

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		253762.79
(b) Cash on Hand at Beginning of Reporting Period.....	293854.62	
(c) Total Receipts (from Line 19)	47764.83	331434.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	341619.45	585197.68
7. Total Disbursements (from Line 31).....	16580.80	260159.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	325038.65	325038.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
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

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	37972.06	237086.27
(ii) Unitemized	9712.92	88759.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47684.98	325845.80
(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)	47684.98	325845.80
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).....	79.85	5589.09
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	47764.83	331434.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47764.83	331434.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	580.80	5659.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	580.80	5659.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	254500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16580.80	260159.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16580.80	260159.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47684.98	325845.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47684.98	325845.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	580.80	5659.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	79.85	5589.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.95	69.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Suzanne M Allen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 E Front St Ste 442D
 777 N Raymond St
 City Boise State ID Zip Code 83702-7374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington School of Med Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 19 / 2011
Transaction ID : C1365348
 Amount of Each Receipt this Period 1000.00

B. David W Ashley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 Gilbert Stuart Rd
 City Saunderstown State RI Zip Code 02874-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 09 / 21 / 2011
Transaction ID : C1366643
 Amount of Each Receipt this Period 365.00

C. Brian L Bachelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5151 Tr 126
 City Mount Gilead State OH Zip Code 43338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron General Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 730.00

Date of Receipt 09 / 20 / 2011
Transaction ID : C1365864
 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: (check only one)	PAGE 7 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Frederic Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mark Cir
 City State Zip Code
 Holden MA 01520-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMMHC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2011
Transaction ID : C1391484
 Amount of Each Receipt this Period
 50.00

B. Melissa Blair Behringer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Governors Dr Sw
 City State Zip Code
 Huntsville AL 35801-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAB Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1367618
 Amount of Each Receipt this Period
 250.00

C. Salvatore Bernardo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4255 Us Highway 9 Ste B
 City State Zip Code
 Freehold NJ 07728-8306
 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 ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366863
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
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: (check only one)	PAGE 8 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher W Billings DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3934 E Eaglescliffe Dr
 City Springfield State MO Zip Code 65809-4627
 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 **365.00**

Date of Receipt **09 / 29 / 2011**
Transaction ID : C1392444
 Amount of Each Receipt this Period **265.00**

B. Claire Lawton Birdsong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Parkridge Dr Ste 250
 City Columbia State SC Zip Code 29212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbin Family Practiice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 13 / 2011**
Transaction ID : C1360166
 Amount of Each Receipt this Period **62.50**

C. Linda C Bisson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3338 Ward Hill Rd
 City East Hardwick State VT Zip Code 05836-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Health Center of Pla Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 07 / 2011**
Transaction ID : C1358451
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **387.50**
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 OF 60
(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

Full Name (Last, First, Middle Initial)
A. Heidi M Bittner MD

Mailing Address 304 15Th Ave Se
 PO Box 9037

City State Zip Code
 Devils Lake ND 58301-7000

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

Name of Employer Occupation
 Altru Clinic Lake region Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : C1365146

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Ross R Black MD

Mailing Address 603 Beaverbrook Dr

City State Zip Code
 Akron OH 44333-2819

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

Name of Employer Occupation
 Mill Pond FP, Inc Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1360026

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
C. Catherine M Blackband MD

Mailing Address 5002 NW 18th Pl

City State Zip Code
 Gainesville FL 32605-3430

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

Name of Employer Occupation
 ShandsMedical Group At Magnolia Park MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : C1362155

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1095.00

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 OF 60
(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. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 City Kingsport State TN Zip Code 37664-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Tennessee State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1404695
 Amount of Each Receipt this Period
 100.00

B. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 E Cooley Dr
 City Colton State CA Zip Code 92324-3905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaver Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1399695
 Amount of Each Receipt this Period
 30.42

