

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

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 11 20 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**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

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; 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>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	190706.21									
(c) Total Receipts (from Line 19)	72410.02	301824.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	263116.23	533736.00								
7. Total Disbursements (from Line 31)	4313.47	274933.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	258802.76	258802.76								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

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)	55632.43	222902.91
(ii) Unitemized	16318.84	68407.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71951.27	291310.16
(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)	71951.27	291310.16
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)	458.75	4514.57
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))	72410.02	301824.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72410.02	301824.73

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.....	813.47	5033.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	813.47	5033.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	269000.00
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	500.00
(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	500.00
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))..	4313.47	274933.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4313.47	274933.24

DETAILED SUMMARY PAGE
of Disbursements

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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)	71951.27	291310.16
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71951.27	290810.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	813.47	5033.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	458.75	4514.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	354.72	518.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 62

(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)
Babafemi Adenuga, MD

Mailing Address 2139 Georgia Ave Nw Fl 4

City State Zip Code
Washington DC 20001-3035

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

Name of Employer Occupation
Howard University Hospital Physician

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

Date of Receipt

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

Transaction ID: C794046

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
John E Alexander, Jr

Mailing Address PO BOX 129

City State Zip Code
Magnolia AR 71754-0129

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

Name of Employer Occupation
Family Practice Clinic Physician

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

Date of Receipt

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

Transaction ID: C794037

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Greg G Asbury, MD

Mailing Address 109 Sagewood Dr Nw

City State Zip Code
Rome GA 30165-1049

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 ▼ 210.00

Date of Receipt

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

Transaction ID: C797397

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)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 62
(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 W Ashley, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2009
Mailing Address 145 Gilbert Stuart Rd		Transaction ID: C794170
City Saunderstown	State RI	Zip Code 02874-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer University Family Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Jennifer Bacani McKenney, MD		Date of Receipt MM / DD / YYYY 10 / 28 / 2009
Mailing Address 1222 Parkview St		Transaction ID: C797395
City Fredonia	State KS	Zip Code 66736-2009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.63
Name of Employer Wichita Center for Graduate Medical Ed	Occupation Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41	

C.

Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2009
Mailing Address 182 East Ave		Transaction ID: C794172
City Tallmadge	State OH	Zip Code 44278-2311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.62
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.72	

SUBTOTAL of Receipts This Page (optional)	456.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 62

(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)

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 Occupation
UMMHC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 283.92

Date of Receipt

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

Transaction ID: C790796

Amount of Each Receipt this Period

40.56

B.

Full Name (Last, First, Middle Initial)

David Orrin Barbe, MD

Mailing Address 120 W 16Th St

City State Zip Code
Mountain Grove MO 65711-1039

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

Name of Employer Occupation
St John's Clinic Physician

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

Date of Receipt

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

Transaction ID: C794207

Amount of Each Receipt this Period

500.00

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 ▼ 310.00

Date of Receipt

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

Transaction ID: C794119

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

571.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 62
(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)
Joane Goforth Baumer, MD
Mailing Address 1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

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 ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 16 / 2009

Transaction ID: C792356

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Melissa Blair Behringer, MD
Mailing Address 301 Governors Dr Sw

City State Zip Code
Huntsville AL 35801-5123

FEC ID number of contributing federal political committee. C

Name of Employer UAB 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
10 / 22 / 2009

Transaction ID: C794471

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Salvatore Bernardo, Jr
Mailing Address 4255 Us Highway 9 Ste B

City State Zip Code
Freehold NJ 07728-8306

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed 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
10 / 23 / 2009

Transaction ID: C796488

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 62
(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)
Vicki M Bertka, MD

Mailing Address 8533 Castle Oaks Pl

City State Zip Code
Holland OH 43528-9231

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

Name of Employer Occupation
Hospice of Northwest Ohio Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: C788674

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 304 15Th Ave Se
PO Box 9037

City State Zip Code
Devils Lake ND 58301-7000

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

Name of Employer Occupation
Altru Clinic Lake region Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: C794031

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Kathleen A Bliese, MD

Mailing Address 908 N Howard Ave Ste 108
Ste 108

City State Zip Code
Grand Island NE 68803-3529

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

Name of Employer Occupation
Employers Health Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: C794210

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 62
(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)
Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City State Zip Code
Colton CA 92324-3905

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

Name of Employer Occupation
Beaver Medical Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 248.86

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796499

Amount of Each Receipt this Period

58.07

B.

