

# 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 Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 2021 Massachusetts Avenue, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00411553  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 06 01 2008 through 06 30 2008

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 Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 07 17 2008

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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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		235731.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	216472.30									
(c) Total Receipts (from Line 19) .....	41397.61	256870.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	257869.91	492602.03								
7. Total Disbursements (from Line 31) .....	36064.57	270796.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	221805.34	221805.34								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	23312.00	160610.41
(i) Itemized (use Schedule A) .....	17929.51	93783.64
(ii) Unitemized .....	41241.51	254394.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	41241.51	254394.05
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) .....	156.10	2476.02
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	41397.61	256870.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41397.61	256870.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	564.57	3296.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	564.57	3296.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	267500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
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 Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36064.57	270796.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36064.57	270796.69

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	41241.51	254394.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41241.51	254394.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	564.57	3296.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	156.10	2476.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	408.47	820.67

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Christy L Arthur, MD

Mailing Address 6015 Cavalier Dr

City State Zip Code  
Roanoke VA 24018-3881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carilion Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: C429545

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Liliana Marcu Awan, MD

Mailing Address 4315 Vineyard Cir

City State Zip Code  
Weston FL 33332-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: C425269

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Sandra B Benckendorf, MD

Mailing Address 118 Westshore Dr

City State Zip Code  
Morton IL 61550-1315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Koch Family Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 272.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: C425263

Amount of Each Receipt this Period

272.00

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

1072.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ellen T Brubeck Brogden, MD

Mailing Address 212 W Main St

City State Zip Code  
Mount Olive NC 28365-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer State of North Carolina Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 27 / 2008  
Transaction ID: C431471  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer L Brull, MD

Mailing Address 300 S Colorado St  
PO Box 5

City State Zip Code  
Plainville KS 67663-0005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2008  
Transaction ID: C431457  
Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial)  
James S Campbell, MD

Mailing Address 200 W Esplanade Ave  
Ste 412

City State Zip Code  
Kenner LA 70065-2474

FEC ID number of contributing federal political committee. **C**

Name of Employer LSU Health Sciences Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 18 / 2008  
Transaction ID: C428100  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1165.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Baretta R Casey, MD

Mailing Address 171 Cedar Hills Dr

City State Zip Code  
Pikeville KY 41501-8704

FEC ID number of contributing federal political committee. **C**

Name of Employer: University of Kentucky College of Medicine  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt: MM / DD / YYYY  
06 / 19 / 2008

**Transaction ID:** C428884

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Max Aldon Crocker, MD

Mailing Address 1260 Colonial Dr

City State Zip Code  
Lexington KY 40504-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer: N/A  
Occupation: Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: MM / DD / YYYY  
06 / 18 / 2008

**Transaction ID:** C427341

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Joe D Davison, MD

Mailing Address 8200 W Central Ave Ste ONE

City State Zip Code  
Wichita KS 67212-9501

FEC ID number of contributing federal political committee. **C**

Name of Employer: West Wichita Family Physicians, PA  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt: MM / DD / YYYY  
06 / 27 / 2008

**Transaction ID:** C431456

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1730.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy Wilson Dickey, MD

Mailing Address TX A and M Univ Sys Hlth Center  
301 Tarrow St Fl 7

City State Zip Code  
College Station TX 77840-7896

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TX A&M Univ Sys Hlth Ce- Physician  
nter

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

**Transaction ID:** C425823

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Randy Easterling, MD

Mailing Address Street Clinic  
104 McAuley Dr

City State Zip Code  
Vicksburg MS 39183-2896

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Street Clinic - River Reg- Physician  
ion Health Sy

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

**Transaction ID:** C426820

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Rachel A English, MD

Mailing Address 1825 N 74th St

City State Zip Code  
Milwaukee WI 53213-2219

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Emergency Medicine Specia- Physician  
list

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	8

**Transaction ID:** C425275

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1115.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Ann Foland, MD

Mailing Address 14300 Hancock Ln

City Anchorage State AK Zip Code 99515-3962

FEC ID number of contributing federal political committee. **C**

Name of Employer Primary Care Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 19 / 2008

**Transaction ID: C428939**

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Joshua Freeman, MD

Mailing Address Dept of Family Medicine, MS 4010  
3901 Rainbow Blvd

City Kansas City State KS Zip Code 66160

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of KS School of Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 10 / 2008

**Transaction ID: C425594**

Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Carolyn N Gaughan, CAE

Mailing Address E Dir KS AFP Bldg 1046 - C  
7570 W 21st St N 1046C

City Wichita State KS Zip Code 67205-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Academy of Family Physicians Occupation Chapter Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 27 / 2008