C. Neil Hurst Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Duncaster Ln
 City Vernon Rockville State CT Zip Code 06066-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vernon Manor Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366958
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.42
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Thomas H Bugbee MD			Date of Receipt
Mailing Address PO Box 302			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C1366936
Blue Hill	ME	04614-0302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
Blue Hill Memorial Hospital	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tiffany Tashe Byrd MD			Date of Receipt
Mailing Address 6886 Shadybrook Trl			<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C1359706
Columbus	GA	31904-3802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="91.25"/>
Name of Employer	Occupation		
Martin Army Community Hospital	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="273.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gerald William Cahill MD			Date of Receipt
Mailing Address 23 4th St # 1			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C1367619
Malone	NY	12953-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer	Occupation		
Self-Employed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="756.25"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
	<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. Mary F Campagnolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Route 38 Ste 6
 City Lumberton State NJ Zip Code 08048-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group, Marlton NJ Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 21 / 2011
Transaction ID : C1367508
 Amount of Each Receipt this Period
 250.00

B. Cory D Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 E Elizabeth St Ste 2
 City Fort Collins State CO Zip Code 80524-3952
 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 450.00

Date of Receipt
 09 / 17 / 2011
Transaction ID : C1363714
 Amount of Each Receipt this Period
 50.00

C. Lee Marvin Carter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 506
 City Huntingdon State TN Zip Code 38344-0506
 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 900.00

Date of Receipt
 09 / 28 / 2011
Transaction ID : C1392433
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 400.00
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: (check only one)	PAGE 13 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Christopher Bice Clemow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Addis Cir
 City Anderson State SC Zip Code 29626-5702
 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011
Transaction ID : C1390730
 Amount of Each Receipt this Period
240.00

B. Lanny R Copeland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Powell Ct Ste 200
 City Brentwood State TN Zip Code 37027-5079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triad Hospitals, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1367493
 Amount of Each Receipt this Period
365.00

C. Richard L Corson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Arlene Ct
 City Hillsborough State NJ Zip Code 08844-3004
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365877
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....	970.00
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: (check only one)	PAGE 14 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Ne 10Th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2999.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011
Transaction ID : C1404421
 Amount of Each Receipt this Period
 333.33

B. Manuel O Crespo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 14575 S Bryant Ave
 City Edmond State OK Zip Code 73034-8139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vital Inpatient Physician Services Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2011
Transaction ID : C1359949
 Amount of Each Receipt this Period
 45.63

C. John S Cullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2504
 City Valdez State AK Zip Code 99686-2504
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366966
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	743.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Patricia A Czapp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Melvin Ave
 City Annapolis State MD Zip Code 21401-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anne Arundel Health System Occupation staff physician, Chair of Clinical Int
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 18 / 2011**
Transaction ID : C1363722
 Amount of Each Receipt this Period **500.00**

B. Jose M David MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Huntington Ct
 City Albany State NY Zip Code 12203-6015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Care Physicians PLLC Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3125.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : C1357640
 Amount of Each Receipt this Period **625.00**

C. Robert Eidus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 N Union Ave Ste 204
 City Cranford State NJ Zip Code 07016-2198
 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 **365.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365880
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....▶	1490.00
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: (check only one)	PAGE 16 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Tricia C Elliott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2214 Hazard St
 City Houston State TX Zip Code 77019-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey-Seybold Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 22 / 2011**
Transaction ID : C1365603
 Amount of Each Receipt this Period **365.00**

B. Kurtis S Elward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1082 Still Meadow Xing
 City Charlottesville State VA Zip Code 22901-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine of Albemarle Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365765
 Amount of Each Receipt this Period **365.00**

C. Ted Dee Epperly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 N Raymond St
 City Boise State ID Zip Code 83704-9251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Residency of Ohio Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 21 / 2011**
Transaction ID : C1366944
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1095.00**
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: (check only one)	PAGE 17 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Jay S Erickson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Baker Ave
 City State Zip Code
 Whitefish MT 59937-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Washington Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366920
 Amount of Each Receipt this Period
 365.00