Full Name (Last, First, Middle Initial)
Karen Brenke

Mailing Address 100 Cummings Ctr
Exec Vice Pres - MassAFP

City State Zip Code
Beverly MA 01915-6112

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

Name of Employer Occupation
Massachusetts Academy of Family Physic Chapter Exec

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: C794043

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Neil Hurst Brooks, MD

Mailing Address 36 Duncaster Ln

City State Zip Code
Vernon Rockville CT 06066-4830

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) ▼ 1000.00

Date of Receipt

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

Transaction ID: C794847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2058.07

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 / 62

(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)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City State Zip Code
Ruidoso NM 88345-6104

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

Name of Employer Occupation
Ruidoso Family Medicine Physician
Group

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 2 / 2 0 0 9

Transaction ID: C794464

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Frank Henry Brown, MD

Mailing Address 2400 N 400 E

City State Zip Code
Ogden UT 84414-7233

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

Name of Employer Occupation
Intermountain Health Care 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 / 1 6 / 2 0 0 9

Transaction ID: C792289

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City State Zip Code
Elizabethtown PA 17022-1339

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

Name of Employer Occupation
Penn State --HMC 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 2 / 2 0 0 9

Transaction ID: C794409

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62
(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 F Campagnolo, MD

Mailing Address 1561 Route 38 Ste 6

City Lumberton State NJ Zip Code 08048-2939

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

Name of Employer Lumberton Family Physicians, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: C794238
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
David Adam Carlyle, MD

Mailing Address PO BOX 3014

City Ames State IA Zip Code 50010-3014

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

Name of Employer Family Medicine East Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 14 / 2009
Transaction ID: C791508
Amount of Each Receipt this Period: 1250.00

C.

Full Name (Last, First, Middle Initial)
Edmund Claxton, Jr

Mailing Address 76 High St

City Lewiston State ME Zip Code 04240-7649

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

Name of Employer Central Maine Medical Center Occupation Residency program director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 12 / 2009
Transaction ID: C791192
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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 / 62

(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) Richard L Corson, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2009		
	Mailing Address 5 Arlene Ct		Transaction ID: C794237		
	City Hillsborough	State NJ	Zip Code 08844-3004	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Self Employed		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD		Date of Receipt MM / DD / YYYY 10 / 24 / 2009		
	Mailing Address 900 Ne 10Th St		Transaction ID: C796635		
	City Oklahoma City	State OK	Zip Code 73104-5420	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00		
Name of Employer University of Oklahoma		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD		Date of Receipt MM / DD / YYYY 10 / 24 / 2009		
	Mailing Address 301 Governors Dr Sw 301 Governors Dr SW		Transaction ID: C796631		
	City Huntsville	State AL	Zip Code 35801-5122	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 315.00		
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) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

695.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 62

(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)
John M Croci, MD

Mailing Address 5705 Monclova Rd
Fort Miami Medical Center

City State Zip Code
Maumee OH 43537-1875

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

Name of Employer Occupation
Fallen Timbers Family Physicians Family Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792115

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Glen James Dasher, MD

Mailing Address 1044 Bermuda Run Road

City State Zip Code
Statesboro GA 30458

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 / 1 9 / 2 0 0 9

Transaction ID: C792565

Amount of Each Receipt this Period

250.00

C.

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) ▼ 3750.00

Date of Receipt

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

Transaction ID: C794175

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 62

(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)

Daniel J Derksen, MD

Mailing Address 306 Big Horn Ridge Pl Ne

City State Zip Code
Albuquerque NM 87122-1446

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

Name of Employer Occupation
University of New Mexico 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 1 / 2 0 0 9

Transaction ID: C794246

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark A Dickens

Mailing Address 2164 Commons Pkwy

City State Zip Code
Okemos MI 48864-3986

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

Name of Employer Occupation
Michigan Academy of Family Physicians CEO

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 / 2 1 / 2 0 0 9

Transaction ID: C794190

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gretchen M Dickson, MD

Mailing Address 2310 Crestwyck Circle
Apt 2

City State Zip Code
Mount Joy PA 17552

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

Name of Employer Occupation
Lancaster General Health 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 0 / 2 0 0 9

Transaction ID: C794045

Amount of Each Receipt this Period

500.00

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 17 / 62
(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)
L Allen Dobson, MD

Mailing Address 270 Copperfield Blvd Ne Ste 202
Ste 202

City State Zip Code
Concord NC 28025-2444

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

Name of Employer Cabarrus Family Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: C787972

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Barbara J Doty, MD

Mailing Address 1700 E Bogard Rd Ste 100

City State Zip Code
Wasilla AK 99654-6563

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

Name of Employer Providence Health Systems Occupation Family 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 0 / 2 3 / 2 0 0 9

Transaction ID: C796487

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Tamarah L Duperval-Brownlee, MD

Mailing Address 2150 W Irving Park Rd Unit F

City State Zip Code
Chicago IL 60618-3941

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

Name of Employer University of Illinois Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796490