**Transaction ID: C431458**

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 930.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Bob Arvid Grubbs, MD

Mailing Address 9817 Farmington Rd

City Tuscaloosa State AL Zip Code 35405-9427

FEC ID number of contributing federal political committee. **C**

Name of Employer University Family Practice Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 0 8

**Transaction ID:** C425274

Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas J Gruenbacher, MD

Mailing Address 501 Garfield  
PO Box 510

City Quinter State KS Zip Code 67752-0510

FEC ID number of contributing federal political committee. **C**

Name of Employer Bluestem Medical Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 7 / 2 0 0 8

**Transaction ID:** C431459

Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
David H Hall, MD

Mailing Address No 450  
1450 Matthews Township Pkwy

City Matthews State NC Zip Code 28105-2387

FEC ID number of contributing federal political committee. **C**

Name of Employer Dept of Family Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 7 / 2 0 0 8

**Transaction ID:** C431483

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City Tallahassee State FL Zip Code 32303-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Patients First North, P.A. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 21 / 2008

Transaction ID: C429459

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Glenn Holland, MD

Mailing Address 10875 Park Blvd Ste A

City Seminole State FL Zip Code 33772-5456

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 27 / 2008

Transaction ID: C431462

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael R King, MD

Mailing Address UK Dept of Family Medicine  
K302 Kentucky Clinic

City Lexington State KY Zip Code 40536-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Kentucky Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2008

Transaction ID: C428873

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary V Krueger, MD

Mailing Address 318 Doniphan Dr Apt 2

City State Zip Code  
Fort Leavenworth KS 66027-1378

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: C425336

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Coleman Matheny, MD

Mailing Address 474 W 3rd St

City State Zip Code  
Lexington KY 40508-3512

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Kentucky Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: C428883

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Tammy Mitchell, MD

Mailing Address 814 S Kade Apt 121

City State Zip Code  
Lake Charles LA 70605-7190

FEC ID number of contributing federal political committee. **C**

Name of Employer CHB Meridan Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: C425832

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **965.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael A Oller, MD

Mailing Address 4813 E 27th St N

City State Zip Code  
Wichita KS 67220-2632

FEC ID number of contributing federal political committee. **C**

Name of Employer Wesley Medical Occupation Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2008

Transaction ID: C431460

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Donya Ann Powers, MD

Mailing Address 174 Armistice Blvd Suite 1A

City State Zip Code  
Pawtucket RI 02860

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: C425811

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Guy Roberts, MD

Mailing Address Dept Of Fam Medicine  
777 S Mills St

City State Zip Code  
Madison WI 53715-1849

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Wisconsin Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: C425371

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1865.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeannine M Rodems, MD  
Mailing Address 15 Suncrest Dr

City State Zip Code  
Soquel CA 95073-9709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	8

**Transaction ID: C425356**  
 Amount of Each Receipt this Period  
 365.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis F Saver, MD  
Mailing Address 1265 36th St

City State Zip Code  
Vero Beach FL 32960-6574

FEC ID number of contributing federal political committee. **C**

Name of Employer Primary Care of Treasure Coast      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

**Transaction ID: C428863**  
 Amount of Each Receipt this Period  
 365.00

**C.** Full Name (Last, First, Middle Initial)  
George Wm Shannon, MD  
Mailing Address 2301 Slate Dr Ste A

City State Zip Code  
Columbus GA 31906-1443

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	8

**Transaction ID: C425824**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Rushing Shellabarger, MD

Mailing Address 2244 Lower Brownsville Rd

City State Zip Code  
Jackson TN 38301-9655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jackson Clinic physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: C429458

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Jerome Thomas, MD

Mailing Address Family Medicine Center PLLC  
PO Box 987

City State Zip Code  
Flatwoods KY 41139-0987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Family Medicine Center PL- LC Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: C428906

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)  
Tara A Vogdes, DO

Mailing Address 9 Chestnut Oak Dr

City State Zip Code  
Cape May Court Hou NJ 08210-1862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harbor Family Practice Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: C425345

Amount of Each Receipt this Period

365.00

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

980.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
David Allen Watkins, MD

Mailing Address 5600 Timberlane Dr

City Henderson State KY Zip Code 42420-9152

FEC ID number of contributing federal political committee. **C**

Name of Employer Deaconness Health Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 19 / 2008

Transaction ID: C428910

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Keith A Wright, MD

Mailing Address 4101 Anderson

City Manhattan State KS Zip Code 66503-8670

FEC ID number of contributing federal political committee. **C**

Name of Employer Stonecreek Family Physician Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 27 / 2008

Transaction ID: C431461

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard L Zachrich, MD

Mailing Address 821 E Chapel St Ste 203

City Santa Maria State CA Zip Code 93454-4619

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Coast Family Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 23 / 2008

Transaction ID: C429706

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5730.00**

**TOTAL** This Period (last page this line number only) ..... ► **23312.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2476.02

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: C427357

Amount of Each Receipt this Period  
156.10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	156.10

# 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 19 / 28

<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 Academy of Family Physicians Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62077 Date of Disbursement 06 / 02 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 3.10
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62078 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 6.51
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62079 Date of Disbursement 06 / 05 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.65
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	14.26
<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 20 / 28

<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 Academy of Family Physicians Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62080 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="45.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62087 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="15.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D62088 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="50.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="111.14"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

<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 Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank Of America Merchant Services <hr/> Mailing Address WA2-505-01-40 PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D62076 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 386.58
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Network <hr/> Mailing Address P O Box 52145 <hr/> City Phoenix State AZ Zip Code 85072-2145 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D62081 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 52.59

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	439.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	564.57



**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)

<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 Academy of Family Physicians Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>HAWKEYE PAC</b>	<b>Transaction ID: D61784</b> Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 7255	
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name HAWKEYE PAC Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS 2008</b>	<b>Transaction ID: D62011</b> Date of Disbursement 06 / 24 / 2008
	Mailing Address 2501 Wisconsin Ave NW Apt 304	
	City Washington State DC Zip Code 20007-4543	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Dave Camp Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 04	

C.	Full Name (Last, First, Middle Initial) <b>DIANA DEGETTE FOR CONGRESS INC.</b>	<b>Transaction ID: D61773</b> Date of Disbursement 06 / 10 / 2008
	Mailing Address P.O. Box 61337	
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution. Candidate Name Rep. Diana L. Degette Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CO District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</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)

<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 Academy of Family Physicians Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>CANTOR FOR CONGRESS</b>	<b>Transaction ID:</b> D61775
	Mailing Address P. O. Box 17813	Date of Disbursement MM / DD / YYYY 06 / 10 / 2008
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VA District: 07	

B.	Full Name (Last, First, Middle Initial) <b>BOYD FOR CONGRESS</b>	<b>Transaction ID:</b> D61943
	Mailing Address P.O. Box 15703	Date of Disbursement MM / DD / YYYY 06 / 20 / 2008
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. F. Allen Boyd, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 02	

C.	Full Name (Last, First, Middle Initial) <b>JESSE JACKSON JR. FOR CONGRESS</b>	<b>Transaction ID:</b> D61772
	Mailing Address P.O. Box 490286	Date of Disbursement MM / DD / YYYY 06 / 10 / 2008
	City Chicago State IL Zip Code 60649	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Jesse Jackson, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 02	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**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)

<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 Academy of Family Physicians Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS</p> <p>Mailing Address PO BOX 45444</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John B. Shadegg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D61774</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D61769</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237-7091</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D61947</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<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)

<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 Academy of Family Physicians Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS</b>	<b>Transaction ID:</b> D61946
	Mailing Address P.O. Box 425	Date of Disbursement 06 / 20 / 2008
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Tom Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: GA District: 06	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>SALAZAR FOR SENATE</b>	<b>Transaction ID:</b> D61944
	Mailing Address PO BOX 600	Date of Disbursement 06 / 20 / 2008
	City DENVER State CO Zip Code 80201	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Ken Salazar	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: CO District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ENZI FOR US SENATE</b>	<b>Transaction ID:</b> D61770
	Mailing Address PO BOX 2775	Date of Disbursement 06 / 10 / 2008
	City CODY State WY Zip Code 82414	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Michael B. Enzi	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: WY District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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)

<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 Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Transaction ID: D61945

Date of Disbursement

Mailing Address PO BOX 3662

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

City SEATTLE State WA Zip Code 98124

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name  
Sen. Patty Murray

Office Sought:  House  Senate  President  
State: WA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK DURBIN COMMITTEE

Transaction ID: D61942

Date of Disbursement

Mailing Address PO BOX 1949

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

City SPRINGFIELD State IL Zip Code 62705

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name  
Sen. Richard J. Durbin

Office Sought:  House  Senate  President  
State: IL District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

3500.00
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TOTAL This Period (last page this line number only) .....

35500.00
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Image# 28991505048

Form/Schedule: **F3XN**

Amendment to reflect additional bank fees for reporting period.

Transaction ID:

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