B. Doreen E Feldhouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 Sir James Ave
 City State Zip Code
 Dyersburg TN 38024-7344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Care, PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C1357076
 Amount of Each Receipt this Period
 30.00

C. Sarah Jane Fessler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Riverside Dr
 City State Zip Code
 Riverside RI 02915-4717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Bay Community Action Program Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365770
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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: (check only one)	PAGE 18 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City York State PA Zip Code 17403-3623		Transaction ID : C1361058
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Strategic Health Institute Occupation Physician		<input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3150.00"/>	

Full Name (Last, First, Middle Initial) B. Leonard Martin Finn MD		Date of Receipt
Mailing Address 42 Grasmere Rd		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City Needham State MA Zip Code 02494-1806		Transaction ID : C1365934
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Needham Family Practice Assoc., PC Occupation Physician		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="465.00"/>	

Full Name (Last, First, Middle Initial) C. Seth Yawki Flagg MD		Date of Receipt
Mailing Address 9129 Bradford Rd		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Silver Spring State MD Zip Code 20901-4917		Transaction ID : C1357624
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer USN Occupation Doctor		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="315.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Michael O Fleming MD
Full Name (Last, First, Middle Initial)

Mailing Address 556 Dunmoreland Dr

City Shreveport State LA Zip Code 71106-6125

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

Name of Employer Amedisys, Inc Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C1357252

Amount of Each Receipt this Period
250.00

B. Christopher H Gaynor MD
Full Name (Last, First, Middle Initial)

Mailing Address 6300 9Th Ave Ne Ste 300

City Seattle State WA Zip Code 98115-8516

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

Name of Employer Self Employed Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.56**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2011
Transaction ID : C1361235

Amount of Each Receipt this Period
52.14

c. Roland Adolph Goertz MD
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Providence Dr

City Waco State TX Zip Code 76707-2261

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

Name of Employer Family Practice Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011
Transaction ID : C1404788

Amount of Each Receipt this Period
416.67

SUBTOTAL of Receipts This Page (optional)..... **718.81**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gregory K Griggs
Full Name (Last, First, Middle Initial)

Mailing Address NC AFP - Exec Vice Pres
PO Box 10278

City Raleigh State NC Zip Code 27605-0278

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

Name of Employer NC AFP Occupation NC AFP - Exec Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.15**

Date of Receipt
09 / 11 / 2011

Transaction ID : C1359954

Amount of Each Receipt this Period
45.63

B. David T Hannan MD
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 110

City Marion State NY Zip Code 14505-0110

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

Name of Employer Arcadia Family Practice PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
09 / 13 / 2011

Transaction ID : C1360787

Amount of Each Receipt this Period
365.00

C. Patrick B Harr MD
Full Name (Last, First, Middle Initial)

Mailing Address 2016 S Main St

City Maryville State MO Zip Code 64468-2655

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

Name of Employer St Francis Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 20 / 2011

Transaction ID : C1365930

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **910.63**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Carol Sue Havens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4716 Tree Shadow Pl
 City Fair Oaks State CA Zip Code 95628-6566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Permanente Medical Group 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 Y Y
 09 / 21 / 2011
Transaction ID : C1366965
 Amount of Each Receipt this Period
365.00

B. Clare Arnot Hawkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Garth Rd Ste 400
 City Baytown State TX Zip Code 77521-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Jacinto Methodist Hospital 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 Y Y
 09 / 21 / 2011
Transaction ID : C1366642
 Amount of Each Receipt this Period
365.00

C. Carl L Haynes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 646
 City La Grange State NC Zip Code 28551-0646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kinston Medical Specialists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1392445
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1030.00**
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: (check only one)	PAGE 22 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Lori J Heim MD		Date of Receipt
Mailing Address 250 Hollybrook Farm Ln		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Vass State NC Zip Code 28394-8952		Transaction ID : C1392430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Scotland Memorial Hospital Occupation Physician		<input type="text" value="416.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3750.03"/>	