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **948.00**

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 / 62
(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)
Tricia C Elliott, MD
 Mailing Address 2214 Hazard St
 City State Zip Code
Houston TX 77019-6514
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 9
Transaction ID: C794421
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Kelsey-Seybold Clinic Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

B. Full Name (Last, First, Middle Initial)
Rachel A English, MD
 Mailing Address 1825 N 74Th St
 City State Zip Code
Milwaukee WI 53213-2219
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9
Transaction ID: C792339
 Amount of Each Receipt this Period
 365.00
 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) ▼ 365.00

C. Full Name (Last, First, Middle Initial)
Carol J Featherstone, MD
 Mailing Address 4732 Utah Ave N
 City State Zip Code
New Hope MN 55428-4522
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 9
Transaction ID: C794192
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Park Nicollet Clinic Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 62

(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)

Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City State Zip Code
Dyersburg TN 38024-7344

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

Name of Employer Occupation
Family Care, PC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796491

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Sarah Jane Fessler, MD

Mailing Address 100 Bullocks Point Ave

City State Zip Code
Riverside RI 02915-5351

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

Name of Employer Occupation
East Bay Community Action Program 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 0 / 2 2 / 2 0 0 9

Transaction ID: C794415

Amount of Each Receipt this Period

365.00

C.

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 Occupation
Strategic Health Institute Physician

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

Date of Receipt

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

Transaction ID: C794408

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1395.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 62
(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)
Leonard Martin Finn, MD
Mailing Address 42 Grasmere Rd
City Needham State MA Zip Code 02494-1806
FEC ID number of contributing federal political committee. **C**
Name of Employer Needham Family Practice Assoc., PC Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 22 / 2009
Transaction ID: C795583
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 ▼ 2250.00
Date of Receipt 10 / 22 / 2009
Transaction ID: C794403
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Walter F Fletcher, MD
Mailing Address PO BOX 486
City Martin State TN Zip Code 38237-0486
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 ▼ 1000.00
Date of Receipt 10 / 05 / 2009
Transaction ID: C787975
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00
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 / 62

(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 C Flinders, MD

Mailing Address 475 W 940 N

City State Zip Code
Provo UT 84604-3301

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

Name of Employer Occupation
IHC 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		2	3		2	0	0	9

Transaction ID: C796489

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jonathan P Forman, MD

Mailing Address 416 Saint Ives Dr

City State Zip Code
Severna Park MD 21146-1027

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

Name of Employer Occupation
Maryland Primary Care Physicians Physician

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

Date of Receipt

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

Transaction ID: C792269

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Bradley P Fox, MD

Mailing Address 5770 Ruhl Rd

City State Zip Code
Fairview PA 16415-2533

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

Name of Employer Occupation
St. Vincent Health System 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		2	2		2	0	0	9

Transaction ID: C794407

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1030.00

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 22 / 62
(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) Theresa C Garcia, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 1203 S Buckner Tarsney Rd Ste C 1203 S Buckner Tarsney Rd		Transaction ID: C796554
City Grain Valley	State MO	Zip Code 64029-8305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Garcia Family Medicine & Winens Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Elizabeth Ann Garrett, MD		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address Dc03200		Transaction ID: C794049
City Columbia	State MO	Zip Code 65212-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer University of MO - Columbia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Chet M Gentry, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 593 E 3Rd St		Transaction ID: C792043
City Cookeville	State TN	Zip Code 38501-2703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation ER physician, Hospitalist	
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)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 62
(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)
Gregory Leo Gibson, MD
Mailing Address 3941 Highway 9
City Spartanburg State SC Zip Code 29316-8578
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 ▼ 400.00
Date of Receipt 10 / 20 / 2009
Transaction ID: C794091
Amount of Each Receipt this Period 400.00

B. 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 ▼ 4170.00
Date of Receipt 10 / 19 / 2009
Transaction ID: C792440
Amount of Each Receipt this Period 417.00

C. Full Name (Last, First, Middle Initial)
Michael E Graff, MD
Mailing Address 6202 Coachman Dr S
City Suffolk State VA Zip Code 23435-3029
FEC ID number of contributing federal political committee. **C**
Name of Employer Patient First Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 27 / 2009
Transaction ID: C797353
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1067.00
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 24 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas David Greer, MD

Mailing Address PO BOX 360

City State Zip Code
Henrietta TX 76365-0360

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

Name of Employer
T. David Greer, MD and Associates

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2009

Transaction ID: C792359

Amount of Each Receipt this Period
366.00

B.

