

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00000422

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on				in the State of
	Termination Report (TER)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on				in the State of

5. Covering Period 09 01 2003 through 09 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 10 16 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

Write or Type Committee Name
 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^M09 ^D01 ^Y2003 To: ^M09 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		325046.28
(b) Cash on Hand at Beginning of Reporting Period	1510661.01	
(c) Total Receipts (from Line 19)	111950.28	1658756.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1622611.29	1983802.29
<hr/>		
7. Total Disbursements (from Line 31)	35659.35	396850.35
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1586951.94	1586951.94
<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: ^M09 ^D01 ^Y2003 To: ^M09 ^D30 ^Y2003

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)	91026.48	
(ii) Unitemized	16010.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	107036.48	1635641.89
(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)	107036.48	1635641.89
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	272.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4913.80	13841.88
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))	111950.28	1658756.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111950.28	1658756.01

DETAILED SUMMARY PAGE

of Disbursements

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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.....	12994.35	54553.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12994.35	54553.17
22. Transfers to Affiliated/Other Party Committees.....	615.00	101895.60
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	240454.08
24. Independent Expenditure (use Schedule E).....	0.00	-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.....	50.00	225.00
(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))..... ▶	50.00	225.00
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))..	35659.35	396850.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	35659.35	396850.35

DETAILED SUMMARY PAGE
of Disbursements

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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)	107036.48	1635641.89
34. Total Contribution Refunds (from Line 28(d))	50.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106986.48	1635416.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12994.35	54553.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	272.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12994.35	54280.93

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32	
	(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

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. ARIZONA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 810 W BETHANY HOME ROAD		Transaction ID: SA11A1.11732
City	State	Zip Code
PHOENIX	AZ	85013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 950.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9680.00	

Full Name (Last, First, Middle Initial) B. ARKANSAS MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PO BOX 55088		Transaction ID: SA11A1.11733
City	State	Zip Code
LITTLE ROCK	AR	72215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6800.00	

Full Name (Last, First, Middle Initial) C. ARKANSAS MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address PO BOX 55088		Transaction ID: SA11A1.11788
City	State	Zip Code
LITTLE ROCK	AR	72215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7100.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
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 7 / 32	
	(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) A. CALIFORNIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 221 MAIN STREET		Transaction ID: SA11A1.11738
City	State	Zip Code
SAN FRANCISCO	CA	94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2787.50
Name of Employer NA	Occupation NA	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 111250.00	

Full Name (Last, First, Middle Initial) B. CALIFORNIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 221 MAIN STREET		Transaction ID: SA11A1.11738
City	State	Zip Code
SAN FRANCISCO	CA	94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9707.98
Name of Employer NA	Occupation NA	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 120857.98	

Full Name (Last, First, Middle Initial) C. CHARLES L GARRETT		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address PO BOX 1358 317 WESTERN BLVD		Transaction ID: SA11A1.11758
City	State	Zip Code
JACKSONVILLE	NC	28541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer ONCLOW MEMORIAL HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	12945.48
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 / 32	
	(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) A. CONNECTICUT MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 180 ST RONAN STREET		Transaction ID: SA11A1.11755
City	State	Zip Code
NEW HAVEN	CT	06511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2670.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 34520.00	

Full Name (Last, First, Middle Initial) B. FLORIDA MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address PO BOX 10269		Transaction ID: SA11A1.11746
City	State	Zip Code
TALLAHASSEE	FL	32302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 41405.00	

Full Name (Last, First, Middle Initial) C. FLORIDA MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address PO BOX 10269		Transaction ID: SA11A1.11747
City	State	Zip Code
TALLAHASSEE	FL	32302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 910.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 42315.00	

SUBTOTAL of Receipts This Page (optional)	▶	6080.00
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 9 / 32	
	<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 MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2009
Mailing Address 133D W PEACHTREE STREET		Transaction ID: SA11A1.11771
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7620.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 27330.00	

