

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 09 19 2006 in the State of MA
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2006 through 08 30 2006

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 09 08 2006

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140251.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	209343.79									
(c) Total Receipts (from Line 19)	39546.17	175639.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	248889.96	315891.11								
7. Total Disbursements (from Line 31)	7715.85	74717.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	241174.11	241174.11								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	30033.99	143059.32
(i) Itemized (use Schedule A)	9253.42	29189.58
(ii) Unitemized	39287.41	172248.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39287.41	172248.90
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)	258.76	3390.46
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))	39546.17	175639.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39546.17	175639.36

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	269.09	2270.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	269.09	2270.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	70500.00
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.....	1946.76	1946.76
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))..	7715.85	74717.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7715.85	74717.00

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)	39287.41	172248.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39287.41	172248.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	269.09	2270.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	258.76	3390.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.33	-1120.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Andrea Allen, MD		Date of Receipt MM / DD / YYYY 07 / 05 / 2006
Mailing Address 7316 Casey Ave		Transaction ID: C222782
City Easton	State MD	Zip Code 21601-4781
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Shore Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Kathleen Mary Ankers, MD		Date of Receipt MM / DD / YYYY 07 / 13 / 2006
Mailing Address 3234 N Gouverneur St		Transaction ID: C223105
City Wichita	State KS	Zip Code 67226-2210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer US Air Force	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Charles Albert Ball, MD		Date of Receipt MM / DD / YYYY 08 / 09 / 2006
Mailing Address Maury Regional Hospital 1224 Trotwood Ave		Transaction ID: C232106
City Columbia	State TN	Zip Code 38401-4802
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.00	
Name of Employer Maury Regional Hospital	Occupation Medical Director	
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)	▶	980.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 43
(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)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

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

Name of Employer North Hills Family Medicine Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: C223641

Amount of Each Receipt this Period
100.00

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

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

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

Name of Employer North Hills Family Medicine Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C223654

Amount of Each Receipt this Period
30.00

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 North Hills Family Medicine Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C232694

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 26 Applewood Dr		Transaction ID: C223655	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address 26 Applewood Dr		Transaction ID: C232695	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Steven F Brezny, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 4339 Village Club Dr		Transaction ID: C223656	
City State Zip Code Powell OH 43065-7324	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Family Physicians at Wedgwood	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven F Brezny, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 4339 Village Club Dr		Transaction ID: C232696	
City State Zip Code Powell OH 43065-7324		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Family Physicians at Wedgwood		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Jeffrey J Cain, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address The Childrens Hospital 1056 E 19th Ave # B085		Transaction ID: C223619	
City State Zip Code Denver CO 80218-1007		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Children's Hospital		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert R Casey, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 801 Oak Ridge Tpke		Transaction ID: C231535	
City State Zip Code Oak Ridge TN 37830-6916		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Summit Medical Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43
(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)
Barton A Chase, III, MD

Mailing Address 3856 Highway 57 West
PO Box 99

City State Zip Code
Ramer TN 38367-0099

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
08 / 08 / 2006

Transaction ID: C232023

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lanny R Copeland, MD

Mailing Address Triad Hospitals, Inc.
5800 Tennyson Pkwy

City State Zip Code
Plano TX 75024-3548

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

Name of Employer Triad Hospitals, Inc.
Occupation Physicians

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: C222781

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jane A Corson, MD

Mailing Address Univ Physician Group-Palmyra
941 Park Dr

City State Zip Code
Palmyra PA 17078-3445

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

Name of Employer Penn State College of Medicine
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C223657

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional)	▶	3065.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jane A Corson, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Univ Physician Group-Palmyra 941 Park Dr		Transaction ID: C232697
City Palmyra State PA Zip Code 17078-3445	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Penn State College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. Steven A Crawford, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address Dep Of Fam And Prev Med 900 NE 10th St		Transaction ID: C231359
City Oklahoma City State OK Zip Code 73104-5495	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

Full Name (Last, First, Middle Initial) C. Steven A Crawford, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address Dep Of Fam And Prev Med 900 NE 10th St		Transaction ID: C234005
City Oklahoma City State OK Zip Code 73104-5495	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

