

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Family Physicians Political Action Committee

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of KS

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 01 09 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		235731.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	251022.23									
(c) Total Receipts (from Line 19)	21470.66	419334.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	272492.89	655066.68								
7. Total Disbursements (from Line 31)	70309.89	452889.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	202183.00	202176.80								
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:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13558.12	250562.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	6928.00	162837.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20486.12	413400.10
(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)	20486.12	413400.10
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)	984.54	5934.62
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21470.66	419334.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21470.66	419334.72

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	309.89	6447.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	309.89	6447.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	446000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	441.93
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70309.89	452889.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70309.89	452889.88

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20486.12	413400.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20486.12	413400.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	309.89	6447.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	984.54	5934.62
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-674.65	513.33

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

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Matthew Robert Anderson, MD

Mailing Address 18217 N 16th Way

City State Zip Code
Phoenix AZ 85022-1351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Arizona Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
10 / 16 / 2008

Transaction ID: C520206

Amount of Each Receipt this Period 91.25

B. Full Name (Last, First, Middle Initial)
Matthew Robert Anderson, MD

Mailing Address 18217 N 16th Way

City State Zip Code
Phoenix AZ 85022-1351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Arizona Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C592449

Amount of Each Receipt this Period 91.25

C. Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Hills Family Medicine Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.00

Date of Receipt MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521753

Amount of Each Receipt this Period 56.00

SUBTOTAL of Receipts This Page (optional) 238.50

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 7 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

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

Name of Employer
North Hills Family Medicine

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
448.00

Date of Receipt

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

Transaction ID: C529363

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

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

Name of Employer
North Hills Family Medicine

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
448.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593168

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Mark Harris Belfer, DO

Mailing Address Partners Physician Group
3428 W Market St Ste 103

City State Zip Code
Fairlawn OH 44333-3339

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 ▼
331.80

Date of Receipt

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

Transaction ID: C521754

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)

89.18

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark Harris Belfer, DO

Mailing Address Partners Physician Group
3428 W Market St Ste 103

City Fairlawn State OH Zip Code 44333-3339

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 ▼ 331.80

Date of Receipt 11 / 24 / 2008
Transaction ID: C593311
Amount of Each Receipt this Period 33.18

B. Full Name (Last, First, Middle Initial)
Debra Ann Bell, MD

Mailing Address 1001 S George St

City York State PA Zip Code 17405-7198

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

Name of Employer Wellspan Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 23 / 2008
Transaction ID: C522370
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Debra Ann Bell, MD

Mailing Address 1001 S George St

City York State PA Zip Code 17405-7198

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

Name of Employer Wellspan Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 24 / 2008
Transaction ID: C593312
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 133.18

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert C M Bourne, MD

Mailing Address Beaver Med Cln Inc
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 ▼
341.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522377

Amount of Each Receipt this Period
31.00

B. Full Name (Last, First, Middle Initial)
Robert C M Bourne, MD

Mailing Address Beaver Med Cln Inc
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 ▼
341.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593326

Amount of Each Receipt this Period
31.00

C. Full Name (Last, First, Middle Initial)
Francis Nien Yuen Chu, MD

Mailing Address 10800 Magnolia Ave # 3F

City Riverside State CA Zip Code 92505-3043

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

Name of Employer SCPMG Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522414

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **187.00**

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 / 38

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Edmund Claxton, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address CMMC Fam Med Res 76 High St		Transaction ID: C522499		
	City Lewiston	State ME	Zip Code 04240-7649	Amount of Each Receipt this Period 45.63	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Central Maine Medical Center		Occupation Physician	Aggregate Year-to-Date ▼ 319.41	

B.	Full Name (Last, First, Middle Initial) Edmund Claxton, MD		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address CMMC Fam Med Res 76 High St		Transaction ID: C593327		
	City Lewiston	State ME	Zip Code 04240-7649	Amount of Each Receipt this Period 45.63	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Central Maine Medical Center		Occupation Physician	Aggregate Year-to-Date ▼ 319.41	