Full Name (Last, First, Middle Initial) B. INDEPENDENT MEDICINES PAC		Date of Receipt M / D / Y 09 / 16 / 2009
Mailing Address PO BOX 120809		Transaction ID: SA11A1.11756
City NASHVILLE	State TN	Zip Code 37212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 29300.00	

Full Name (Last, First, Middle Initial) C. IOWA MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2009
Mailing Address 1001 GRAND AVENUE		Transaction ID: SA11A1.11751
City W. DES MOINES	State IA	Zip Code 50265
FEC ID number of contributing federal political committee. C		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 ▼ 18650.00	

SUBTOTAL of Receipts This Page (optional)	9120.00
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 / 32	
	(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) A. IOWA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 1001 GRAND AVENUE		Transaction ID: SA11A1.11787
City	State	Zip Code
W. DES MOINES	IA	50265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20750.00	

Full Name (Last, First, Middle Initial) B. KENTUCKY EDUC MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 4985 US HIGHWAY 42		Transaction ID: SA11A1.11736
City	State	Zip Code
LOUISVILLE	KY	40222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 41220.00	

Full Name (Last, First, Middle Initial) C. LOUISIANA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 6787 PERKINS ROAD		Transaction ID: SA11A1.11741
City	State	Zip Code
BATON ROUGE	LA	70802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 29170.00	

SUBTOTAL of Receipts This Page (optional)	5050.00
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 / 32	
	(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) A. LOUISIANA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 8787 PERKINS ROAD		Transaction ID: SA11A1.11780
City	State	Zip Code
BATON ROUGE	LA	70802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 29770.00	

Full Name (Last, First, Middle Initial) B. LOUISIANA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 8787 PERKINS ROAD		Transaction ID: SA11A1.11788
City	State	Zip Code
BATON ROUGE	LA	70802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2680.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 32450.00	

Full Name (Last, First, Middle Initial) C. LOUISIANA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 8787 PERKINS ROAD		Transaction ID: SA11A1.11789
City	State	Zip Code
BATON ROUGE	LA	70802
FEC ID number of contributing federal political committee. C		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 ▼ 33350.00	

SUBTOTAL of Receipts This Page (optional)	4180.00
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 12 / 32	
	<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. MARY C GOESSLER		Date of Receipt M / D / Y 09 / 09 / 2003
Mailing Address 113 BEAVER CREEK COURT		Transaction ID: SA11A1.11731
City SEWICKLEY	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MARYLAND MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 1211 CATHEDRAL STREET		Transaction ID: SA11A1.11734
City BALTIMORE	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1205.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 19869.00	

Full Name (Last, First, Middle Initial) C. MEDICAL SOC OF THE ST OF NY PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address ONE COMMERCE PLAZA		Transaction ID: SA11A1.11744
City ALBANY	State NY	Zip Code 12210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3350.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 138960.00	

SUBTOTAL of Receipts This Page (optional)	5055.00
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 / 32	
	<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) A. MEDICAL SOC OF THE ST OF NY PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address ONE COMMERCE PLAZA		Transaction ID: SA11A1.11745
City	State	Zip Code
ALBANY	NY	12210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10410.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 149370.00	

Full Name (Last, First, Middle Initial) B. MINNESOTA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PO BOX 18655		Transaction ID: SA11A1.11754
City	State	Zip Code
MINNEAPOLIS	MN	55418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 410.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 13790.00	

Full Name (Last, First, Middle Initial) C. NC MEDICAL POL EDUC & ACTION CMNTT		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PO BOX 25834		Transaction ID: SA11A1.11735
City	State	Zip Code
RALEIGH	NC	27611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 36680.00	

SUBTOTAL of Receipts This Page (optional)	13120.00
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 14 / 32	
	<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) A. NC MEDICAL POL EDUC & ACTION CMMTT		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address PD BOX 25834		Transaction ID: SA11A1.11753
City	State	Zip Code
RALEIGH	NC	27611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 42660.00	