Full Name (Last, First, Middle Initial) B. Daniel J Heinemann MD		Date of Receipt
Mailing Address PO BOX 5039		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City Sioux Falls State SD Zip Code 57117-5039		Transaction ID : C1359953
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Sioux Valley Health Systems Occupation Physician		<input type="text" value="225.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2025.00"/>	

Full Name (Last, First, Middle Initial) c. David Standish Hoskins MD		Date of Receipt
Mailing Address PO BOX 2200		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City Minden State NV Zip Code 89423-2200		Transaction ID : C1359947
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self Employed Occupation Physician		<input type="text" value="45.63"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="228.15"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="687.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elvin Coy Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : C1362850
 Amount of Each Receipt this Period **500.00**

B. Joseph L Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 449
 6 Huntington Pl
 City Waynesboro State GA Zip Code 30830-0449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Specialist Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 12 / 2011**
Transaction ID : C1360017
 Amount of Each Receipt this Period **250.00**

C. Rebecca Jaffe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Limestone Rd Ste 300
 City Wilmington State DE Zip Code 19808-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebecca Jaffe and Asso, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : C1365289
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **800.00**
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: (check only one)	PAGE 24 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Melissa Jefferis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 697 Thomas Ln
 City Columbus State OH Zip Code 43214-3931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 09 / 19 / 2011
Transaction ID : C1365342
 Amount of Each Receipt this Period
365.00

B. Christine M Jeffrey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10060 Regency Cir
 City Omaha State NE Zip Code 68114-3732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 09 / 21 / 2011
Transaction ID : C1368104
 Amount of Each Receipt this Period
365.00

C. Joseph M Jeu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3958 Leap Rd Ste 101
 City Hilliard State OH Zip Code 43026-3107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hilliard Family Medicine, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 09 / 21 / 2011
Transaction ID : C1367605
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1230.00
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: (check only one)	PAGE 25 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Carol Ann Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5303 E 46th St N
 City State Zip Code
 Bel Aire KS 67220-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Physicians of Kansas Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : C1365344
 Amount of Each Receipt this Period
 365.00

B. Jessica Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hall St
 City State Zip Code
 Newington CT 06111-2553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Student
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : C1362149
 Amount of Each Receipt this Period
 35.00

C. Sigrid R Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Summitt St
 City State Zip Code
 Sweetwater TN 37874-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sweetwater Family Medicine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1368026
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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: (check only one)	PAGE 26 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. James G Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 Coastal Bluffs Ct

City State Zip Code
Hampstead NC 28443-8463

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

Name of Employer Occupation
Community Care of NC, Inc Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 19 / 2011
Transaction ID : C1365290

Amount of Each Receipt this Period
250.00

B. Warren A Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address 115 Cirencester Dr

City State Zip Code
Ridgeland MS 39157-9789

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

Name of Employer Occupation
University of Mississippi Medical Cent Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
09 / 21 / 2011
Transaction ID : C1366931

Amount of Each Receipt this Period
365.00

C. Barbara A Keber MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cathy Ct

City State Zip Code
Glen Head NY 11545-2203

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

Name of Employer Occupation
NSLIJ Healthy System Glen Cove Hsopita Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 20 / 2011
Transaction ID : C1365868

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

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: (check only one)	PAGE 27 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Christina Marie Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6502 62Nd Street Ct W
 City State Zip Code
 University Place WA 98467-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Multicare Health System Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1392427
 Amount of Each Receipt this Period
 50.00

B. Thomas A Kintanar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10020 Dupont Circle Ct Ste 110
 City State Zip Code
 Fort Wayne IN 46825-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Family Medical Consultants Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365937
 Amount of Each Receipt this Period
 365.00

C. Laura C Knobel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Freedom Way
 City State Zip Code
 Walpole MA 02081-2290
 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2011
Transaction ID : C1363715
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	565.00
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: (check only one)	PAGE 29 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gary L LeRoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Kenilworth Ave
 City Dayton State OH Zip Code 45405-4051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Associate Dean
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365862
 Amount of Each Receipt this Period **135.00**