SUBTOTAL of Receipts This Page (optional) ▶	231.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
William Andrew Eason, 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2006

Transaction ID: C223650

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
Christopher S Ewin, MD

Mailing Address 5801 Oakbend Trl Ste 260 Ste 260

City Fort Worth State TX Zip Code 76132-3914

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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 07 / 2006

Transaction ID: C231580

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Tad Fisher

Mailing Address Exec Vice Pres - FL AFP 6720 Atlantic Blvd

City Jacksonville State FL Zip Code 32211-8730

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

Name of Employer Florida Academy of Family Physicians Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 24 / 2006

Transaction ID: C233982

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)	▶	815.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Seth Y Flagg, Medical St

Mailing Address 9 Evergreen Rd

City Hubbardston State MA Zip Code 01452

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

Name of Employer n/a Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2006

Transaction ID: C223664

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
Seth Y Flagg, Medical St

Mailing Address 9 Evergreen Rd

City Hubbardston State MA Zip Code 01452

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

Name of Employer n/a Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 21 / 2006

Transaction ID: C232699

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1524 Heritage Landing Dr

City Chattanooga State TN Zip Code 37405-4251

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

Name of Employer University of Tennessee College of Med 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
 07 / 26 / 2006

Transaction ID: C224084

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
John C Graves, MD

Mailing Address 1524 Heritage Landing Dr

City State Zip Code
Chattanooga TN 37405-4251

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

Name of Employer Occupation
University of Tennessee Physician
College of Med

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C232700

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lyman B Greaves, Jr

Mailing Address 701 Spencer Ave

City State Zip Code
Santa Rosa CA 95404-3317

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

Name of Employer Occupation
PCA Physician

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2006

Transaction ID: C223642

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Douglas W Harley, DO

Mailing Address 311 Kenilworth Ave NE

City State Zip Code
Warren OH 44483-5412

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

Name of Employer Occupation
Ohio Northeast Health Sys- Physician
tems, Inc

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C223665

Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional)	386.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Douglas W Harley, DO

Mailing Address 311 Kenilworth Ave NE

City Warren State OH Zip Code 44483-5412

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

Name of Employer Ohio Northeast Health Systems, Inc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2006

Transaction ID: C232701

Amount of Each Receipt this Period
 36.50

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

Mailing Address 314 Tusculum Blvd

City Greeneville State TN Zip Code 37745

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
 M M / D D / Y Y Y Y
 08 / 24 / 2006

Transaction ID: C234004

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1305 W 18th St
PO Box 5039

City Sioux Falls State SD Zip Code 57117-5039

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

Name of Employer Sioux Valley Health Systems Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2006

Transaction ID: C223666

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1036.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: C232702

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City State Zip Code
Tallahassee FL 32303-2822

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

Name of Employer Occupation
Patients First North, P.A. Medical Doctor

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: C223572

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mikel D Holland, MD

Mailing Address Medical Associates Clinic
100 Mac Ln

City State Zip Code
Pierre SD 57501-3391

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) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C223667

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mikel D Holland, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Medical Associates Clinic 100 Mac Ln		Transaction ID: C232703
City State Zip Code Pierre SD 57501-3391	Amount of Each Receipt this Period 50.00	
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 350 Pensacola Beach Rd		Transaction ID: C223668
City State Zip Code Gulf Breeze FL 32561-4882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gulf Coast Physician Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 350 Pensacola Beach Rd		Transaction ID: C232706
City State Zip Code Gulf Breeze FL 32561-4882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gulf Coast Physician Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Vincent D Keenan, CAE		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address Exec Vice Pres IL AFP 4756 Main St		Transaction ID: C223694	
City Lisle	State IL	Zip Code 60532-1724	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1 Prime Care Dr		Transaction ID: C223078	
City Selmer	State TN	Zip Code 38375-1864	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00		