Full Name (Last, First, Middle Initial) B. NEBRASKA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 233 S 13TH STREET		Transaction ID: SA11A1.11764
City	State	Zip Code
LINCOLN	NE	68508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 655.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7389.50	

Full Name (Last, First, Middle Initial) C. OHIO MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 3401 MILL RUN DRIVE		Transaction ID: SA11A1.11737
City	State	Zip Code
HILLIARD	OH	43208
FEC ID number of contributing federal political committee. C		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 ▼ 36780.00	

SUBTOTAL of Receipts This Page (optional)	▶	5405.00
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 15 / 32	
	(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) A. OKLAHOMA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PD BOX 54520		Transaction ID: SA11A1.11740
City	State	Zip Code
OKLAHOMA CITY	OK	73154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20300.00	

Full Name (Last, First, Middle Initial) B. OREGON MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 521D SW CORBETT STREET		Transaction ID: SA11A1.11748
City	State	Zip Code
PORTLAND	OR	97201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2180.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7455.00	

Full Name (Last, First, Middle Initial) C. OREGON MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 521D SW CORBETT STREET		Transaction ID: SA11A1.11749
City	State	Zip Code
PORTLAND	OR	97201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1730.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9185.00	

SUBTOTAL of Receipts This Page (optional)	4410.00
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 / 32	
	(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) A. OREGON MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 521 D SW CORBETT STREET		Transaction ID: SA11A1.11750
City	State	Zip Code
PORTLAND	OR	97201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9605.00	

Full Name (Last, First, Middle Initial) B. PENNSYLVANIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PO BOX 8820		Transaction ID: SA11A1.11743
City	State	Zip Code
HARRISBURG	PA	17105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6750.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 60800.00	

Full Name (Last, First, Middle Initial) C. PENNSYLVANIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address PO BOX 8820		Transaction ID: SA11A1.11781
City	State	Zip Code
HARRISBURG	PA	17105
FEC ID number of contributing federal political committee. C		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 ▼ 60850.00	

SUBTOTAL of Receipts This Page (optional)	7420.00
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 17 / 32	
	(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) A. PENNSYLVANIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address PD BOX 8B20		Transaction ID: SA11A1.11762
City	State	Zip Code
HARRISBURG	PA	17105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5450.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 66300.00	

Full Name (Last, First, Middle Initial) B. PENNSYLVANIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address PD BOX 8B20		Transaction ID: SA11A1.11763
City	State	Zip Code
HARRISBURG	PA	17105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 67400.00	

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA MEDICAL PAC		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address PD BOX 11188		Transaction ID: SA11A1.11742
City	State	Zip Code
COLUMBIA	SC	29211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12050.00	

SUBTOTAL of Receipts This Page (optional)	8350.00
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 18 / 32	
	<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) A. SUSAN PADDACK		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 500 SE COUNTRY ROAD		Transaction ID: SA11A1.11759
City ADA	State OK	Zip Code 74820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. UTAH MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 540 EAST FIFTH SOUTH		Transaction ID: SA11A1.11757
City SALT LAKE CITY	State UT	Zip Code 84102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 16290.00	

Full Name (Last, First, Middle Initial) C. VIRGINIA MEDICAL PAC		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 4205 DOVER ROAD		Transaction ID: SA11A1.11752
City RICHMOND	State VA	Zip Code 23221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6300.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 42350.00	

SUBTOTAL of Receipts This Page (optional)	6825.00
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 10 / 32	
	<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. WASHINGTON MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2008
Mailing Address 2033 SIXTH AVENUE		Transaction ID: SA11A1.11772
City	State	Zip Code
SEATTLE	WA	98121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NA	Occupation NA	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 32400.00	

Full Name (Last, First, Middle Initial) B. WISCONSIN PHYSICIANS MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2008
Mailing Address PO BOX 2505		Transaction ID: SA11A1.11770
City	State	Zip Code
MADISON	WI	53701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 616.00
Name of Employer N/A	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12808.00	