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

Mailing Address 1027 Victory Ln

City State Zip Code
Maryville MO 64468-3803

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: C794030

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 314 Tusculum Blvd

City State Zip Code
Greeneville TN 37745-3926

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

Name of Employer
Summit Medical Group

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2009

Transaction ID: C796676

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1096.00**

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 25 / 62

(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)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

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

Name of Employer Occupation
Scotland Memorial Hospital Hospitalist physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: C792272

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Susan Hinrichs

Mailing Address Director of Operations
OK Academy of Family Physicians

City State Zip Code
Edmond OK 73013-5267

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

Name of Employer Occupation
OK Academy of Family Physicians Director of Operations

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

Date of Receipt

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

Transaction ID: C797396

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Eileen Horner, MD

Mailing Address 7321 Calle Conifera

City State Zip Code
Carlsbad CA 92009-8695

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

Name of Employer Occupation
US Navy Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796508

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

845.63

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 26 / 62

(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)
Rebecca Jaffe, MD

Mailing Address 3105 Limestone Rd Ste 300

City State Zip Code
Wilmington DE 19808-2156

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) ▼ 500.00

Date of Receipt

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

Transaction ID: C794041

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Joseph M Jeu, MD

Mailing Address 3958 Leap Rd Ste 101

City State Zip Code
Hilliard OH 43026-3107

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

Name of Employer Occupation
Hilliard Family Medicine, Inc. Physician

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

Date of Receipt

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

Transaction ID: C796789

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
James D Johns, MD

Mailing Address 211 15Th St Nw

City State Zip Code
Canton OH 44703-1704

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

Name of Employer Occupation
Little Flower Family Prac- Physician
tice, Inc.

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: C792409

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 27 / 62

(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)
James G Jones, MD

Mailing Address 111 Coastal Bluffs Ct

City State Zip Code
Hampstead NC 28443-8463

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

Name of Employer Occupation
Community Care of NC, Inc Physician

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

Date of Receipt

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

Transaction ID: C794033

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michelle F Jones, MD

Mailing Address 111 Coastal Bluffs Ct

City State Zip Code
Hampstead NC 28443-8463

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

Name of Employer Occupation
Wilmington Health Assocs. Physician

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

Date of Receipt

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

Transaction ID: C794034

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Melody Ann Jordahl, MD

Mailing Address P.O. Box 905

City State Zip Code
Polacca AZ 86042

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

Name of Employer Occupation
DHHS Resident Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C787801

Amount of Each Receipt this Period
73.00

SUBTOTAL of Receipts This Page (optional) ▶

573.00

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 28 / 62
(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)
Barbara A Keber, MD

Mailing Address 101 Saint Andrews Ln

City State Zip Code
Glen Cove NY 11542-2254

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 0 / 2 1 / 2 0 0 9

Transaction ID: C794167

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Rick Kellerman, MD

Mailing Address 1010 N Kansas St

City State Zip Code
Wichita KS 67214-3124

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

Name of Employer Kansas University School of Medicine Occupation 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 2 / 2 0 0 9

Transaction ID: C795604

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael L Kennedy, MD

Mailing Address Mail Stop 4010
3901 RAINBOW BLVD

City State Zip Code
Kansas City KS 66160-0004

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

Name of Employer Univ. of Kansas School of Medicine Occupation Assistant Professor Family Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C795444

Amount of Each Receipt this Period
365.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62
(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)
James Darrel King, MD
Mailing Address 1 Prime Care Dr
City Selmer State TN Zip Code 38375-1864
FEC ID number of contributing federal political committee. **C**
Name of Employer Primecare Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 14 / 2009
Transaction ID: C791431
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Thomas A Kintanar, MD
Mailing Address 10020 Dupont Circle Ct Ste 110 Ste 110
City Fort Wayne State IN Zip Code 46825-1621
FEC ID number of contributing federal political committee. **C**
Name of Employer Associated Family Medical Consultants Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 22 / 2009
Transaction ID: C795382
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Scott Douglas Kirsch, MD
Mailing Address 2313 Huron Cir
City Placentia State CA Zip Code 92870-1421
FEC ID number of contributing federal political committee. **C**
Name of Employer InterCommunity Family Medicine Associa Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 10 / 14 / 2009
Transaction ID: C791502
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 965.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 62
(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)
Scott Douglas Kirsch, MD
 Mailing Address 2313 Huron Cir
 City Placentia State CA Zip Code 92870-1421
 Date of Receipt 10 / 22 / 2009
 Transaction ID: C794500
 Amount of Each Receipt this Period 365.00
 FEC ID number of contributing federal political committee. C
 Name of Employer InterCommunity Family Medicine Associa
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 465.00

B. Full Name (Last, First, Middle Initial)
Dale Albert Klein, MD
 Mailing Address 910 18Th St Nw
 City Mandan State ND Zip Code 58554-1612
 Date of Receipt 10 / 22 / 2009
 Transaction ID: C794465
 Amount of Each Receipt this Period 365.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Med Center One
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 365.00