B. Lynne Marie B Lillie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4446 Jack Pine Trl N
 City Lake Elmo State MN Zip Code 55042-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health East Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365931
 Amount of Each Receipt this Period **365.00**

C. Gerald Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Saint Michael St Apt 504
 City Mobile State AL Zip Code 36602-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Alabama Occupation Resident Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 21 / 2011**
Transaction ID : C1367616
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **865.00**
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: (check only one)	PAGE 30 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Corazon B Loteyro Wason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4285 Windsong Pl
 City Plover State WI Zip Code 54467-9018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ministry H Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : C1365682
 Amount of Each Receipt this Period **1000.00**

B. Kern S Low MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 Indiana Ave Ste 120
 City Pueblo State CO Zip Code 81004-3572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Family Care Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 21 / 2011**
Transaction ID : C1366962
 Amount of Each Receipt this Period **365.00**

C. Chris P Lupold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 96 Silver Birch Dr
 City Lancaster State PA Zip Code 17602-7014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine of Charlottesville Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365858
 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: (check only one)	PAGE 31 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jeffrey S Luther MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 E Spring St
 Ste 1
 City Long Beach State CA Zip Code 90806-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Family Medicine Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1366114
 Amount of Each Receipt this Period
365.00

B. Andrew Lutzkanin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Blacklatch Ln
 City Middletown State PA Zip Code 17057-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/a Occupation Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **239.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2011
Transaction ID : C1359951
 Amount of Each Receipt this Period
41.88

C. Leah Raye R Mabry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 S Presa St
 City San Antonio State TX Zip Code 78205-3425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christus Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366638
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **506.88**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Kevin B Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 219th Ave E
 City Lake Tapps State WA Zip Code 98391-5634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sound Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1392432
 Amount of Each Receipt this Period
 100.00

B. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Serendipity Dr PO Box 289
 City Brent State AL Zip Code 35034-3325
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : C1359698
 Amount of Each Receipt this Period
 25.00

c. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Serendipity Dr PO Box 289
 City Brent State AL Zip Code 35034-3325
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2011
Transaction ID : C1360782
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 33 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 Serendipity Dr
PO Box 289

City Brent State AL Zip Code 35034-3325

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 ▼ **950.00**

Date of Receipt
09 / 22 / 2011

Transaction ID : C1390652

Amount of Each Receipt this Period
25.00

B. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 Serendipity Dr
PO Box 289

City Brent State AL Zip Code 35034-3325

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 ▼ **950.00**

Date of Receipt
09 / 29 / 2011

Transaction ID : C1399694

Amount of Each Receipt this Period
25.00

C. Terry Lee Mills MD
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sycamore Ct

City Newton State KS Zip Code 67114-6311

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

Name of Employer Via Christi Clinic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 29 / 2011

Transaction ID : C1399713

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **550.00**

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: (check only one)	PAGE 34 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 W 5Th Ave Ste 200W
 City Spokane State WA Zip Code 99204-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inland Empire Hospital Services Associ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 28 / 2011**
Transaction ID : C1392429
 Amount of Each Receipt this Period **250.00**

B. Thomas Holmes Moore DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6182 San Ramon Pl
 City Rohnert Park State CA Zip Code 94928-2843
 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 **365.00**

Date of Receipt **09 / 22 / 2011**
Transaction ID : C1390669
 Amount of Each Receipt this Period **365.00**

C. Dale C Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14023 Southwest Fwy
 City Sugar Land State TX Zip Code 77478-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians at Sugar Creek Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 17 / 2011**
Transaction ID : C1363716
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **715.00**
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: (check only one)	PAGE 36 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Carrie E Nelson MD		Date of Receipt
Mailing Address 520 W Indiana St		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Wheaton IL 60187-2325		Transaction ID : C1362148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation McKesson Health Solutions Medical Director		<input type="text" value="31.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="279.00"/>	

