

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	181905.80									
(c) Total Receipts (from Line 19)	20951.23	211611.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	202857.03	443522.97								
7. Total Disbursements (from Line 31)	4179.47	244845.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	198677.56	198677.56								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	16314.03	153263.45
(ii) Unitemized	3974.50	48356.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20288.53	201620.29
(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)	20288.53	201620.29
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)	662.70	3991.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
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))	20951.23	211611.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20951.23	211611.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	679.47	3945.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	679.47	3945.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	240500.00
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	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4179.47	244845.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4179.47	244845.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20288.53	201620.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20288.53	201620.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	679.47	3945.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	662.70	3991.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16.77	-46.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32
(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)
Frederic Baker, MD

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 UMMHC Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.80

Date of Receipt 08 / 09 / 2009
Transaction ID: C764163

Amount of Each Receipt this Period 40.56

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 ▼ 248.00

Date of Receipt 08 / 20 / 2009
Transaction ID: C769328

Amount of Each Receipt this Period 31.00

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

Mailing Address 900 Ne 10Th St
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 ▼ 450.00

Date of Receipt 08 / 24 / 2009
Transaction ID: C770027

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 221.56

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 7 / 32

(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)
Mary Margaret Crestani, MD

Mailing Address 300 Governors Dr Sw
301 Governors Dr SW

City State Zip Code
Huntsville AL 35801-5122

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: C770073

Amount of Each Receipt this Period
45.00

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) ▼ 2500.00

Date of Receipt

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

Transaction ID: C769964

Amount of Each Receipt this Period
625.00

C.

Full Name (Last, First, Middle Initial)
Timothy M Davlantes, MD

Mailing Address 1400 Aiken Ave

City State Zip Code
Jacksonville FL 32207-2217

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

Name of Employer Occupation
Mayo Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: C770116

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1170.00

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 / 32
(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)
Jorge Duchicela, MD
Mailing Address 402 Youens Dr
City Weimar State TX Zip Code 78962-3680
FEC ID number of contributing federal political committee. **C**
Name of Employer Youens and Duchicela Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 08 / 01 / 2009
Transaction ID: C762947
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Heidi Miller Duncan, MD
Mailing Address 2675 Central Ave
City Billings State MT Zip Code 59102-6686
FEC ID number of contributing federal political committee. **C**
Name of Employer Deaconess Billings Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 08 / 04 / 2009
Transaction ID: C763219
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Doreen E Feldhouse, MD
Mailing Address 1043 Sir James Ave
City Dyersburg State TN Zip Code 38024-7344
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Care, PC Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 243.36
Date of Receipt 08 / 23 / 2009
Transaction ID: C770015
Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional) ► 5395.42
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 / 32
(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)
Tad P Fisher, EVP

Mailing Address Exec Vice Pres - FL AFP
6720 Atlantic Blvd

City Jacksonville State FL Zip Code 32211-8730

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

Name of Employer Florida Academy of Family Physicians Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 31 / 2009
Transaction ID: C775330
Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Michael O Fleming, MD

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 N/A Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 08 / 22 / 2009
Transaction ID: C770003
Amount of Each Receipt this Period 250.00

C.

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

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 ▼ 3336.00

Date of Receipt 08 / 19 / 2009
Transaction ID: C768762
Amount of Each Receipt this Period 417.00

SUBTOTAL of Receipts This Page (optional) ► 1032.00

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 10 / 32

(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) Deborah V Goodwin, MD		Date of Receipt MM / DD / YYYY 08 / 14 / 2009		
	Mailing Address 9521 Bottle Creek Ln		Transaction ID: C766266		
	City Las Vegas	State NV	Zip Code 89117-0501	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Univ. Medical Center, Southern Nevada		Occupation Physician		

B.	Full Name (Last, First, Middle Initial) Lori J Heim, MD		Date of Receipt MM / DD / YYYY 08 / 16 / 2009		
	Mailing Address 250 Hollybrook Farm Ln		Transaction ID: C768358		
	City Vass	State NC	Zip Code 28394-8952	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 4000.00		
	Name of Employer Scotland Memorial Hospital		Occupation Hospitalist physician		