C. Full Name (Last, First, Middle Initial)
Donald R Klitgaard, MD
 Mailing Address 1220 Chatburn Ave
 City Harlan State IA Zip Code 51537-2009
 Date of Receipt 10 / 05 / 2009
 Transaction ID: C788583
 Amount of Each Receipt this Period 333.33
 FEC ID number of contributing federal political committee. C
 Name of Employer RTU Medical Center
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.33

SUBTOTAL of Receipts This Page (optional) ► 1063.33
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 31 / 62
(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)
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City State Zip Code
Walpole MA 02081-2290

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: C798612
Amount of Each Receipt this Period: 100.00

B. 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 ▼ 294.00

Date of Receipt: 10 / 24 / 2009
Transaction ID: C796632
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
J. Thomas Koch

Mailing Address 8277 W 116th St

City State Zip Code
Overland Park KS 66210-1941

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

Name of Employer AAFP Insurance Services Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: C794137
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 507.00

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 32 / 62
(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)
Kaparaboyna Ashok Kumar, MD

Mailing Address 7703 Floyd Curl Dr # Msc7794

City San Antonio State TX Zip Code 78229-3901

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

Name of Employer University of Texas Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 22 / 2009

Transaction ID: C794416

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Marianne C LaBarbera, MD

Mailing Address 1776 Richmond Rd

City Staten Island State NY Zip Code 10306-2581

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 21 / 2009

Transaction ID: C794166

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Edward L Langston, MD

Mailing Address 4708 Doe Path Ln

City Lafayette State IN Zip Code 47905-8528

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

Name of Employer American Health Network of Indiana, LL Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 22 / 2009

Transaction ID: C795367

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 62
(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)
Gary L LeRoy, MD
Mailing Address 761 Kenilworth Ave
City Dayton State OH Zip Code 45405-4051
FEC ID number of contributing federal political committee. **C**
Name of Employer Wright State University Occupation Associate Dean
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 01 / 2009
Transaction ID: C787000
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Gary L LeRoy, MD
Mailing Address 761 Kenilworth Ave
City Dayton State OH Zip Code 45405-4051
FEC ID number of contributing federal political committee. **C**
Name of Employer Wright State University Occupation Associate Dean
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 04 / 2009
Transaction ID: C787807
Amount of Each Receipt this Period 135.00

C. Full Name (Last, First, Middle Initial)
Timothy F Linder, MD
Mailing Address 1 Prime Care Dr
City Selmer State TN Zip Code 38375-1864
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Care Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 20 / 2009
Transaction ID: C794036
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 5500.00
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 34 / 62
(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 Jean Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code
Fergus Falls MN 56537-2756

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

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: C805613

Amount of Each Receipt this Period
500.00

B.

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
Great View Health Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.50

Date of Receipt
MM / DD / YYYY
10 / 24 / 2009

Transaction ID: C796634

Amount of Each Receipt this Period
45.50

C.

Full Name (Last, First, Middle Initial)
Jeffrey S Luther, MD

Mailing Address 450 E Spring St Ste 1
Ste 1

City State Zip Code
Long Beach CA 90806-1625

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

Name of Employer
Memorial Family Medicine Medical Group

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: C794502

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **910.50**

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 35 / 62
(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 Raye 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 ▼ 400.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: C797398
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
James Charles Martin, MD

Mailing Address Apt #111
215 Center St

City San Antonio State TX Zip Code 78202

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

Name of Employer Christus Santa Rosa Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: C794044
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Kevin B Martin, MD

Mailing Address 2903 219Th Ave E
202 N Division St

City Bonney Lake State WA Zip Code 98391-5634

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

Name of Employer Auburn Family Medical Center Inc., PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: C802769
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 62

(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 Arthur McClellan, MD

Mailing Address 1301 Memorial Dr Ste 200

City State Zip Code
Bryan TX 77802-5201

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

Name of Employer Occupation
Texas A&M Health Science Center 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 / 1 6 / 2 0 0 9

Transaction ID: C792283

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code
Matthews NC 28105-6614

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

Name of Employer Occupation
Carolinas Healthcare System Physician

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

Date of Receipt

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

Transaction ID: C797394

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Gary Donald Miller, MD

Mailing Address 920 Ridgecrest Rd

City State Zip Code
Orlando FL 32806-6341

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

Name of Employer Occupation
Vitos 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 3 / 2 0 0 9

Transaction ID: C796526

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

855.00

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 37 / 62
(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)
Walter W Mills, II

Mailing Address 3820 Sedgemoore Dr

City State Zip Code
Santa Rosa CA 95404-7619

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

Name of Employer Occupation
The Permanente Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2009

Transaction ID: C787971

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Elisabeth Fowlie Mock, MD

Mailing Address 46 Clark Hill Rd

City State Zip Code
Holden ME 04429-7253

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

Name of Employer Occupation
Eastern Maine Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2009

Transaction ID: C788990

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer Occupation
Inland Empire Hospital Services Associ Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: C794402

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 38 / 62
(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)
Elisabeth B Nadler, MD

Mailing Address 2800 Dekalb St

City State Zip Code
Durham NC 27705-5602

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

Name of Employer Duke University Occupation family physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790212

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
David C Olson, MD

Mailing Address S68w17729 Marybeck Ln

City State Zip Code
Muskego WI 53150-8508

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

Name of Employer Pro Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C794425

Amount of Each Receipt this Period
365.00

C.