Full Name (Last, First, Middle Initial) B. Noreen Ellen O'Shea DO		Date of Receipt
Mailing Address 4343 Far Hills Rd		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Sioux City IA 51104-1030		Transaction ID : C1399702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Marion County Health Foundation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Javette C Orgain MD		Date of Receipt
Mailing Address PO BOX 806527		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City State Zip Code Chicago IL 60680-4126		Transaction ID : C1392086
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation UNIVERSITY OF ILLINOIS COLLEGE OF MED PHYSICIAN		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1025.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="406.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Neil Robert Oslos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 N Clyde Morris Blvd Ste 200
 303 N Clyde Morris Blvd
 City Daytona Beach State FL Zip Code 32114-2765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Halifax Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : C1359678
 Amount of Each Receipt this Period
250.00

B. Maureen O Padden MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 E St Nw
 Bureau Of Medicine And Surgery
 City Washington State DC Zip Code 20372-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C1426893
 Amount of Each Receipt this Period
35.00

C. Arnold I Pallay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Co Off Condo's # C-3
 170 CHANGEBRIDGE RD
 City Montville State NJ Zip Code 07045-9115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Changebridge Medical Associate, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365879
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **650.00**
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: (check only one)	PAGE 38 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Bryan Anthony Picou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Keyser Ave Ste G # A
 City Natchitoches State LA Zip Code 71457-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Natchitoches Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : C1365341
 Amount of Each Receipt this Period **265.00**

B. Bruce E Preston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 N Kentucky Ave
 City West Plains State MO Zip Code 65775-2022
 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 **365.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365928
 Amount of Each Receipt this Period **365.00**

c. Muhammad Tahir Qayyum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Durham St
 City Bastrop State LA Zip Code 71220-5013
 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 **09 / 22 / 2011**
Transaction ID : C1390653
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....	830.00
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: (check only one)	PAGE 39 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Keith M Ratcliff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Patients First Dr
 Family Health Care
 City Washington State MO Zip Code 63090-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Patients First Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1366934
 Amount of Each Receipt this Period
265.00

B. Stephen D Richards DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Francis Street
 City Spirit Lake State IA Zip Code 51360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. Iowa Health System/SELF Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365938
 Amount of Each Receipt this Period
1000.00

C. Elisabeth (Lisa) L Righter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 S Morrison St
 UW Health Fox Valley Family Medici
 City Appleton State WI Zip Code 54911-5725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of WI School of Med. & Pub. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : C1357643
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	1365.00
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: (check only one)	PAGE 40 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ralph Nichols Riley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 248
 595 121 North
 City Saluda State SC Zip Code 29138-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riley Family Practice Associates, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : C1359298
 Amount of Each Receipt this Period
1000.00

B. Jeannine M Rodems MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Suncrest Dr
 City Soquel State CA Zip Code 95073-9709
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : C1362154
 Amount of Each Receipt this Period
365.00

C. Glenn Sumner Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 0235 SW Canby St
 City Portland State OR Zip Code 97219-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health Services Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365861
 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: (check only one)	PAGE 41 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Rafael A Rosado-Cosme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2116 Gum Tree LN
 Suite #110
 City Fallbrook State CA Zip Code 92028
 Name of Employer Mountain Health Community Service Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 09 / 25 / 2011
Transaction ID : C1391486
 Amount of Each Receipt this Period 30.41

B. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 898
 City Callicoon State NY Zip Code 12723-0898
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2011
Transaction ID : C1399699
 Amount of Each Receipt this Period 60.00

C. Sarah L Sams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2994 Frazell Rd
 City Hilliard State OH Zip Code 43026-9785
 Name of Employer Grant Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2011
Transaction ID : C1392428
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 190.41
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kevin P Shaffer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 637 Long Point Dr
 City Erie State PA Zip Code 16505-5411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVHS 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 Y Y
 09 / 20 / 2011
Transaction ID : C1365859
 Amount of Each Receipt this Period
365.00

B. George Wm Shannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Slate Dr
 City Columbus State GA Zip Code 31906-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizons Diagnostics Occupation family physicias
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1392434
 Amount of Each Receipt this Period
250.00