Full Name (Last, First, Middle Initial) C. James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1 Prime Care Dr		Transaction ID: C232145	
City Selmer	State TN	Zip Code 38375-1864	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas A Kintanar, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2006	
Mailing Address 10020 Dupont Cir Ct Ste 110 Ste 110		Transaction ID: C231358	
City State Zip Code Fort Wayne IN 46825-1621	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Family Medical Consultants	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address Bloomington Lake Cln 1150 Centre Pointe Curv		Transaction ID: C223670	
City State Zip Code Saint Paul MN 55120-1280	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bloomington Lake Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address Bloomington Lake Cln 1150 Centre Pointe Curv		Transaction ID: C232707	
City State Zip Code Saint Paul MN 55120-1280	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bloomington Lake Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<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

Full Name (Last, First, Middle Initial) A. Shane J Kraus, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 6224 New Harvard Ln		Transaction ID: C223671	
City State Zip Code Glen Allen VA 23059-5419	Amount of Each Receipt this Period 100.00		
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Shane J Kraus, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 6224 New Harvard Ln		Transaction ID: C232708	
City State Zip Code Glen Allen VA 23059-5419	Amount of Each Receipt this Period 100.00		
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Darlene L Lawrence, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 1140 Varnum St NE Ste 205 Ste 205		Transaction ID: C223672	
City State Zip Code Washington DC 20017-2153	Amount of Each Receipt this Period 76.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Imani Health Care, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.66		

SUBTOTAL of Receipts This Page (optional) ▶	276.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<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

Full Name (Last, First, Middle Initial) A. Darlene L Lawrence, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 1140 Varnum St NE Ste 205 Ste 205		Transaction ID: C232709	
City State Zip Code Washington DC 20017-2153	Amount of Each Receipt this Period 76.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Imani Health Care, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.66		

Full Name (Last, First, Middle Initial) B. Keith Jay Lehman, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address Archbold Med Group 121 Westfield Dr		Transaction ID: C233754	
City State Zip Code Archbold OH 43502-1065	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Community Health Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. E John Lentini, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address Braintree Fam Phys Inc 382 Grove St		Transaction ID: C223617	
City State Zip Code Braintree MA 02184-7398	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Braintree Fam Physicians	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) ▶	641.33
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 22 / 43
(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)
Alma J Brown Littles, MD

Mailing Address Dept of Fam Med Rural Health
Florida State University COM

City Tallahassee State FL Zip Code 32306-4300

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

Name of Employer FSU College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: C231387

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lucy Williams Loomis, MD

Mailing Address 1759 Hudson St

City Denver State CO Zip Code 80220-1452

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

Name of Employer Denver Health and Hospital Authority 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 Y
07 / 19 / 2006

Transaction ID: C223600

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Shore Lowry, MD

Mailing Address 117 Kennedy Dr

City Martin State TN Zip Code 38237-3309

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

Name of Employer Martin Medical Center 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
07 / 20 / 2006

Transaction ID: C223652

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 339 S Presa St		Transaction ID: C223677	
City State Zip Code San Antonio TX 78205-3425	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address 339 S Presa St		Transaction ID: C232711	
City State Zip Code San Antonio TX 78205-3425	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Richard F Madden, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006	
Mailing Address 609 Christopher Dr		Transaction ID: C223644	
City State Zip Code Belen NM 87002-2601	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Healthcare Services	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

SUBTOTAL of Receipts This Page (optional) ▶	220.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ayaz T Madraswalla, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 34 Professional Park Rd		Transaction ID: C223678
City State Zip Code Storrs CT 06268-1667	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mansfield Family Practice	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

Full Name (Last, First, Middle Initial) B. Ayaz T Madraswalla, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006
Mailing Address 34 Professional Park Rd		Transaction ID: C232712
City State Zip Code Storrs CT 06268-1667	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mansfield Family Practice	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

