement this Period  1000.00	
City ROLLING MEADOWS	State IL		Zip Code 60008
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name PHILIP M CRANE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IL District: 08	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. DAVE CAMP FOR CONGRESS</b>		Transaction ID: SB23.11462 Date of Disbursement 06 / 27 / 2003	
Mailing Address 5915 EASTMAN AVENUE			
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name DAVID LEE CAMP			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVID SCOTT FOR CONGRESS</b>		Transaction ID: SB23.11447 Date of Disbursement 06 / 16 / 2003	
Mailing Address 162 HURT STREET NE			
City ATLANTA	State GA	Zip Code 30307	Amount of Each Disbursement this Period  5000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name DAVID ALBERT SCOTT			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District: 13	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. EARL POMEROY FOR CONGRESS</b>		Transaction ID: SB23.11505 Date of Disbursement 06 / 09 / 2003	
Mailing Address PO BOX 746			
City BISMARCK	State ND	Zip Code 58502	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name EARL RALPH POMEROY			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CONGRESSMAN TIM HOLDEN</b>		Transaction ID: SB23.11461 Date of Disbursement 06 / 27 / 2003	
Mailing Address PO BOX 37		Amount of Each Disbursement this Period  2500.00	
City ST. CLAIR	State PA		Zip Code 17970
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name TIM HOLDEN			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: 17	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.11435 Date of Disbursement 06 / 02 / 2003	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  1000.00	
City DES MOINES	State IA		Zip Code 50304
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name CHARLES E SENATOR GRASSLEY			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. GREEN FOR CONGRESS</b>		Transaction ID: SB23.11454 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO BOX 12571		Amount of Each Disbursement this Period  2500.00	
City GREEN BAY	State WI		Zip Code 54307
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name MARK GREEN			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WI District: 08	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. HOBSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.1145D Date of Disbursement 06 / 16 / 2003	
Mailing Address 82 W COLUMBIA STREET			
City SPRINGFIELD	State OH	Zip Code 45503	Amount of Each Disbursement this Period  9000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name DAVID LEE HOBSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.11465 Date of Disbursement 06 / 27 / 2003	
Mailing Address PO BOX 1986			
City NEW BRITAIN	State CT	Zip Code 06050	Amount of Each Disbursement this Period  5000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name NANCY L JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: D5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JUDGE JOHN CARTER FOR CONGRESS		Transaction ID: SB23.11443 Date of Disbursement 06 / 09 / 2003	
Mailing Address 307 W MAIN STREET			
City ROUND ROCK	State TX	Zip Code 78681	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name JOHN RICE CARTER			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 31	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	8500.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. KELLER FOR CONGRESS</b>		Transaction ID: SB23.11456 Date of Disbursement 06 / 23 / 2003
Mailing Address PO BOX 1453		Amount of Each Disbursement this Period  2500.00
City ORLANDO	State FL	
Zip Code 32802	011 Category/ Type	
Purpose of Disbursement 2004 PRIMARY		
Candidate Name RICHARD ANTHONY KELLER	Disbursement For: 2004 X Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: FL	District: D8

Full Name (Last, First, Middle Initial) <b>B. PEOPLE FOR ENGLISH</b>		Transaction ID: SB23.11467 Date of Disbursement 06 / 27 / 2003
Mailing Address PO BOX 1940		Amount of Each Disbursement this Period  1000.00
City ERIE	State PA	
Zip Code 16507	011 Category/ Type	
Purpose of Disbursement 2004 PRIMARY		
Candidate Name PHILIP ENGLISH	Disbursement For: 2004 X Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: PA	District: 21

Full Name (Last, First, Middle Initial) <b>C. PRICE FOR CONGRESS</b>		Transaction ID: SB23.11446 Date of Disbursement 06 / 16 / 2003
Mailing Address PO BOX 425		Amount of Each Disbursement this Period  5000.00
City ROSWELL	State GA	
Zip Code 30077	011 Category/ Type	
Purpose of Disbursement 2004 PRIMARY		
Candidate Name THOMAS EDMUNDS PRICE	Disbursement For: 2004 X Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: GA	District: D6

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. PRYCE FOR CONGRESS</b>		Transaction ID: SB23.11455 Date of Disbursement 06 / 20 / 2003	
Mailing Address 145 E RICH STREET		Amount of Each Disbursement this Period 500.00	
City COLUMBUS	State OH	Zip Code 43215	011 Category/ Type
Purpose of Disbursement 2004 PRIMARY		Candidate Name DEBORAH PRYCE	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 15			

Full Name (Last, First, Middle Initial) <b>B. REYNOLDS FOR CONGRESS</b>		Transaction ID: SB23.11449 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO BOX 15388		Amount of Each Disbursement this Period 1000.00	
City ROCHESTER	State NY	Zip Code 14815	011 Category/ Type
Purpose of Disbursement 2004 PRIMARY		Candidate Name THOMAS M REYNOLDS	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 26			

Full Name (Last, First, Middle Initial) <b>C. RYAN FOR CONGRESS</b>		Transaction ID: SB23.11453 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO BOX 191B		Amount of Each Disbursement this Period 2500.00	
City JANESVILLE	State WI	Zip Code 53547	011 Category/ Type
Purpose of Disbursement 2004 PRIMARY		Candidate Name PAUL D RYAN	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 42 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. SIMMONS FOR CONGRESS</b>		Transaction ID: SB23.11459 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO BOX 288 DRAWER 271		Amount of Each Disbursement this Period  2500.00	
City STONINGTON	State CT		Zip Code 06378
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name ROBERT R SIMMONS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: D2			

Full Name (Last, First, Middle Initial) <b>B. STENHOLM FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.11458 Date of Disbursement 06 / 25 / 2003	
Mailing Address BOX 1032		Amount of Each Disbursement this Period  500.00	
City STAMFORD	State TX		Zip Code 79553
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name CHARLES W STENHOLM			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District: 17			

Full Name (Last, First, Middle Initial) <b>C. STEVE CHABOT FOR CONGRESS</b>		Transaction ID: SB23.11437 Date of Disbursement 06 / 03 / 2003	
Mailing Address 3014 HARRISON AVENUE		Amount of Each Disbursement this Period  1000.00	
City CINCINNATI	State OH		Zip Code 45211
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name STEVEN JOSEPH CHABOT			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: D1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 43 / 44			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. STEVE CHABOT FOR CONGRESS</b>		Transaction ID: SB23.1146D Date of Disbursement 06 / 26 / 2003	
Mailing Address 3014 HARRISON AVENUE			
City CINCINNATI	State OH	Zip Code 45211	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name STEVEN JOSEPH CHABOT			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIBERI FOR CONGRESS</b>		Transaction ID: SB23.1146B Date of Disbursement 06 / 27 / 2003	
Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000			
City COLUMBUS	State OH	Zip Code 43220	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name PATRICK JOSEPH TIBERI			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	52500.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00000422
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee MEDIA STRATEGIES RESEARCH		Date M M / D D / Y Y Y Y 06 / 30 / 2003
Mailing Address 318 MASSACHUSETTS AVENUE NE		Amount -527.50
City WASHINGTON	State DC	Zip Code 20002
Purpose of Expenditure REFUND-TV PRODUCTION	Category/ Type	004
Name of Federal Candidate supported or Opposed by expenditure: DENNIS MR CARDOZA		Transaction ID: SE24.11511
Calendar Year-To-Date Per Election for Office Sought		0.00
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>GA</u> District: <u>18</u>
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2002 Other (specify): _____
		<b>[MEMO ITEM]</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	-527.50
(c) <b>TOTAL</b> Independent Expenditures .....	-527.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature	Date M M / J J / Y Y Y Y