C.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address Dept Of Family and Prev Medicine 900 NE 10th St		Transaction ID: C522673		
	City Oklahoma City	State OK	Zip Code 73104-5420	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer University of Oklahoma		Occupation Physician	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) ▶

191.26

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer University of Oklahoma Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: C593329

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Manuel O Crespo, DO

Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 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 ▼
273.78

Date of Receipt
MM / DD / YYYY
10 / 23 / 2008

Transaction ID: C522675

Amount of Each Receipt this Period
45.63

C. Full Name (Last, First, Middle Initial)
Mary Margaret Crestani, MD

Mailing Address UAB Regional Medical Campus
301 Governors Dr SW

City State Zip Code
Huntsville AL 35801-5123

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

Name of Employer Univ. of AL Sch of Med - Huntsville Re Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.39

Date of Receipt
MM / DD / YYYY
10 / 23 / 2008

Transaction ID: C522780

Amount of Each Receipt this Period
45.63

SUBTOTAL of Receipts This Page (optional) ► **191.26**

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 12 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address UAB Regional Medical Campus 301 Governors Dr SW		Transaction ID: C593380
City Huntsville	State AL	Zip Code 35801-5123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.61
Name of Employer Univ. of AL Sch of Med - Huntsville Re	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.39	

B.

Full Name (Last, First, Middle Initial) John Howard Darnell, MD		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address Family Medicine Center PLLC PO Box 987		Transaction ID: C523139
City Flatwoods	State KY	Zip Code 41139-0987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Family Medicine Center, PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

C.

Full Name (Last, First, Middle Initial) John Howard Darnell, MD		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address Family Medicine Center PLLC PO Box 987		Transaction ID: C593441
City Flatwoods	State KY	Zip Code 41139-0987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.00
Name of Employer Family Medicine Center, PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

SUBTOTAL of Receipts This Page (optional)	▶	197.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
Albany NY 12203-6015

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

Name of Employer Occupation
Prime Care Physicians Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523148

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
Albany NY 12203-6015

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

Name of Employer Occupation
Prime Care Physicians Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593444

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Robert C Diez d'Aux, MD

Mailing Address 228 N Main St
Ste 2

City State Zip Code
Greeneville TN 37745-5033

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

Name of Employer Occupation
Summit Medical Group Physician

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

Date of Receipt

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

Transaction ID: C526647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City State Zip Code
York PA 17403-3623

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

Name of Employer Strategic Health Institute
Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: C526022

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Blaine Alsin Fowler, MD

Mailing Address 1314 Sundale Rd

City State Zip Code
El Cajon CA 92019-3720

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

Name of Employer Sharp Rees-Stéaly
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
1	0	/	1	6	/	2	0	0	8

Transaction ID: C520161

Amount of Each Receipt this Period

182.50

C.

Full Name (Last, First, Middle Initial)

Blaine Alsin Fowler, MD

Mailing Address 1314 Sundale Rd

City State Zip Code
El Cajon CA 92019-3720

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

Name of Employer Sharp Rees-Stéaly
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
1	1	/	2	4	/	2	0	0	8

Transaction ID: C593452

Amount of Each Receipt this Period

182.50

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Roland Adolph Goertz, MD, MBA
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 ▼ 3975.00
Date of Receipt 10 / 24 / 2008
Transaction ID: C523151
Amount of Each Receipt this Period 1025.00

B. Full Name (Last, First, Middle Initial)
Roland Adolph Goertz, MD, MBA
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 ▼ 3975.00
Date of Receipt 11 / 24 / 2008
Transaction ID: C593454
Amount of Each Receipt this Period 1025.00

C. Full Name (Last, First, Middle Initial)
Hal Louis Grotke, MD
Mailing Address Redwood Family Practice
2350 Buhne St Ste A
City Eureka State CA Zip Code 95501-3205
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.56
Date of Receipt 10 / 24 / 2008
Transaction ID: C523152
Amount of Each Receipt this Period 74.44

SUBTOTAL of Receipts This Page (optional) ► 2124.44
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Hal Louis Grotke, MD

Mailing Address Redwood Family Practice
2350 Buhne St Ste A

City State Zip Code
Eureka CA 95501-3205

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

Name of Employer Occupation
Valley Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
290.56

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593457

Amount of Each Receipt this Period
74.44

B.