Full Name (Last, First, Middle Initial) C. Mark A McLoney, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2006
Mailing Address 398 W Bagley Rd Ste 1		Transaction ID: C233763
City State Zip Code Berea OH 44017-1312	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Premier Physicians Group	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) ▶	427.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Joseph Meyer, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 7720 S Broadway Ste 550 Ste 302		Transaction ID: C223615
City Littleton	State CO	Zip Code 80122-2636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Anette Ks Mnabhi, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address 115 N Main St		Transaction ID: C223679
City Montgomery	State IL	Zip Code 60538-1298
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 121.67
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dale C Moquist, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400		Transaction ID: C223680
City Houston	State TX	Zip Code 77074-1804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MHHS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	721.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dale C Moquist, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400		Transaction ID: C232713
City Houston	State TX	Zip Code 77074-1804
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer MHHS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Walter Hugh Morgan, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 801 Mobley St		Transaction ID: C233788
City Johnston	State SC	Zip Code 29832-1366
Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO Box 806527		Transaction ID: C223681
City Chicago	State IL	Zip Code 60680-4126
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		
Name of Employer University of Illinois	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	515.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address PO Box 806527		Transaction ID: C233724	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60680-4126			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Patrick William Page, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address Primary Care Partners PC PO Box 10700		Transaction ID: C223616	
City Grand Junction	State CO	Amount of Each Receipt this Period 500.00	
Zip Code 81502-5517			
FEC ID number of contributing federal political committee. C			
Name of Employer Primary Care Partners, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Donya Ann Powers, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 50 Office Pkwy		Transaction ID: C223103	
City East Providence	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02914-1636			
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 ▼ 1000.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43
(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)
Elisabeth L Righter, MD

Mailing Address Indian Ripple Family Hlth Ctr
4428 Indian Ripple Rd

City State Zip Code
Beavercreek OH 45440-3264

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C223683

Amount of Each Receipt this Period
84.00

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

Mailing Address Indian Ripple Family Hlth Ctr
4428 Indian Ripple Rd

City State Zip Code
Beavercreek OH 45440-3264

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: C233726

Amount of Each Receipt this Period
84.00

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

Mailing Address Dove Family Care
5123 Norwich St Ste 110

City State Zip Code
Hilliard OH 43026-1443

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

Name of Employer Occupation
Dove Family Care 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
07 / 21 / 2006

Transaction ID: C223684

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 418.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Edward Sattenspiel, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 6	
Mailing Address 1800 Millrace Dr		Transaction ID: C231893	
City State Zip Code Eugene OR 97403-1992		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Salem Family Physicians, PC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. John Edward Sattenspiel, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1800 Millrace Dr		Transaction ID: C234463	
City State Zip Code Eugene OR 97403-1992		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Salem Family Physicians, PC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Robert E Sharrock, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 1119 Markey Dr		Transaction ID: C233772	
City State Zip Code Bryan OH 43506-2514		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Community Health Association		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) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 43
	<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

Full Name (Last, First, Middle Initial) A. Aaron Burl Shives, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address Brown Clinic/Rich 511 14th Ave NE		Transaction ID: C223688
City Watertown	State SD	Zip Code 57201-6811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Brown Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Aaron Burl Shives, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2006
Mailing Address Brown Clinic/Rich 511 14th Ave NE		Transaction ID: C233744
City Watertown	State SD	Zip Code 57201-6811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Brown Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. John B Standridge, II		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006
Mailing Address 6838 Buck Trail Dr		Transaction ID: C223651
City Harrison	State TN	Zip Code 37341-4912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Tennessee COM Chattanooga	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)	580.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Rosemarie Sweeney

Mailing Address 5915 Ramsgate Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Academy of Family Physicians
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C223689

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Rosemarie Sweeney

Mailing Address 5915 Ramsgate Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Academy of Family Physicians
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: C233745

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Deborah Ann Travis, MD

Mailing Address 160 Deer Forest Trl Suite D

City State Zip Code
Fayetteville GA 30214-4006

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
08 / 24 / 2006

Transaction ID: C233998

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	665.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert P Vogt, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 7685 Calloway Ct		Transaction ID: C223614	
City State Zip Code Colorado Springs CO 80919-3928	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Family Practice	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 540 Woodfield Court		Transaction ID: C223575	
City State Zip Code Gahanna OH 43230-7009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) C. Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 540 Woodfield Court		Transaction ID: C233771	
City State Zip Code Gahanna OH 43230-7009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Andre Wherry, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006	
Mailing Address 59 Tipton Drive		Transaction ID: C223636	
City State Zip Code Dahlonega GA 30533	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dahlonega Family Practice	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. Patricia Mary Williams, MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 1111 Medical Center Cir		Transaction ID: C232144	
City State Zip Code Mayfield KY 42066-1194	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. J Mack Worthington, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address 1100 E 3rd St		Transaction ID: C224083	
City State Zip Code Chattanooga TN 37403-2201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Tennessee, College of Me	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City State Zip Code
Chattanooga TN 37403-2201

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

Name of Employer University of Tennessee, College of Me
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: C233747

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Jenel Steele Wyatt, MD

Mailing Address JHCP-Odenton
1132 Annapolis Rd

City State Zip Code
Odenton MD 21113-1647

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

Name of Employer Johns Hopkins Community Physicians
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: C223690

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jenel Steele Wyatt, MD

Mailing Address JHCP-Odenton
1132 Annapolis Rd

City State Zip Code
Odenton MD 21113-1647

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

Name of Employer Johns Hopkins Community Physicians
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: C233748

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)
Theodore E Wymyslo, MD

Mailing Address 128 E Apple St Room 1820
Rm 1820

City State Zip Code
Dayton OH 45409-2902

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

Name of Employer Occupation
Miami Valley Hospital FP Residency Program Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: C233766

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Richard L Zachrich, MD

Mailing Address 821 E Chapel St
Ste 203

City State Zip Code
Santa Maria CA 93454-4619

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

Name of Employer Occupation
Central Coast Family Care Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: C223620

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5365.00
TOTAL This Period (last page this line number only)	▶	30033.99

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 43
	(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 ▼
3390.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	6

Transaction ID: C231581

Amount of Each Receipt this Period
258.76

SUBTOTAL of Receipts This Page (optional)	▶	258.76
TOTAL This Period (last page this line number only)	▶	258.76

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D33349 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.74
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D33350 Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 45.16
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D33351 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 15.99
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	61.89
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 38 / 43

<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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D33352	
Mailing Address PO Box 53852		Date of Disbursement 07 / 28 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 7.38
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D33353	
Mailing Address PO Box 53852		Date of Disbursement 07 / 31 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 2.95
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Services		Transaction ID: D33347	
Mailing Address WA2-505-01-40 PO Box 2485		Date of Disbursement 07 / 03 / 2006	
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period 164.54
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

SUBTOTAL of Disbursements This Page (optional)	174.87
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: D33348

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

32.33

SUBTOTAL of Disbursements This Page (optional)

32.33

TOTAL This Period (last page this line number only)

269.09

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: D33131 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Price for Congress		Transaction ID: D32141 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 425		Amount of Each Disbursement this Period -1000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement Vioded check #200056 6/19/2006 Candidate Name Rep. Tom Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Price for Congress		Transaction ID: D32142 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Tom Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 41 / 43

<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

Full Name (Last, First, Middle Initial) A. Snyder for Congress Campaign Committee		Transaction ID: D32080 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address PO Box 250998		Amount of Each Disbursement this Period 2000.00	
City Little Rock State AR Zip Code 72225-0998	Purpose of Disbursement Campaign contribution Candidate Name Rep. Vic Snyder Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kennedy for Senate 2006		Transaction ID: D32079 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 301 4th St NE Ste 202		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002-5813	Purpose of Disbursement Campaign contribution Candidate Name Sen. Edward M. Kennedy Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of admin. expense reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D32158

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1946.76

SUBTOTAL of Disbursements This Page (optional)

1946.76

TOTAL This Period (last page this line number only)

1946.76

Image# 26950462150

Form/Schedule: **SA15** Reimbursement from AAFP for operating expenses between 6/28/06 and 7/28/06 paid by FamMedPAC.
Transaction ID: **C231581**

Form/Schedule: **SB29** Refund of PAC administrative expenses reimbursed by AAFP beyond the 30 day time limit of 11 CFR sec. 114.5(b)-
Transaction ID: **D32158** (3). Form 99 text report filed electronically 7-24-06.