C. Aaron Burl Shives MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 28th Ave SE
 City Watertown State SD Zip Code 57201-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Clinic 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 Y Y
 09 / 20 / 2011
Transaction ID : C1365768
 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 43 OF 60
(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. Linda Marie Siy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 Brown Trl
 City State Zip Code
 Bedford TX 76022-7386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Texas Health Scien Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365767
 Amount of Each Receipt this Period
 365.00

B. Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Normandy Cir
 City State Zip Code
 Madison MS 39110-9057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Mississippi Medical Cent Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2011
Transaction ID : C1359945
 Amount of Each Receipt this Period
 30.50

C. Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Normandy Cir
 City State Zip Code
 Madison MS 39110-9057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Mississippi Medical Cent Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : C1365353
 Amount of Each Receipt this Period
 150.88

SUBTOTAL of Receipts This Page (optional)..... ▶ 546.38
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 44 OF 60
(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

Full Name (Last, First, Middle Initial)
A. Kevin Eugene Steichen MD

Mailing Address 2254 E 37th St

City State Zip Code
 Tulsa OK 74105-3432

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

Name of Employer Occupation
 Omni Medical Group Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 09 / 20 / 2011
Transaction ID : C1365863

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Albert M Sterns MD

Mailing Address 1021 Drexel Pkwy

City State Zip Code
 Birmingham AL 35209-6001

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

Name of Employer Occupation
 N.W Ala Emerg Phys Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 18 / 2011
Transaction ID : C1363720

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
C. Suellywn Stewart MD

Mailing Address 689 Cherrington Rd

City State Zip Code
 Westerville OH 43081-3038

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

Name of Employer Occupation
 OSU Physicians, Inc. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 09 / 20 / 2011
Transaction ID : C1365865

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 880.00

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: (check only one)	PAGE 45 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Glen R Stream MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 S Martin St
 City Spokane State WA Zip Code 99203-3751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockwood Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4500.00**

Date of Receipt **09 / 28 / 2011**
Transaction ID : C1392431
 Amount of Each Receipt this Period **500.00**

B. Harry S Strothers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1513 Cleveland Ave 300-A Bldg 100
 City East Point State GA Zip Code 30344-6947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morehouse School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.15**

Date of Receipt **09 / 10 / 2011**
Transaction ID : C1359948
 Amount of Each Receipt this Period **45.63**

C. Stacy J Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 E Cotton Hill Rd
 City New Hartford State CT Zip Code 06057-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProHealth Physicians LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.15**

Date of Receipt **09 / 10 / 2011**
Transaction ID : C1359946
 Amount of Each Receipt this Period **45.63**

SUBTOTAL of Receipts This Page (optional)..... **591.26**
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 46 OF 60
(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

Full Name (Last, First, Middle Initial)
A. Michael P Temporal MD

Mailing Address 180 S 3Rd St Ste 400

City State Zip Code
Belleville IL 62220-1952

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

Name of Employer Occupation
So. Illinois Healthcare Foundation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 10 / 2011
Transaction ID : C1359950

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Todd A Thames MD

Mailing Address 333 N Santa Rosa St Apt F4703

City State Zip Code
San Antonio TX 78207-3108

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

Name of Employer Occupation
CHRISTUS Santa Rosa Health System Physician, Residency Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 01 / 2011
Transaction ID : C1356986

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Andrew J Ting MD

Mailing Address 15 Railroad Ave

City State Zip Code
S Hamilton MA 01982-2218

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

Name of Employer Occupation
Family Medicine Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 07 / 2011
Transaction ID : C1358240

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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: (check only one)	PAGE 47 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Lloyd P Van Winkle MD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2011 Transaction ID : C1404480
Mailing Address PO BOX 960		Amount of Each Receipt this Period 45.63
City Castroville	State TX	Zip Code 78009-0960
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.15	