Full Name (Last, First, Middle Initial)
Michael H Hartsell, MD

Mailing Address 314 Tusculum Blvd

City State Zip Code
Greenville TN 37745-3926

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

Name of Employer Occupation
Summit Medical Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: C527644

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Deborah Gene Haynes, MD

Mailing Address 3009 N Cypress Dr

City State Zip Code
Wichita KS 67226-4003

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

Name of Employer Occupation
Via Christi Reg. Med. Ctr. Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523140

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1124.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523154

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593463

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gala C Henson, MD

Mailing Address 5714 Eastbrook Rd

City State Zip Code
Charlotte NC 28215-1723

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

Name of Employer Occupation
CMC NorthPark Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523144

Amount of Each Receipt this Period
365.00

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: PAGE 18 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Christina Marie Kelly, MD

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 Resident Family Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 319.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523186

Amount of Each Receipt this Period
45.63

B.

Full Name (Last, First, Middle Initial)
Christina Marie Kelly, MD

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 Resident Family Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 319.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593465

Amount of Each Receipt this Period
45.63

C.

Full Name (Last, First, Middle Initial)
Frank H Lawler, MD

Mailing Address Univ OK/Dept Fam Med
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer Occupation
University of Oklahoma Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: C526512

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 456.26

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 19 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Leah R Mabry, MD

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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522387

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Leah R Mabry, MD

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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C593447

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Robert C Marshall, MD

Mailing Address 8451 Bauer Dr Apt 33

City Springfield State VA Zip Code 22152-3904

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523189

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 20 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Vincent Maruska, MD

Mailing Address Fond Du Lac Reg Cl
420 E Division St

City State Zip Code
Fond Du Lac WI 54935-4560

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: C527654

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Megan McMullan, MD

Mailing Address 18 Lasher Rd
Apt 1

City State Zip Code
Woodstock NY 12498-1106

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

Name of Employer Institute for Family Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: C527659

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Kevin P Mikus, MD

Mailing Address Matthews Primary Care
2407 Plantation Center Dr

City State Zip Code
Matthews NC 28105-5418

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

Name of Employer Crown Health Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 636.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523192

Amount of Each Receipt this Period
90.91

SUBTOTAL of Receipts This Page (optional) ▶ **590.91**

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 21 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gloria Mouzon, MD

Mailing Address PO Box 712

City State Zip Code
Oak Park IL 60303-0712

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

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

Transaction ID: C521366

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City State Zip Code
Columbia MD 21046-1480

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

Name of Employer Occupation
Potomac Physicians, PA Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 292.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523197

Amount of Each Receipt this Period
36.50

C.

Full Name (Last, First, Middle Initial)
Javette C Orgain, MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523198

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional) ►

351.50

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 22 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Roberto G Quizon, MD

Mailing Address 18041 Greenfield Rd

City State Zip Code
Detroit MI 48235-3120

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

Name of Employer: Green Cross Medical Center Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: C523199
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Elisabeth L Righter, MD

Mailing Address 1701 S Seminole Rd
UW Hth Fox Vly Fam Medicine

City State Zip Code
Appleton WI 54914-4704

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 ▼ 500.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: C526027
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City State Zip Code
Eugene OR 97403-1992

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

Name of Employer: Salem Family Physicians, PC Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: C523202
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ► 315.00

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 23 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City State Zip Code
Stoneham MA 02180-3417

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

Name of Employer Occupation
Hallmark Health Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C523335

Amount of Each Receipt this Period
45.63

B.

Full Name (Last, First, Middle Initial)
Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City State Zip Code
Fort Worth TX 76109-5436

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 ▼ 273.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C523337

Amount of Each Receipt this Period
45.63

C.

