

**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 59
	<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. L Allen Dobson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 Jackson St  
 City State Zip Code  
 Mt Pleasant NC 28124-9738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cabarrus Family Medicine 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  
 10 / 03 / 2013  
**Transaction ID : C2439883**  
 Amount of Each Receipt this Period  
 365.00

**B. Roxanne Fahrenwald Md Fahrenwald MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 S 27th St  
 City State Zip Code  
 Billings MT 59101-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 10 / 14 / 2013  
**Transaction ID : C2447740**  
 Amount of Each Receipt this Period  
 365.00

**C. Elisabeth K Farnum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Hyland Ave  
 City State Zip Code  
 East Greenwich RI 02818-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2013  
**Transaction ID : C2455395**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**TOTAL** This Period (last page this line number only)..... ▶