Full Name (Last, First, Middle Initial) C. WYOMING MEDICAL PAC		Date of Receipt M / D / Y 09 / 25 / 2008
Mailing Address PO DRAWER 4008		Transaction ID: SA11A1.11785
City	State	Zip Code
CHEYENNE	WY	82003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NA	Occupation NA	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00	

SUBTOTAL of Receipts This Page (optional)	▶	1366.00
TOTAL This Period (last page this line number only)	▶	91026.48

**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 20 / 32	
	<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 09 / 30 / 2009
Mailing Address PD BOX 98211		Transaction ID: SA17.11779
City WASHINGTON	State DC	Zip Code 20000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4913.80
Name of Employer	Occupation	INTEREST
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 13841.88	

SUBTOTAL of Receipts This Page (optional)	▶	4913.80
TOTAL This Period (last page this line number only)	▶	4913.80

**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 21 / 32
	<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) A. PAYMENTECH		Transaction ID: SB21B.11809 Date of Disbursement 09 / 30 / 2003	
Mailing Address 4 NORTHEASTERN BLVD		Amount of Each Disbursement this Period 33.58	
City SALEM	State NH		Zip Code 13079
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) B. RIGGS INVESTMENT MANAGEMENT COMPANY		Transaction ID: SB21B.11803 Date of Disbursement 09 / 30 / 2003	
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 6450.00	
City WASHINGTON	State DC		Zip Code 20000
Purpose of Disbursement FEDERAL ESTIMATED TAXES-2003			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.11804 Date of Disbursement 09 / 30 / 2003	
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 1450.00	
City WASHINGTON	State DC		Zip Code 20000
Purpose of Disbursement DC ESTIMATED TAXES-2003			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	7933.58
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 22 / 32
	<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) A. RIGGS INVESTMENT MANAGEMENT COMPANY		Transaction ID: SB21B.11805 Date of Disbursement 09 / 30 / 2003
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 1189.44
City WASHINGTON	State DC	
Zip Code 20090	Purpose of Disbursement LOSS ON INVESTMETNS	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District

Full Name (Last, First, Middle Initial) B. RIGGS INVESTMENT MANAGEMENT COMPANY		Transaction ID: SB21B.11807 Date of Disbursement 09 / 30 / 2003
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 181.39
City WASHINGTON	State DC	
Zip Code 20090	Purpose of Disbursement BANK CHARGES	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District

Full Name (Last, First, Middle Initial) C. RIGGS INVESTMENT MANAGEMENT COMPANY		Transaction ID: SB21B.11808 Date of Disbursement 09 / 30 / 2003
Mailing Address PO BOX 96211		Amount of Each Disbursement this Period 3689.94
City WASHINGTON	State DC	
Zip Code 20090	Purpose of Disbursement ACCRUED INTEREST PAID	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District

SUBTOTAL of Disbursements This Page (optional)	▶	5060.77
TOTAL This Period (last page this line number only)	▶	12994.35