Full Name (Last, First, Middle Initial)
Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842

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

Name of Employer Occupation
Valley Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C523338

Amount of Each Receipt this Period
45.63

SUBTOTAL of Receipts This Page (optional) ► **136.89**

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 24 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Glen R Stream, MD
Mailing Address 14408 E Sprague Ave
City State Zip Code
Spokane WA 99216-2167
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Rockwood Clinic Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1470.00
Date of Receipt 10 / 27 / 2008
Transaction ID: C523339
Amount of Each Receipt this Period 165.00

B. Full Name (Last, First, Middle Initial)
Iris Sullivan, MD
Mailing Address Parkhill Family Practice
155 Franklin Rd
City State Zip Code
Fitchburg MA 01420-5140
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 ▼ 250.00
Date of Receipt 11 / 14 / 2008
Transaction ID: C527656
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lloyd P Van Winkle, MD
Mailing Address 409 Madrid
PO Box 960
City State Zip Code
Castroville TX 78009-0960
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.44
Date of Receipt 10 / 27 / 2008
Transaction ID: C523340
Amount of Each Receipt this Period 33.18

SUBTOTAL of Receipts This Page (optional) ► 448.18
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 25 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Samuel Edward Ward, MD
Mailing Address 3803 Galilee Rd
City Graceville State FL Zip Code 32440-4721
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Health Care of Chicago Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 14 / 2008
Transaction ID: C527658
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Earl Mark Watts, MD
Mailing Address 415 S Pollard St
City Vinton State VA Zip Code 24179-2502
FEC ID number of contributing federal political committee. **C**
Name of Employer Cavilier Faculty Medicine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.78
Date of Receipt 10 / 27 / 2008
Transaction ID: C523939
Amount of Each Receipt this Period 45.63

C. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Drive
City New Albany State OH Zip Code 43054-8691
FEC ID number of contributing federal political committee. **C**
Name of Employer The Ohio State University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3031.25
Date of Receipt 10 / 27 / 2008
Transaction ID: C523977
Amount of Each Receipt this Period 656.25

SUBTOTAL of Receipts This Page (optional) ► 1066.88
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: PAGE 26 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jane Ann Williams-Vale, MD
Mailing Address 46 Middlesex Ave
City State Zip Code
Wilmington MA 01887-2753
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Winchester Physicians Association Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.78
Date of Receipt 10 / 27 / 2008
Transaction ID: C523978
Amount of Each Receipt this Period 45.63

B. Full Name (Last, First, Middle Initial)
Charles Ashley Wilson, DO
Mailing Address 95-229 Hoailona PI
City State Zip Code
Mililani HI 96789-5312
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 10 / 24 / 2008
Transaction ID: C523146
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Orlyn H Wingert, MD
Mailing Address 3403 Prospect Ave
City State Zip Code
Norfolk NE 68701-3211
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Norfolk Medical Group Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 10 / 28 / 2008
Transaction ID: C524083
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 660.63
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: PAGE 27 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Orlyn H Wingert, MD

Mailing Address 3403 Prospect Ave

City State Zip Code
Norfolk NE 68701-3211

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

Name of Employer Occupation
Norfolk Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: C525172

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Paul Victor Zimmer, MD

Mailing Address 1818 E Rezanof Dr
A-0040

City State Zip Code
Kodiak AK 99615-6505

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: C528192

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

13558.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leawood	KS	66211-2672
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C525173
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="855.60"/>	
<input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5934.62"/>	

B.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leawood	KS	66211-2672
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C529256
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="128.94"/>	
<input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5934.62"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="984.54"/>
TOTAL This Period (last page this line number only)	<input type="text" value="984.54"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 38