C.	Full Name (Last, First, Middle Initial) Andrea M Herman-Chakravarti, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2009		
	Mailing Address 1616 N 58Th St		Transaction ID: C775337		
	City Omaha	State NE	Zip Code 68104-4822	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Self Employed		Occupation Physician		

SUBTOTAL of Receipts This Page (optional)	1165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32
(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) Susan Hinrichs		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address Director of Operations OK Academy of Family Physicians		Transaction ID: C773538
City Edmond	State OK	Zip Code 73013-5267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.63
Name of Employer OK Academy of Family Physicians	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.15	

B.

Full Name (Last, First, Middle Initial) James Darrel King, MD		Date of Receipt MM / DD / YYYY 08 / 11 / 2009
Mailing Address 1 Prime Care Dr		Transaction ID: C765636
City Selmer	State TN	Zip Code 38375-1864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Primecare Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

C.

Full Name (Last, First, Middle Initial) Laura C Knobel, MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2009
Mailing Address 3 Freedom Way		Transaction ID: C773736
City Walpole	State MA	Zip Code 02081-2290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	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)	645.63
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 12 / 32
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 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)
Jason L Knudson, MD
Mailing Address 1420 N 10Th St

City State Zip Code
Spearfish SD 57783-1532

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 ▼ 210.00

Date of Receipt: 08 / 24 / 2009
Transaction ID: C770069
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
James Joseph Ledwith, MD
Mailing Address 275 Nichols Rd

City State Zip Code
Fitchburg MA 01420-1919

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

Name of Employer UMass Medical School Occupation Faculty Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2009
Transaction ID: C773738
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Jesus L Lizarzaburu, MD
Mailing Address 101A York Crossing Rd

City State Zip Code
Grafton VA 23692-2737

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

Name of Employer TPMG Grafton Family Pract-ice Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 08 / 22 / 2009
Transaction ID: C770006
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 907.00

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

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

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 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)
Corazon B Loteyro Wason, MD

Mailing Address 4285 Windsong Pl

City State Zip Code
Plover WI 54467-9018

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

Name of Employer Occupation
Great View Health Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: C770071

Amount of Each Receipt this Period
45.50

B. Full Name (Last, First, Middle Initial)
David A McInnes, MD

Mailing Address 2627 Riverside Ave

City State Zip Code
Jacksonville FL 32204-4712

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

Name of Employer Occupation
ST. Vincents Healthcare Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: C775350

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Amy Kristen McIntyre, MD

Mailing Address 695 E Holly St
Apt 302

City State Zip Code
Boise ID 83712-7817

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

Name of Employer Occupation
Family Medicine Residency of Idaho Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2009

Transaction ID: C768727

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **345.50**

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 14 / 32
(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)
Jennifer Bacani McKenney, MD

Mailing Address 1222 Parkview St

City Fredonia State KS Zip Code 66736-2009

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

Name of Employer Wichita Center for Graduate Medical Ed Occupation Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.15

Date of Receipt 08 / 28 / 2009

Transaction ID: C773539

Amount of Each Receipt this Period 45.63

B.

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

Mailing Address 2407 Plantation Center Dr, Ste 102

City Matthews State NC Zip Code 28105-6614

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

Name of Employer Carolinas Healthcare System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2009

Transaction ID: C773540

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Jon A Miller, MD

Mailing Address 1046 7Th St W

City Whitefish State MT Zip Code 59937-3227

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

Name of Employer Glacier Medical Association Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 03 / 2009

Transaction ID: C763016

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 535.63

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 15 / 32
(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) Anne M Montgomery, MD		Date of Receipt MM / DD / YYYY 08 / 22 / 2009
Mailing Address 104 W 5Th Ave Ste 200W 104 W 5th Ave Ste 200W		Transaction ID: C770002
City Spokane	State WA	Zip Code 99204-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Inland Empire Hospital Services Associ	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.

Full Name (Last, First, Middle Initial) Dale C Moquist, MD		Date of Receipt MM / DD / YYYY 08 / 11 / 2009
Mailing Address 14023 Southwest Fwy 7737 Southwest Fwy Ste 400		Transaction ID: C765634
City Sugar Land	State TX	Zip Code 77478-3550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MHHS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Yvette Oquendo, MD		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 7442 Weather Worn Way		Transaction ID: C769965
City Columbia	State MD	Zip Code 21046-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
Name of Employer Potomac Physicians, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	1152.50
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 16 / 32

(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) Javette C Orgain, MD		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address PO BOX 806527		Transaction ID: C773347		
	City Chicago	State IL	Zip Code 60680-4126	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Illinois	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
680.00

B.	Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address 229 S Morrison St 229 S Morrison St		Transaction ID: C773346		
	City Appleton	State WI	Zip Code 54911-5725	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of WI School of Med. & Pub.	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
800.00

C.	Full Name (Last, First, Middle Initial) Russell Wayne Roberts, MD		Date of Receipt MM / DD / YYYY 08 / 24 / 2009		
	Mailing Address 7117 Beaufort Way		Transaction ID: C770113		
	City Shreveport	State LA	Zip Code 71129-3431	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
365.00

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: PAGE 17 / 32
(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)
Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City Northfield State MA Zip Code 01360-9684

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

Name of Employer Gardner Family Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.65

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 09 / 2009

Transaction ID: C764164

Amount of Each Receipt this Period
41.33

B.

Full Name (Last, First, Middle Initial)
Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City Hilliard State OH Zip Code 43026-9785

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

Name of Employer Ohio Health, Grant Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2009

Transaction ID: C778521

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

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 Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2009

Transaction ID: C770072

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **241.33**

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 / 32
(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)
Aaron Burl Shives, MD

Mailing Address 506 1st Ave Se
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

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

Name of Employer Occupation
Brown Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
232.26

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: C766167

Amount of Each Receipt this Period
33.18

B.

Full Name (Last, First, Middle Initial)
Dana Sprute, MD

Mailing Address 1313 Red River St Ste 100

City State Zip Code
Austin TX 78701-1923

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

Name of Employer Occupation
Seton Family of Hospitals Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: C763074

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane Valley 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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2009

Transaction ID: C764156

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **783.18**

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 19 / 32
(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)
Michael P Temporal, MD

Mailing Address 180 S 3Rd St Ste 400
Ste 400

City State Zip Code
Belleville IL 62220-1952

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

Name of Employer Occupation
Saint Louis University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
227.84

Date of Receipt
MM / DD / YYYY
08 / 02 / 2009

Transaction ID: C762952

Amount of Each Receipt this Period
34.28

B.

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

Mailing Address 333 N Santa Rosa Ave
333 N Santa Rosa Ave

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 Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: C773348

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Tim Joseph Vega, MD

Mailing Address 209 W Columbia Ter

City State Zip Code
Peoria IL 61606-1504

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

Name of Employer Occupation
St. Francis Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: C769962