**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 23 / 32
	<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) A. CALIFORNIA MEDICAL PAC		Transaction ID: SB22.11779 Date of Disbursement 09 / 09 / 2003
Mailing Address 221 MAIN STREET		Amount of Each Disbursement this Period 10.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	
Candidate Name	008 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LOUISIANA MEDICAL PAC		Transaction ID: SB22.11780 Date of Disbursement 09 / 09 / 2003
Mailing Address 6767 PERKINS ROAD		Amount of Each Disbursement this Period 15.00
City BATON ROUGE	State LA	
Zip Code 70802	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	
Candidate Name	008 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MEDICAL SOC OF THE ST OF NY PAC		Transaction ID: SB22.11783 Date of Disbursement 09 / 09 / 2003
Mailing Address ONE COMMERCE PLAZA		Amount of Each Disbursement this Period 185.00
City ALBANY	State NY	
Zip Code 12210	Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	
Candidate Name	008 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	190.00
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 24 / 32
	<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) A. MICHIGAN DOCTORS PAC		Transaction ID: SB22.11781 Date of Disbursement 09 / 09 / 2003
Mailing Address PO BOX 769		Amount of Each Disbursement this Period 100.00
City EAST LANSING	State MI Zip Code 48826	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	Candidate Name 008 Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) B. MISSOURI MEDICAL PAC		Transaction ID: SB22.11782 Date of Disbursement 09 / 09 / 2003
Mailing Address PO BOX 1402		Amount of Each Disbursement this Period 50.00
City JEFFERSON CITY	State MO Zip Code 65102	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	Candidate Name 008 Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) C. TEXAS MEDICAL PAC		Transaction ID: SB22.11784 Date of Disbursement 09 / 09 / 2003
Mailing Address 401 W 15TH STREET		Amount of Each Disbursement this Period 75.00
City AUSTIN	State TX Zip Code 78701	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING	Candidate Name 011 Category/ Type	
Office Sought: House Senate President State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	225.00
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 25 / 32

<input type="checkbox"/> 21b	<input checked="" 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) A. WISCONSIN PHYSICIANS MEDICAL PAC		Transaction ID: SB22.11785 Date of Disbursement 09 / 09 / 2003
Mailing Address PO BOX 2595		Amount of Each Disbursement this Period 200.00
City MADISON	State WI	
Zip Code 53701	008 Category/ Type	
Purpose of Disbursement TRANSFER OF FUNDS JOINT FUNDRAISING		
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	615.00

**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 26 / 32			
	<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. BOB GOODLATTE FOR CONGRESS COMMITTEE		Transaction ID: SB23.11802 Date of Disbursement 09 / 30 / 2003	
Mailing Address PO BOX 292		Amount of Each Disbursement this Period 1000.00	
City ROANOKE	State VA		Zip Code 24002
Purpose of Disbursement 2002 GENERAL-002 VOIDED CHK. CLEARED			011 Category/ Type
Candidate Name ROBERT W GOODLATTE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: VA District D6			

Full Name (Last, First, Middle Initial) B. CHARLIE DENT FOR CONGRESS		Transaction ID: SB23.11801 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO BOX 442		Amount of Each Disbursement this Period 5000.00	
City ALLENTOWN	State PA		Zip Code 18105
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name CHARLES WIEDER DENT			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District 15			

Full Name (Last, First, Middle Initial) C. FRIENDS OF BUD CRAMER		Transaction ID: SB23.11792 Date of Disbursement 09 / 16 / 2003	
Mailing Address PO BOX 2621		Amount of Each Disbursement this Period 500.00	
City HUNTSVILLE	State AL		Zip Code 35801
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name ROBERT E 'BUD' JR CRAMER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District 05			

SUBTOTAL of Disbursements This Page (optional)	6500.00
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 27 / 32			
	<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. FRIENDS OF MELISSA BROWN		Transaction ID: SB23.11799 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO BOX 498			
City FLOURTOWN	State PA	Zip Code 19031	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name MELISSA BROWN			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District 13			

Full Name (Last, First, Middle Initial) B. HASTERT FOR CONGRESS COMMITTEE		Transaction ID: SB23.11797 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO BOX 625			
City BATAVIA	State IL	Zip Code 60510	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name J DENNIS HASTERT			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District 14			

Full Name (Last, First, Middle Initial) C. JERRY WELLER FOR CONGRESS		Transaction ID: SB23.11796 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO BOX 15283			
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name GERALD C 'JERRY' WELLER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District 11			

SUBTOTAL of Disbursements This Page (optional)	▶	9000.00
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 28 / 32			
	<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. MARSHA BLACKBURN FOR CONGRESS		Transaction ID: SB23.1178B Date of Disbursement 09 / 16 / 2003	
Mailing Address PO BOX 682185			
City FRANKLIN	State TN	Zip Code 37084	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name MARSHA BLACKBURN			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN District: D7			

Full Name (Last, First, Middle Initial) B. MCCRERY FOR CONGRESS		Transaction ID: SB23.11791 Date of Disbursement 09 / 29 / 2003	
Mailing Address PO BOX 52956			
City SHREVEPORT	State LA	Zip Code 71135	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name JAMES O III MCCRERY			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: D4			

Full Name (Last, First, Middle Initial) C. NORWOOD FOR CONGRESS		Transaction ID: SB23.11794 Date of Disbursement 09 / 26 / 2003	
Mailing Address PO BOX 499			
City EVANS	State GA	Zip Code 30809	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name CHARLES WHITLOW NORWOOD			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: D9			

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
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 29 / 32			
	<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. PETE SESSIONS FOR CONGRESS 2004		Transaction ID: SB23.11777 Date of Disbursement 09 / 15 / 2003
Mailing Address PO BOX 38585		Amount of Each Disbursement this Period 500.00
City DALLAS	State TX	
Zip Code 75238	Category/Type	
Purpose of Disbursement 2004 PRIMARY Candidate Name PETE SESSIONS		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 32	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: SB23.11793 Date of Disbursement 09 / 29 / 2003
Mailing Address PO BOX 681		Amount of Each Disbursement this Period 500.00
City BRIGHTON	State MI	
Zip Code 48116	Category/Type	
Purpose of Disbursement 2004 PRIMARY Candidate Name MICHAEL J ROGERS	011	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: 08	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS		Transaction ID: SB23.11778 Date of Disbursement 09 / 09 / 2003
Mailing Address PO BOX 370B1		Amount of Each Disbursement this Period 500.00
City CHARLOTTE	State NC	
Zip Code 28237	Category/Type	
Purpose of Disbursement 2004 PRIMARY Candidate Name SUE MYRICK	011	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District: 09	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)	▶	

**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 30 / 32			
	<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. THE SENSENBRENNER COMMITTEE		Transaction ID: SB23.11789 Date of Disbursement 09 / 23 / 2003	
Mailing Address PO BOX 575		Amount of Each Disbursement this Period 500.00	
City BROOKFIELD	State WI		Zip Code 53008
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name FRANK JAMES JR SENSENBRENNER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: D9			

Full Name (Last, First, Middle Initial) B. TIBERI FOR CONGRESS		Transaction ID: SB23.11798 Date of Disbursement 09 / 17 / 2003	
Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000		Amount of Each Disbursement this Period 2000.00	
City COLUMBUS	State OH		Zip Code 43220
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name PATRICK JOSEPH TIBERI			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 12			

Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US COMMITTEE		Transaction ID: SB23.11790 Date of Disbursement 09 / 23 / 2003	
Mailing Address PO BOX 490		Amount of Each Disbursement this Period 500.00	
City ST. JOSEPH	State MI		Zip Code 49085
Purpose of Disbursement 2004 PRIMARY			011 Category/ Type
Candidate Name FREDERICK STEPHEN UPTON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: D6			

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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)

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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. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.11775 Date of Disbursement 09 / 04 / 2003
Mailing Address PO BOX 391		Amount of Each Disbursement this Period 500.00
City HOPKINSVILLE	State KY	
Zip Code 42241	Category/ Type	
Purpose of Disbursement 2004 PRIMARY		
Candidate Name ED WHITFIELD		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: KY District: D1		

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	22000.00

**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)

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<input 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 checked="" 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. ANTONIA M CHADWICK MD		Transaction ID: SB28A.11787 Date of Disbursement 09 / 09 / 2003
Mailing Address 435 PHOENIX DRIVE		Amount of Each Disbursement this Period 50.00
City CHAMBERSBURG	State PA	
Zip Code 17201		
Purpose of Disbursement REFUND	010 Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	50.00