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 Potomac Physicians, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: C794176

Amount of Each Receipt this Period
52.50

SUBTOTAL of Receipts This Page (optional) ► **782.50**

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 39 / 62
(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)
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9
Transaction ID: C797393
Amount of Each Receipt this Period 85.00

B. Full Name (Last, First, Middle Initial)
Edward George Paul, MD
Mailing Address 707 N Alvernon Way Ste 101

City State Zip Code
Tucson AZ 85711-1830

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

Name of Employer Occupation
University of Arizona 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 0 / 2 2 / 2 0 0 9
Transaction ID: C794472
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Thomas C Peterson, MD
Mailing Address 883 Blakely Rd

City State Zip Code
Colchester VT 05446-4417

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

Name of Employer Occupation
University of Vermont Family Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: C794424
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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 40 / 62
(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)
Larry Pheifer

Mailing Address 210 Green Bay Rd
Executive Dir WI AFP

City Thiensville State WI Zip Code 53092-1616

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

Name of Employer Chapter Executive Occupation WI AFP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C794449

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Francis L Pisney, MD

Mailing Address 322 1/2 College Ave

City Iowa Falls State IA Zip Code 50126-2106

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

Name of Employer Ellsworth Municipal Hospital, Iowa Fal Occupation Family 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 0 / 2 8 / 2 0 0 9

Transaction ID: C797447

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Marc D Price, DO

Mailing Address 2388 Route 9 Ste 200
713 Troy Schenectady Rd #224

City Mechanicville State NY Zip Code 12118-3433

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: C794253

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **980.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 62
(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)
William E Raduege, MD
Mailing Address PO BOX 1387

City State Zip Code
Woodruff WI 54568-1387

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

Name of Employer Occupation
William E Raduege, MD, SC Physician
(Corporation)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 565.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: C794028

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Adrian Eric Ramos, MD
Mailing Address 1108 Ward Ave Bldg A
1448 Florida Ave

City State Zip Code
Patterson CA 95363-8529

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

Name of Employer Occupation
Del Puento Health Center 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 0 / 2 1 / 2 0 0 9

Transaction ID: C794171

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Robert E Reneker, Jr
Mailing Address 2652 Gullmont Dr Sw

City State Zip Code
Wyoming MI 49418-9302

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

Name of Employer Occupation
Spectrum Health 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 0 / 2 1 / 2 0 0 9

Transaction ID: C794189

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 930.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 62
(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)
Randy J Rice, MD
Mailing Address 4570 County Road 61
City State Zip Code
Moose Lake MN 55767-9401
FEC ID number of contributing federal political committee. **C**
Name of Employer Gateway Family Health Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 16 / 2009
Transaction ID: C792273
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Elisabeth L Righter, MD
Mailing Address 229 S Morrison St
City State Zip Code
Appleton WI 54911-5725
FEC ID number of contributing federal political committee. **C**
Name of Employer University of WI School of Med. & Pub. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 28 / 2009
Transaction ID: C797392
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mark David Robinson, MD
Mailing Address 812 Rothmoor Dr Ne
City State Zip Code
Concord NC 28025-2582
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolinas Healthcare System Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 10 / 20 / 2009
Transaction ID: C794002
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 565.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 62

(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)

Jeannine M Rodems, MD

Mailing Address 15 Suncrest Dr

City State Zip Code
Soquel CA 95073-9709

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

Name of Employer Occupation
Self-Employed 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 0 / 0 5 / 2 0 0 9

Transaction ID: C788217

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Corrine Romero, MD

Mailing Address 1129 W. Revere Point Road

City State Zip Code
Virginia Beach VA 23455

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

Name of Employer Occupation
Romero Family Practice 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 0 / 2 2 / 2 0 0 9

Transaction ID: C794422

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daniel E Roth, MD

Mailing Address 410 30Th St

City State Zip Code
San Francisco CA 94131-2307

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

Name of Employer Occupation
Pacific Family Practice Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: C792415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 62
(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)
Lawrence A Rues, MD

Mailing Address 6650 Troost Ave Ste 305

City State Zip Code
Kansas City MO 64131-1249

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

Name of Employer Occupation
Baptist Lutheran Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C795445

Amount of Each Receipt this Period
265.00

B. Full Name (Last, First, Middle Initial)
Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City State Zip Code
Northfield MA 01360-9684

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

Name of Employer Occupation
Gardner Family Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: C790797

Amount of Each Receipt this Period
41.33

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

Mailing Address 2994 Frazell Rd

City State Zip Code
Hilliard OH 43026-9785

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

Name of Employer Occupation
Ohio Health, Grant Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796633

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **431.33**

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 45 / 62
(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)
Greg Larson Sawin, MD

Mailing Address 195 Canal St

City State Zip Code
Malden MA 02148-6701

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

Name of Employer Cambridge Health Alliance Occupation Faculty Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2009

Transaction ID: C793978

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Madalyn Schaeffgen, MD

Mailing Address 1025 Newgate Dr

City State Zip Code
Allentown PA 18103-9263

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

Name of Employer Lehigh Valley Physicians Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: C794405

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Maria A Schiaffino, MD

Mailing Address 4413 Paces Battle Nw Ste 120

City State Zip Code
Atlanta GA 30327-3023

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 ▼
273.72

Date of Receipt
MM / DD / YYYY
10 / 21 / 2009

Transaction ID: C794174

Amount of Each Receipt this Period
45.62

SUBTOTAL of Receipts This Page (optional) ► **910.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 62
(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)
Edward Jay Schwager, MD

Mailing Address 6528 E Carondelet Dr

City State Zip Code
Tucson AZ 85710-2117

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

Name of Employer Carondelet Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: C794490

Amount of Each Receipt this Period
365.00

B.

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 Hallmark Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2009

Transaction ID: C787968

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Ravi P Shah, MD

Mailing Address 839 W Barry Ave Apt 3B
Apt 3B

City State Zip Code
Chicago IL 60657-4490

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

Name of Employer Cook County Health and Hospital System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2009

Transaction ID: C791193

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 62
(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)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City State Zip Code
Columbus GA 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 ▼
1105.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2009

Transaction ID: C796630

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Aaron Burl Shives, MD

Mailing Address 506 1St Ave Se

City State Zip Code
Watertown SD 57201-4402

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

Name of Employer: Brown Clinic
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.62

Date of Receipt
MM / DD / YYYY
10 / 13 / 2009

Transaction ID: C791310

Amount of Each Receipt this Period
33.18

C.

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: University of North Texas Health Scien
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.70

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: C787710

Amount of Each Receipt this Period
52.14

SUBTOTAL of Receipts This Page (optional) ► **160.32**

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 48 / 62

(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)
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 ▼ 234.00

Date of Receipt

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

Transaction ID: C794213

Amount of Each Receipt this Period
66.00

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792189

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 4720 S Harvard Ave Ste 100

City State Zip Code
Tulsa OK 74135-3023

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

Name of Employer Occupation
Omni Medical Group Family Physician

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

Date of Receipt

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

Transaction ID: C794334

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

931.00

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 49 / 62
(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)
Gregory J Steinmetz, MD

Mailing Address 150 Bluff Ave

City State Zip Code
Cranston RI 02905-3727

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

Name of Employer
APCM

Occupation
Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2009

Transaction ID: C787804

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 689 Cherrington Rd

City State Zip Code
Westerville OH 43081-3038

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

Name of Employer
OSU Physicians, Inc.

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2009

Transaction ID: C794326

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Linda Gonzales Stogner, MD

Mailing Address PO BOX 807

City State Zip Code
Estancia NM 87016-0807

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

Name of Employer
Presbyterian Medical Services

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: C794032

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 50 / 62
(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 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 ▼ 2000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9
Transaction ID: C790179
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nancy C Swikert, MD
Mailing Address 8780 Us Highway 42
City State Zip Code
Florence KY 41042-6936
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Patient First Physician Group Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: C794504
Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Michael P Temporal, MD
Mailing Address 180 S 3Rd St Ste 400
City State Zip Code
Belleville IL 62220-1952
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Saint Louis University Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 296.40
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9
Transaction ID: C787711
Amount of Each Receipt this Period
34.28

SUBTOTAL of Receipts This Page (optional) ► **649.28**
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 51 / 62

(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 C Thorson, MD

Mailing Address 4786 Banning Ave

City State Zip Code
White Bear Lake MN 55110-3264

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

Name of Employer Occupation
Minnhealth PA 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 1 / 2 0 0 9

Transaction ID: C794204

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Timothy J Tobolic, MD

Mailing Address 7751 Byron Center Ave Sw Ste A
PO Box 307

City State Zip Code
Byron Center MI 49315-8001

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

Name of Employer Occupation
Byron Family Medicine 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 1 / 2 0 0 9

Transaction ID: C794188

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Daniel J Van Durme, MD

Mailing Address 7023 Dardwood Ln

City State Zip Code
Tallahassee FL 32312-3511

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

Name of Employer Occupation
FSU College of Medicine 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 / 0 7 / 2 0 0 9

Transaction ID: C789977

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas J Vinton, MD

Mailing Address 626 S 19Th St Apt 3
Apt 3

City State Zip Code
Omaha NE 68102-3136

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

Name of Employer Occupation
Alegent Health Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2009

Transaction ID: C792286

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code
Bartlett TN 38135-5175

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

Name of Employer Occupation
St. Francis Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: C794005

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
David T Walsworth, MD

Mailing Address A142 Clinical Ctr
138 Service Rd

City State Zip Code
East Lansing MI 48824-1313

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

Name of Employer Occupation
Michigan State University Assistant Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2009

Transaction ID: C794187

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **990.00**

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 53 / 62
(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)
David Benjamin Ware, MD

Mailing Address 3521 Highway 190 Ste P

City State Zip Code
Eunice LA 70535-5135

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: C797351
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
E Mark Watts, MD

Mailing Address 415 S Pollard St

City State Zip Code
Vinton VA 24179-2502

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

Name of Employer Cavilier Faculty Medicine Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 273.72

Date of Receipt

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

Transaction ID: C794173
 Amount of Each Receipt this Period
 45.62

C. Full Name (Last, First, Middle Initial)
John Michael Watts, MD

Mailing Address 121 Bishop St

City State Zip Code
Corbin KY 40701-1702

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

Name of Employer self Occupation md

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

Date of Receipt

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

Transaction ID: C792288
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1295.62**

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 54 / 62
(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)
Joanna S Weinstock, MD

Mailing Address PO BOX 51

City Jericho State VT Zip Code 05465-0051

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

Name of Employer SEARHC Occupation Juneau

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: C792363
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Robert L Wergin, MD

Mailing Address 119 S C St

City Milford State NE Zip Code 68405-1802

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

Name of Employer Memorial Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: C794209
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

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 ▼ 2250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: C793412
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 62
(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) Susan S Wilder, MD		Date of Receipt MM / DD / YYYY 10 / 27 / 2009	
Mailing Address 8757 E Bell Rd		Transaction ID: C796834	
City Scottsdale	State AZ	Zip Code 85260-1322	Amount of Each Receipt this Period 30.00
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 ▼ 300.00		

B.

Full Name (Last, First, Middle Initial) Andy F Williamson, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2009	
Mailing Address 214 Ridge Cir		Transaction ID: C796534	
City Dublin	State GA	Zip Code 31021-3715	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer 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)	530.00
TOTAL This Period (last page this line number only)	55632.43

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

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

FOR LINE NUMBER: PAGE 56 / 62

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
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 ▼
4514.57

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: C791432

Amount of Each Receipt this Period

106.28

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 ▼
4514.57

Date of Receipt

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

Transaction ID: C796707

Amount of Each Receipt this Period

352.47

SUBTOTAL of Receipts This Page (optional) ►

458.75

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

458.75

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.</p> <p>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: D89870</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1.63</p>
<p>B.</p> <p>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: D89871</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 45.50</p>
<p>C.</p> <p>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: D89872</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2.60</p>

SUBTOTAL of Disbursements This Page (optional)	49.73
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 Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D89873 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 68.25 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D89874 Date of Disbursement 10 / 23 / 2009
	Amount of Each Disbursement this Period 9.75 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D89875 Date of Disbursement 10 / 26 / 2009
	Amount of Each Disbursement this Period 274.30 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	352.30
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: D89876 Date of Disbursement: 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 12.87</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: D89877 Date of Disbursement: 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 38.79</p>
<p>C. 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: D89878 Date of Disbursement: 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 7.31</p>

SUBTOTAL of Disbursements This Page (optional) ▶

58.97

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: D89536 Date of Disbursement 10 / 01 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 33.48
	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: D89537 Date of Disbursement 10 / 02 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 14.81
	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: D89538 Date of Disbursement 10 / 08 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.06
	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)	52.35
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) 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: D89539 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 275.32
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: D89540 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 24.80

SUBTOTAL of Disbursements This Page (optional)	▶	300.12
TOTAL This Period (last page this line number only)	▶	813.47

**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) ADLER FOR CONGRESS <hr/> Mailing Address 14 Knightswood Dr <hr/> City Marlton State NJ Zip Code 08053-2522 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89405 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS <hr/> Mailing Address PO Box 696 <hr/> City Madison State WI Zip Code 53701-0696 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. Tammy Baldwin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89404 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00