Full Name (Last, First, Middle Initial) B. Kathleen A Bliese Walk MD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2011 Transaction ID : C1365599
Mailing Address 210 Lakeside Dr Ste 108		Amount of Each Receipt this Period 365.00
City Grand Island	State NE	Zip Code 68801-8536
FEC ID number of contributing federal political committee. C		
Name of Employer Employers Health Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Kevin S Wang MD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2011 Transaction ID : C1366641
Mailing Address 1823 Terry Ave Apt 1609		Amount of Each Receipt this Period 500.00
City Seattle	State WA	Zip Code 98101-2406
FEC ID number of contributing federal political committee. C		
Name of Employer Swedish Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	910.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jane A Weida MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Handsome Pl
 City Lititz State PA Zip Code 17543-9708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reading Hospital Family Medicine Resid Occupation Family Physician/Faculty Associate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 04 / 2011**
Transaction ID : C1357627
 Amount of Each Receipt this Period **125.00**

B. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestate Regional Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : C1415089
 Amount of Each Receipt this Period **250.00**

C. Patricia Mary Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 S 9th St
 City Mayfield State KY Zip Code 42066-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 20 / 2011**
Transaction ID : C1365936
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	875.00
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: (check only one)	PAGE 49 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Steven M Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10060 Regency Cir
 City Omaha State NE Zip Code 68114-3732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1367852
 Amount of Each Receipt this Period
 250.00

B. Wayne E Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 S 9th St
 City Mayfield State KY Zip Code 42066-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1365935
 Amount of Each Receipt this Period
 500.00

C. Nancy C Winker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Shady Dale Ln
 City Rutherfordton State NC Zip Code 28139-6645
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2011
Transaction ID : C1360784
 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: (check only one)	PAGE 50 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dennis Buford Yelvington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 North Medical Drive
 City State Zip Code
 Stuttgart AR 72160-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stuttgart Medical Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : C1367610
 Amount of Each Receipt this Period
 500.00

B. Herbert Foreman Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10313 Cherokee Ln
 City State Zip Code
 Leawood KS 66206-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AAFP Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011
Transaction ID : C1359335
 Amount of Each Receipt this Period
 365.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	37972.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 60
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 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 ▼
5589.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : C1360781

Amount of Each Receipt this Period
79.85

Full Name (Last, First, Middle Initial)
B.

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	79.85
TOTAL This Period (last page this line number only).....▶	79.85

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : D119521

Amount of Each Disbursement this Period

23.29

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : D119522

Amount of Each Disbursement this Period

18.20

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : D119523

Amount of Each Disbursement this Period

8.13

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

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

49.62

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2011

Transaction ID : D119524

Amount of Each Disbursement this Period

1.14

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : D119525

Amount of Each Disbursement this Period

20.31

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : D119526

Amount of Each Disbursement this Period

11.86

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

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

33.31

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : D119596

Amount of Each Disbursement this Period

2.97

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : D119597

Amount of Each Disbursement this Period

2.97

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2011

Transaction ID : D119598

Amount of Each Disbursement this Period

11.86

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

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

17.80

**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)

<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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : D119959

Amount of Each Disbursement this Period

37.80

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2011

Transaction ID : D119960

Amount of Each Disbursement this Period

12.46

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : D119961

Amount of Each Disbursement this Period

3.25

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

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

53.51

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : D119962

Amount of Each Disbursement this Period

91.16

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : D119963

Amount of Each Disbursement this Period

84.66

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card collection fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : D119964

Amount of Each Disbursement this Period

4.95

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

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

180.77

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

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : D119520

Amount of Each Disbursement this Period

245.79

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

245.79

580.80

**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)

<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

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2011

Transaction ID : D119617

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Charles Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2011

Transaction ID : D119618

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2011

Transaction ID : D119413

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**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

Full Name (Last, First, Middle Initial)

A. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

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

Transaction ID : D119616

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LANCE FOR CONGRESS

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

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

Transaction ID : D119619

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

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

Transaction ID : D119620

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul Tonko

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2011

Transaction ID : D119414

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Pat Roberts

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2011

Transaction ID : D119750

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

3000.00

16000.00