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **184.28**

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 / 32
(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)
Kenton I Voorhees, MD
Mailing Address 7953 S Franklin Ct
City Centennial State CO Zip Code 80122-3255
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Colorado Denver School of
Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 08 / 23 / 2009
Transaction ID: C770020
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Raymond R Walker, MD
Mailing Address 4130 Persimmon Hill Cv
City Bartlett State TN Zip Code 38135-5175
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 ▼ 750.00
Date of Receipt 08 / 20 / 2009
Transaction ID: C769327
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Jane A Weida, MD
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 Hershey Medical Center
Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 28 / 2009
Transaction ID: C773535
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 590.00
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 21 / 32
(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)
Susan S Wilder, MD
Mailing Address 8757 E Bell Rd
City State Zip Code
Scottsdale AZ 85260-1322
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 08 / 27 / 2009
Transaction ID: C771166
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Patricia Mary Williams, MD
Mailing Address 110 S 9Th St
City State Zip Code
Mayfield KY 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 08 / 24 / 2009
Transaction ID: C770109
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
David P Wright, MD
Mailing Address 1313 Red River St Ste 100
City State Zip Code
Austin TX 78701-1923
FEC ID number of contributing federal political committee. **C**
Name of Employer Seton Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 08 / 19 / 2009
Transaction ID: C768895
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 895.00
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 22 / 32	
	(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"/> 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) Dennis Buford Yelvington, MD		Date of Receipt		
	Mailing Address 1609 North Medical Drive North Buerkle Road		M M / D D / Y Y Y Y 08 / 08 / 2009		
	City	State	Zip Code	Transaction ID: C764157	
	Stuttgart	AR	72160-1901		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		500.00		
Name of Employer Stuttgart 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)	500.00
TOTAL This Period (last page this line number only)	16314.03

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

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

FOR LINE NUMBER: PAGE 23 / 32

(check only one)

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

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3991.41

Date of Receipt

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

Transaction ID: C768615

Amount of Each Receipt this Period

47.64

B.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3991.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: C770029

Amount of Each Receipt this Period

615.06

SUBTOTAL of Receipts This Page (optional) ►

662.70

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

662.70

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: D88484 Date of Disbursement 08 / 03 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 8.31
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88544 Date of Disbursement 08 / 05 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 162.50
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88545 Date of Disbursement 08 / 07 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 28.11
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	198.92
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 32

<input 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: D88546 Date of Disbursement 08 / 10 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 6.50
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88637 Date of Disbursement 08 / 17 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.63
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88638 Date of Disbursement 08 / 20 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 16.25
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	24.38
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 32

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88639 Date of Disbursement 08 / 24 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.01
	Purpose of Disbursement Bank card processing fee 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: D88640 Date of Disbursement 08 / 26 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 19.99
	Purpose of Disbursement Bank card processing fee 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: D88641 Date of Disbursement 08 / 27 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 0.99
	Purpose of Disbursement Bank card processing fee 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)	21.99
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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88642 Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 23.56</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88643 Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 0.98</p>
<p>C. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services</p> <p>Mailing Address WA2-505-01-40 PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88482 Date of Disbursement 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 297.39</p>

SUBTOTAL of Disbursements This Page (optional) ▶

321.93

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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) Bank Of America Merchant Services <hr/> Mailing Address WA2-505-01-40 PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88483 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 72.00 Category/Type
B. Full Name (Last, First, Middle Initial) Discover Network <hr/> Mailing Address P O Box 52145 <hr/> City Phoenix State AZ Zip Code 85072-2145 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88481 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 40.25 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

112.25

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

679.47

**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) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: D88249
	Mailing Address PO Box 16128	Date of Disbursement MM / DD / YYYY 08 / 03 / 2009
	City Houston State TX Zip Code 77222-6128	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Gene Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 29	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D88248
	Mailing Address PO Box 8166	Date of Disbursement MM / DD / YYYY 08 / 03 / 2009
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: GA District: 12	

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: D88242
	Mailing Address 3502 PRESTON COURT CARRIAGE HOUSE	Date of Disbursement MM / DD / YYYY 08 / 03 / 2009
	City CHEVY CHASE State MD Zip Code 20815	Amount of Each Disbursement this Period -500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	[MEMO ITEM] Redesignation of 5/4/2009

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

C. Form/Schedule : **SB23**
Transaction ID : **D88242**

redesignation of \$500 of \$2500 contribution made to primary election on 5/04/2009 to general election.

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ARLEN SPECTER

Transaction ID: D88243

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Mailing Address 3502 PRESTON COURT
CARRIAGE HOUSE

City State Zip Code
CHEVY CHASE MD 20815

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Campaign contribution

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

3500.00

A. Form/Schedule : **SB23**
Transaction ID : **D88243**

redesignation of \$500 of \$2500 contribution made to primary election on 5/04/2009 to general election.