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D73937 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="9.81"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D73938 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="10.90"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D73939 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.55"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D73940 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.68"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D74101 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="44.41"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D74102 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="10.85"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D74817 Date of Disbursement 11 / 24 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 0.96
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services	Transaction ID: D74103 Date of Disbursement 11 / 03 / 2008
	Mailing Address WA2-505-01-40 PO Box 2485	Amount of Each Disbursement this Period 202.29
	City Spokane State WA Zip Code 99210-2485	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: D74104 Date of Disbursement 11 / 04 / 2008
	Mailing Address P O Box 52145	Amount of Each Disbursement this Period 22.44
	City Phoenix State AZ Zip Code 85072-2145	
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	225.69
TOTAL This Period (last page this line number only)	309.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214-0074</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73284</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ELEANOR HOLMES NORTON</p> <p>Mailing Address 2201 Wisconsin Avenue, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Del. Eleanor Holmes Norton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73780</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Andy Harris for Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404-1527</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Dr. Andrew P Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73282</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: D73777 Date of Disbursement 10 / 27 / 2008
	Mailing Address 3482 Drusilla Ln Ste 1	Amount of Each Disbursement this Period 5000.00
	City Baton Rouge State LA Zip Code 70809-1873	
	Purpose of Disbursement Campaign contribution Candidate Name Dr. Bill Cassidy Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: D74000 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 1236	Amount of Each Disbursement this Period 2500.00
	City Minden State LA Zip Code 71058-1236	
	Purpose of Disbursement Campaign contribution Candidate Name Dr. John C Fleming Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: D73776 Date of Disbursement 10 / 27 / 2008
	Mailing Address PO Box 1236	Amount of Each Disbursement this Period 5000.00
	City Minden State LA Zip Code 71058-1236	
	Purpose of Disbursement Campaign contribution Candidate Name Dr. John C Fleming Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WULSIN FOR CONGRESS	Transaction ID: D73788 Date of Disbursement 10 / 27 / 2008
	Mailing Address 1080 Nimitzview Dr Ste 400	Amount of Each Disbursement this Period 5000.00
	City Cincinnati State OH Zip Code 45230-4332	
	Purpose of Disbursement Campaign contribution Candidate Name Dr. Victoria Wulsin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Judy Feder for Congress	Transaction ID: D73778 Date of Disbursement 10 / 27 / 2008
	Mailing Address 1514 Hardwood Ln	Amount of Each Disbursement this Period 5000.00
	City Mc Lean State VA Zip Code 22101-2514	
	Purpose of Disbursement Campaign contribution Candidate Name Judith Feder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Hagan Senate Committee, Inc	Transaction ID: D74002 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 29103	Amount of Each Disbursement this Period 5000.00
	City Greensboro State NC Zip Code 27429-9103	
	Purpose of Disbursement Debt Retirement -- Campaign contribution Candidate Name Kay Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address 607 Main St
Ste 240

City Oregon City State OR Zip Code 97045-1836

Purpose of Disbursement
Campaign contribution

Candidate Name
Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: D73285

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARK WARNER

Mailing Address 1029 N Royal St
Fl 2

City Alexandria State VA Zip Code 22314-1585

Purpose of Disbursement
Campaign contribution

Candidate Name
Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 00

Transaction ID: D73287

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold St

City Staten Island State NY Zip Code 10301-2205

Purpose of Disbursement
Campaign contribution

Candidate Name
Michael McMahon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 13

Transaction ID: D73283

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: D73281 Date of Disbursement 10 / 16 / 2008
	Mailing Address PO BOX 45444	Amount of Each Disbursement this Period 2500.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. John B. Shadegg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Udall for Colorado	Transaction ID: D73779 Date of Disbursement 10 / 27 / 2008
	Mailing Address PO Box 40158	Amount of Each Disbursement this Period 5000.00
	City Denver State CO Zip Code 80204-0158	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep Mark Udall	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: D74001 Date of Disbursement 11 / 17 / 2008
	Mailing Address POST OFFICE BOX 12469	Amount of Each Disbursement this Period 5000.00
	City ATLANTA State GA Zip Code 30355	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Saxby Chambliss	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D73286
	Mailing Address 7964 W Fairview Ave	Date of Disbursement 10 / 16 / 2008
	City Boise State ID Zip Code 83704-8421	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Walt Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) Udall for Colorado	Transaction ID: D73712
	Mailing Address PO Box 40158	Date of Disbursement 10 / 23 / 2008
	City Denver State CO Zip Code 80204-0158	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Resignation of previous contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Udall for Colorado	Transaction ID: D73713
	Mailing Address PO Box 40158	Date of Disbursement 10 / 23 / 2008
	City Denver State CO Zip Code 80204-0158	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Resignation of previous contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	70000.00

Image# 29930029089

Form/Schedule: **F3XA**

Amendment filed to correct incorrectly entered operating expense reimbursements.

Transaction ID:
