

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		235731.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	205823.29									
(c) Total Receipts (from Line 19)	53763.97	215472.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	259587.26	451204.42								
7. Total Disbursements (from Line 31)	43102.81	234719.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	216484.45	216484.45								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	32761.00	137298.41
(i) Itemized (use Schedule A)		
(ii) Unitemized	20953.01	75854.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53714.01	213152.54
(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)	53714.01	213152.54
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)	49.96	2319.92
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	53763.97	215472.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53763.97	215472.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	602.81	2719.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	602.81	2719.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	42500.00	232000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	43102.81	234719.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43102.81	234719.97

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	53714.01	213152.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53714.01	213152.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	602.81	2719.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	49.96	2319.92
38. Net Operating Expenditures (subtract Line 37 from Line 36)	552.85	400.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Macaran A Baird, MD

Mailing Address Univ of MN Dept of FP/MMC 381
420 Delaware St SE

City State Zip Code
Minneapolis MN 55455-0341

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

Name of Employer Occupation
University of MN, FM&CH 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
0 5 / 1 6 / 2 0 0 8

Transaction ID: C419449

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Janalynn Fish Beste, MD

Mailing Address Coastal Family Medicine
2523 Delaney Rd

City State Zip Code
Wilmington NC 28403-6003

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

Name of Employer Occupation
Univ of NC - Chapel Hill Dept of Famil Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C422366

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Annika M Brown, MD

Mailing Address 385 Sand Hill Rd

City State Zip Code
Peterborough NH 03458-1616

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C418454

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 / 39
(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)
Lee Marvin Carter, MD

Mailing Address PO Box 506

City State Zip Code
Huntingdon TN 38344-0506

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

Name of Employer Self-Employed Occupation
Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419265

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles J Chitwood, MD

Mailing Address PO Box 6245

City State Zip Code
Fort Hood TX 76544-6245

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 ▼ 267.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: C422340

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Yushu Jack Chou, MD

Mailing Address 1011 Baldwin Park Blvd
Apt A

City State Zip Code
Baldwin Park CA 91706-5806

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

Name of Employer Southern California Perma-
nente Medical Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419309

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1565.00

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 8 / 39
(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

<p>A. Full Name (Last, First, Middle Initial) Charles E Christianson, MD</p> <p>Mailing Address UNDSM&HS Dept of Fam Med 501 N Columbia Rd</p> <p>City State Zip Code Grand Forks ND 58203-2817</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of North Dakota Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 23 / 2008</p> <p>Transaction ID: C422709</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Deborah S Clements, MD</p> <p>Mailing Address 10529 Walmer St</p> <p>City State Zip Code Overland Park KS 66212-1886</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Kansas Medical Center Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 05 / 07 / 2008</p> <p>Transaction ID: C418844</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jose M David, MD</p> <p>Mailing Address 804 Huntington Ct</p> <p>City State Zip Code Albany NY 12203-6015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Prime Care Physicians Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 625.00</p>	<p>Date of Receipt 05 / 08 / 2008</p> <p>Transaction ID: C418871</p> <p>Amount of Each Receipt this Period 625.00</p>
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SUBTOTAL of Receipts This Page (optional)	1490.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39
(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)
Timothy M Davlantes, MD
Mailing Address 4500 San Pablo Rd S
City State Zip Code
Jacksonville FL 32224-1865
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 13 / 2008
Transaction ID: C419312
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
David Alan Ellington, MD
Mailing Address 146 S Main St
City State Zip Code
Lexington VA 24450-2356
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 05 / 13 / 2008
Transaction ID: C419274
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ted Dee Epperly, MD
Mailing Address 777 N Raymond St
City State Zip Code
Boise ID 83704-9251
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medicine Residency of Ohio Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 13 / 2008
Transaction ID: C419326
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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 / 39
(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 Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City State Zip Code
Portsmouth NH 03801-7111

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
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: C422698

Amount of Each Receipt this Period
365.00

B.

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 St. Vincent Health System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: C422689

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Theresa C Garcia, MD

Mailing Address Ste C
1203 S Buckner Tarsney Rd

City State Zip Code
Grain Valley MO 64029-8304

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

Name of Employer Garcia Family Medicine & Winens Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: C418840

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39
(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)
Michael Edward Grady, MD
Mailing Address 220 Tillicum Dr
City State Zip Code
Silverton OR 97381-1886
FEC ID number of contributing federal political committee. **C**
Name of Employer: Silverton Hospital Occupation: physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 21 / 2008
Transaction ID: C422319
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Wayne D Gravois, MD
Mailing Address 2335 Church St
City State Zip Code
Zachary LA 70791-2700
FEC ID number of contributing federal political committee. **C**
Name of Employer: Lane Regional Medical Center Occupation: Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 09 / 2008
Transaction ID: C419065
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Danny D Greig, II
Mailing Address 3790 E Monroe Rd
City State Zip Code
Midland MI 48642-8836
FEC ID number of contributing federal political committee. **C**
Name of Employer: Midland Emergency Room Corp. Occupation: Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 05 / 13 / 2008
Transaction ID: C419321
Amount of Each Receipt this Period: 365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 39

(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 Jean Hafner, MD

Mailing Address 33491 135th Ave

City State Zip Code
Avon MN 56310-9617

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

Name of Employer Self Employed Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C422697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Allen Harwood, MD

Mailing Address PO Box 125
187 West Main Street

City State Zip Code
New London OH 44851-0125

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

Name of Employer Self Employed Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: C418843

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Patrick Kevin Hayden, MD

Mailing Address 1719 Nashville St Ste C

City State Zip Code
Russellville KY 42276-8855

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

Name of Employer Self Employed Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C418447

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 / 39

(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)
Caryl J Heaton, DO

Mailing Address 185 S Orange Ave MSB B648

City State Zip Code
Newark NJ 07103-2757

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
0 5 / 2 3 / 2 0 0 8

Transaction ID: C422712

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Christine M Jeffrey, MD

Mailing Address 10060 Regency Cir

City State Zip Code
Omaha NE 68114-3727

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

Name of Employer Physicians Clinic Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: C418845

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Kevin Earl Johnson, MD

Mailing Address 2523 Delaney Ave

City State Zip Code
Wilmington NC 28403-6003

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

Name of Employer Univ. of NC - Chapel Hill, Dept of Fam Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C422369

Amount of Each Receipt this Period

250.00

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 14 / 39
(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)
Carla Lee Kakutani, MD

Mailing Address 438 Abbey St

City Winters State CA Zip Code 95694-1837

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

Name of Employer Sutter West Medical Group Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2008

Transaction ID: C418869

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Gene A Kallenberg, MD

Mailing Address Mail Code 0807
9500 Gilman Dr

City La Jolla State CA Zip Code 92093-5004

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 05 / 23 / 2008

Transaction ID: C422696

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Susan Karen Kinast-Porter, MD

Mailing Address 2302 11th St

City Monroe State WI Zip Code 53566-1811

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

Name of Employer Monroe Clinic TMC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2008

Transaction ID: C418841

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Anne L Kittendorf, MD

Mailing Address 999 Marshall Lakes Dr

City State Zip Code
Dexter MI 48130-8410

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

Name of Employer University of Michigan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419310

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City State Zip Code
Harlan IA 51537-2009

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

Name of Employer Mystic Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: C422865

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mark H Krotowski, MD

Mailing Address 8923 Avenue A

City State Zip Code
Brooklyn NY 11236-1206

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

Name of Employer Family Practice Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: C422685

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 16 / 39
(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)
Jerry E Kruse, MD

Mailing Address Quincy Family Practice Center
612 N 11th St Ste B

City Quincy State IL Zip Code 62301-2662

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

Name of Employer Southern Illinois University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 23 / 2008
Transaction ID: C422701
Amount of Each Receipt this Period 365.00

B. 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 05 / 23 / 2008
Transaction ID: C422639
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
James Joseph Ledwith, MD

Mailing Address CHC Family Health
275 Nichols Rd

City Fitchburg State MA Zip Code 01420-1931

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

Name of Employer UMass Medical School Occupation Faculty Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2008
Transaction ID: C423145
Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional) ► 940.00

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 17 / 39
(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)
Glenn Allen Loomis, MD

Mailing Address 1210 W Saginaw St
PO Box 13008

City State Zip Code
Lansing MI 48901-3008

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

Name of Employer Sparrow Health System Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	8

Transaction ID: C422316
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Carolyn C Lopez, MD

Mailing Address 2906 W Wilson Ave

City State Zip Code
Chicago IL 60625-3727

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

Name of Employer Cook County Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	8

Transaction ID: C422322
 Amount of Each Receipt this Period
 365.00

C. Full Name (Last, First, Middle Initial)
Jason E Marker, MD

Mailing Address 63606 Dogwood Rd
PO Box 90

City State Zip Code
Mishawaka IN 46544-9757

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) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	8

Transaction ID: C418847
 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 18 / 39
(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) Renee L Markovich, MD		Date of Receipt MM / DD / YYYY 05 / 07 / 2008
Mailing Address Center for Family Medicine 400 Wabash Ave		Transaction ID: C418842
City Akron	State OH	
Zip Code 44307-2433		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00
Name of Employer Akron General Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) David Arthur McClellan, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
Mailing Address 4618 Midsummer Lane		Transaction ID: C422796
City College Station	State TX	
Zip Code 77845		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00
Name of Employer Texas A&M Health Science Center	Occupation Program Director - Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Christine Degnon McFarlin, MD		Date of Receipt MM / DD / YYYY 05 / 13 / 2008
Mailing Address 512 N Main St 213 Mims Road		Transaction ID: C419273
City Sylvania	State GA	
Zip Code 30467-8618		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00
Name of Employer Screven County Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 / 39
(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)
Howard C McMahan, MD

Mailing Address 361 Cargile Rd
PO Box 779

City State Zip Code
Ocilla GA 31774-0779

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
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419319

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Andrew C Mills, MD

Mailing Address 11911 S Memorial Dr

City State Zip Code
Bixby OK 74008-2030

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

Name of Employer Warren Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419313

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
John Franklin Mueller, MD

Mailing Address 69 Snipatuit Rd

City State Zip Code
Rochester MA 02770-1504

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 ▼ 366.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: C422403

Amount of Each Receipt this Period
366.00

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 20 / 39
(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)
Noreen Ellen O'Shea, DO

Mailing Address 4343 Far Hills Rd

City State Zip Code
Sioux City IA 51104-1030

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

Name of Employer Occupation
Marion County Health Foundation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: C422508

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address S68 W17729 Marybeck Ln

City State Zip Code
Muskego WI 53150

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

Name of Employer Occupation
Pro Health Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419317

Amount of Each Receipt this Period
365.00

C.

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 (Corporation) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: C418848

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 21 / 39
(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)
Janice Eileen Ragland, MD

Mailing Address 13011 Monroe Manor Dr

City State Zip Code
Herndon VA 20171-2909

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
0 5 / 1 3 / 2 0 0 8

Transaction ID: C419270

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Jennifer Rene Raley, MD

Mailing Address 4907 Pecan Grove Dr

City State Zip Code
Pearland TX 77584-8606

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
0 5 / 2 3 / 2 0 0 8

Transaction ID: C422695

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Sterling N Ransone, Jr

Mailing Address 16681 General Puller Hwy
PO Box 916

City State Zip Code
Deltaville VA 23043-0916

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

Name of Employer Riverside Physician Associates 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
0 5 / 1 3 / 2 0 0 8

Transaction ID: C419266

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 22 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert E Reneker, Jr
Mailing Address 2652 Gullmont Dr SW
City Grandville State MI Zip Code 49418-9302
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 05 / 23 / 2008
Transaction ID: C422694
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Robert Lee Rich, Jr
Mailing Address PO Box 10
City Bladenboro State NC Zip Code 28320-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer Bladen Medical Associates Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 13 / 2008
Transaction ID: C419272
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Donn R Richards, MD
Mailing Address 7475 Ahern Ct
City Saint Louis State MO Zip Code 63130-2217
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Anthony Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 05 / 2008
Transaction ID: C418451
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1015.00
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 / 39
(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)
Mark David Robinson, MD

Mailing Address Cabarrus Family Medicine
270 Copperfield Blvd NE # 201

City Concord State NC Zip Code 28025-2400

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
0 5 / 2 1 / 2 0 0 8

Transaction ID: C422411

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Michelle (Shelly) B Rodrigues

Mailing Address 1433 Page St

City San Francisco State CA Zip Code 94117-2015

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

Name of Employer California Academy of Family Physician Occupation Deputy Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: C419206

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jerry Paul Rogers, MD

Mailing Address Dakota Clinic
420 Center Ave

City Moorhead State MN Zip Code 56560-1920

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

Name of Employer Dakota Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C422633

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39
(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)
Dennis F Salisbury, MD

Mailing Address Regional Medical Arts Pavilion
435 S Crystal St

City Butte State MT Zip Code 59701-1506

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

Name of Employer Rocky Mountain Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 23 / 2008

Transaction ID: C422706

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Jon C Seager, MD

Mailing Address 602 Church St SW

City North Canton State OH Zip Code 44720-2904

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

Name of Employer CHCI Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 06 / 2008

Transaction ID: C418801

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
William Jay Starbird, MD

Mailing Address 2048 Burnside Rd

City North Branch State MI Zip Code 48461-9716

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

Name of Employer Marlette Regional Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C419334

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39
(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)
Suellywn Stewart, MD
Mailing Address 689 Cherrington Rd
City Westerville State OH Zip Code 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 05 / 05 / 2008
Transaction ID: C418432
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Erica Williams Swegler, MD
Mailing Address 816 Keller Pkwy Ste 102 Ste 102
City Keller State TX Zip Code 76248-2405
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 05 / 23 / 2008
Transaction ID: C422708
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Hugh M Taylor, MD
Mailing Address Family Medicine Associates 15 Railroad Ave
City Hamilton State MA Zip Code 01982-2218
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medicine Associates LLC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1230.00
Date of Receipt 05 / 16 / 2008
Transaction ID: C419445
Amount of Each Receipt this Period 230.00

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 26 / 39

(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)
Patrick A Tranmer, MD

Mailing Address UIC Dept of Family Medicine
1919 W Taylor St M/C 663

City State Zip Code
Chicago IL 60612-7246

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

Name of Employer Occupation
UIC Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418425

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Gabrielle A Vencel Olson, MD

Mailing Address A C M C
101 Willmar Ave SW

City State Zip Code
Willmar MN 56201-3556

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

Name of Employer Occupation
Affiliated Community Medical Centers Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C422947

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Daniel Castile Vinson, MD

Mailing Address M231 Hlth Sciences Ctr

City State Zip Code
Columbia MO 65212-0001

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

Name of Employer Occupation
University of Missouri Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C422645

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 39

(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 Jo Welker, MD

Mailing Address 2231 N High St
OSU-Rardin Family Practice Ctr

City Columbus State OH Zip Code 43201-4153

FEC ID number of contributing federal political committee. C

Name of Employer Ohio State University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 05 / 2008

Transaction ID: C418453

Amount of Each Receipt this Period
5000.00

B.

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

Mailing Address 119 South C St

City Milford State NE Zip Code 68405

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
05 / 13 / 2008

Transaction ID: C419277

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Kent E Willyard, MD

Mailing Address Patrick Henry Family Medicine
12695 Mcmanus Blvd Ste 6A

City Newport News State VA Zip Code 23602-4476

FEC ID number of contributing federal political committee. C

Name of Employer TPMG Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
05 / 13 / 2008

Transaction ID: C419275

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) 5730.00

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 / 39
(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) Kevin M Wong, MD		Date of Receipt MM / DD / YYYY 05 / 13 / 2008	
Mailing Address Western PA Family Med Assoc 2057 Route 130		Transaction ID: C419316	
City Jeannette	State PA	Zip Code 15644-1168	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer WPFMA, Ltd	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) Paul E Wright, MD		Date of Receipt MM / DD / YYYY 05 / 12 / 2008	
Mailing Address 1513 Morning Star		Transaction ID: C419080	
City Edmond	State OK	Zip Code 73034-6549	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer St Anthony Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) R Brent Wright, MD		Date of Receipt MM / DD / YYYY 05 / 06 / 2008	
Mailing Address 1325 N Race St		Transaction ID: C418800	
City Glasgow	State KY	Zip Code 42141-3454	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Louisville	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	32761.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 39
(check only one)

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

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2319.92

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: C419448

Amount of Each Receipt this Period
49.96

SUBTOTAL of Receipts This Page (optional)	▶	49.96
TOTAL This Period (last page this line number only)	▶	49.96

**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: D61820 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="10.85"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D61821 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="20.01"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D61822 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Ban Card processing fee	<input type="text" value="11.32"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61823 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 9.77 Category/Type

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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61824 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 10.64 Category/Type

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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61825 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 99.51 Category/Type

SUBTOTAL of Disbursements This Page (optional) ► 119.92

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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: D61826 Date of Disbursement 05 / 27 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 29.92
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D61827 Date of Disbursement 05 / 29 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 3.10
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D61828 Date of Disbursement 05 / 30 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 0.78
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	33.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 39

<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: D61829 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 370.83 Category/Type
B. Full Name (Last, First, Middle Initial) Discover Network <hr/> Mailing Address P O Box 52145 <hr/> City Phoenix State AZ Zip Code 85072-2145 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61830 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 36.08 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

406.91

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

602.81

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61384</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222-6128</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61422</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address PO Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61380</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 39

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

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

<p>A. Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61379</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61423</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61420</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D61381 Date of Disbursement 05 / 07 / 2008
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 1500.00
	City Annandale State VA Zip Code 22003-0636	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B.	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS	Transaction ID: D61385 Date of Disbursement 05 / 07 / 2008
	Mailing Address PO Box 24551	Amount of Each Disbursement this Period 2500.00
	City Pttsburgh State PA Zip Code 15234	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Timothy F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C.	Full Name (Last, First, Middle Initial) Republican MainStreet Partnership PAC	Transaction ID: D61419 Date of Disbursement 05 / 12 / 2008
	Mailing Address 1220 L St NW Ste 100-263	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005-4018	
	Purpose of Disbursement Campaign contribution Candidate Name Republican MainStreet Partnership PAC 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: D61378 Date of Disbursement 05 / 07 / 2008
	Mailing Address PO BOX 1496	
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Category/Type

B.	Full Name (Last, First, Middle Initial) Udall for Colorado	Transaction ID: D61430 Date of Disbursement 05 / 12 / 2008
	Mailing Address PO Box 40158	
	City Denver State CO Zip Code 80204-0158	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep Mark Udall Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	Category/Type

C.	Full Name (Last, First, Middle Initial) Wicker for Senate	Transaction ID: D61431 Date of Disbursement 05 / 12 / 2008
	Mailing Address PO Box 64	
	City Jackson State MS Zip Code 39205-0064	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution Candidate Name Hon. Roger Wicker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	42500.00

Image# 28991257137

Form/Schedule: SA15
Transaction ID: C419448

Permissible reimbursement from connected organization for bank/credit card processing fees.
