

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	387057.99	
(c) Total Receipts (from Line 19)	27317.86	106663.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	414375.85	508751.07
7. Total Disbursements (from Line 31).....	60607.22	154982.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	353768.63	353768.63
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18011.04	71483.91
(ii) Unitemized	6414.64	31344.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24425.68	102828.19
(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)	24425.68	102828.19
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).....	392.18	1335.66
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
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 Transfers (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))..... ▶	27317.86	106663.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27317.86	106663.85

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) Allocated 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	607.22	1264.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	607.22	1264.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	153000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	718.33
(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	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	60607.22	154982.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60607.22	154982.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	24425.68	102828.19
34. Total Contribution Refunds (from Line 28(d))	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24425.68	102109.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	607.22	1264.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	392.18	1335.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	215.04	-71.55

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Amended to reflect changes in amended prior reports

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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	

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. Susan M Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N 7Th Ave
 City Canistota State SD Zip Code 57012-2041
 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 M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276442
 Amount of Each Receipt this Period
 365.00

B. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 201 Cassel Dr
 City Kingsport State TN Zip Code 37664-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quillen College of Medicine
 Occupation Professor, Family Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286829
 Amount of Each Receipt this Period
 100.00

c. Mary F Campagnolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Route 38 Ste 6
 City Lumberton State NJ Zip Code 08048-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group, Marlton NJ
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : C2293984
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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	

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

Full Name (Last, First, Middle Initial) A. Barton A Chase MD		Date of Receipt
Mailing Address 3856 Highway 57 W P.O. Box 99		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Ramer	State TN	Zip Code 38367-7167
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2293999
Name of Employer Ramer Family Health Center	Occupation Owner/Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2750.00"/>
	<input type="text" value="2750.00"/>	

Full Name (Last, First, Middle Initial) B. Michael J Coulson MD		Date of Receipt
Mailing Address 120 Van Ness Ave		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Santa Cruz	State CA	Zip Code 95060-4208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2276182
Name of Employer Self	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St OU Physicians Family Medicine Cent		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Oklahoma City	State OK	Zip Code 73104-5420
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2276977
Name of Employer University of Oklahoma	Occupation Physician Faculty	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="454.54"/>
	<input type="text" value="909.08"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3504.54"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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	

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. Thomas M Dean MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 335
 409 W. 10th Street
 City Wessington Springs State SD Zip Code 57382-0335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizon Health Care 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 Y
 03 / 01 / 2013
Transaction ID : C2276441
 Amount of Each Receipt this Period
500.00

B. Wanda D Filer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Aqua Ct
 City York State PA Zip Code 17403-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Health Institute Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276948
 Amount of Each Receipt this Period
350.00

C. Carlos R Gonzales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Patagonia State AZ Zip Code 85624-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arizona Occupation Associate Professor Family Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : C2293954
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **1215.00**
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: (check only one)	PAGE 10 OF 30
	<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	

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. Ravi P Grivois-Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 522 N Euclid Ave
 City Oak Park State IL Zip Code 60302-1618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cook County HHS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : C2286434
 Amount of Each Receipt this Period
 500.00

B. Jeffrey Scott Grove MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Baymont St Apt 1002
 City Clearwater State FL Zip Code 33767-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suncoast Family Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276447
 Amount of Each Receipt this Period
 250.00

C. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276074
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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: (check only one)	PAGE 11 OF 30
	<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	

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. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 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 **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277049
 Amount of Each Receipt this Period
100.00

B. Richard H Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 W Howell Ave
 City Alexandria State VA Zip Code 22301-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Durney Medical Services, PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2275992
 Amount of Each Receipt this Period
300.00

C. Kenric Dana Malmberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 10Th Ave W
 City Mobridge State SD Zip Code 57601-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276444
 Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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: (check only one)	PAGE 12 OF 30
	<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	

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. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

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 ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : C2292658

Amount of Each Receipt this Period
75.00

B. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

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 ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : C2294618

Amount of Each Receipt this Period
25.00

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

Mailing Address 1708 S Martin St

City State Zip Code
Spokane WA 99203-3751

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

Name of Employer Occupation
self physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : C2294001

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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: (check only one)	PAGE 13 OF 30
	<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	<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. Timothy D Oliver MD
Full Name (Last, First, Middle Initial)

Mailing Address 701 W Oliver St

City Owosso State MI Zip Code 48867-2219

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

Name of Employer MMP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 01 / 2013
Transaction ID : C2276181

Amount of Each Receipt this Period
300.00

B. Javette C Orgain MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 806527

City Chicago State IL Zip Code 60680-4126

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

Name of Employer UNIVERSITY OF ILLINOIS COLLEGE OF MED. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
03 / 10 / 2013
Transaction ID : C2300597

Amount of Each Receipt this Period
125.00

c. Charles Ted Paulk MD
Full Name (Last, First, Middle Initial)

Mailing Address 1502 Colgate Ct

City Dothan State AL Zip Code 36303-5909

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

Name of Employer 1st MED of Dothan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
03 / 26 / 2013
Transaction ID : C2294616

Amount of Each Receipt this Period
370.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.00

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: (check only one)	PAGE 15 OF 30
<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. Niranjan M Selvarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Ironwood Road
 City New Hartford State NY Zip Code 13421-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oneida Medical Associates 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 Y
 03 / 18 / 2013
Transaction ID : C2293894
 Amount of Each Receipt this Period
365.00

B. Glen R Stream MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 S Martin St
 City Spokane State WA Zip Code 99203-3751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockwood Clinic 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 Y
 03 / 19 / 2013
Transaction ID : C2292486
 Amount of Each Receipt this Period
250.00

C. Hugh M Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Railroad Ave
 City South 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 **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : C2294617
 Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	5615.00
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: (check only one)	PAGE 16 OF 30
	<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	

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. Lloyd P Van Winkle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 960
 City Castroville State TX Zip Code 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2286789
 Amount of Each Receipt this Period
 365.00

B. Lloyd P Van Winkle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 960
 City Castroville State TX Zip Code 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286823
 Amount of Each Receipt this Period
 36.50

C. Kathleen A Viereg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Lanyon Dr
 City Cheshire State CT Zip Code 06410-3177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProHealth Physicians, PC 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 Y
 03 / 26 / 2013
Transaction ID : C2294527
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	766.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<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	<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. Daniel A Walters MD
Full Name (Last, First, Middle Initial)

Mailing Address 2304 E County Road 950 N

City Seymour State IN Zip Code 47274-8155

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

Name of Employer Caring Family Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : C2275986

Amount of Each Receipt this Period
 400.00

B. Mary Jo Jo Welker MD
Full Name (Last, First, Middle Initial)

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

City Columbus State OH Zip Code 43201-1101

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2013

Transaction ID : C2292543

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6040 Haybury Dr

City New Albany State OH Zip Code 43054-8691

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

Name of Employer Ohio State University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013

Transaction ID : C2294019

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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: (check only one)	PAGE 18 OF 30
	<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

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. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestatee Regional Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279067
 Amount of Each Receipt this Period
 250.00

B. John Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Rufus Ln
 City Polson State MT Zip Code 59860-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke Community Health Network Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2286791
 Amount of Each Receipt this Period
 365.00

C. Brent Brent Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Northwood Dr
 City Glasgow State KY Zip Code 42141-8078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Louisville Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276183
 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).....▶	18011.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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)
American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 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 ▼
1195.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2013

Transaction ID : C2286793

Amount of Each Receipt this Period
392.18

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	392.18
TOTAL This Period (last page this line number only).....▶	392.18

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

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

FOR LINE NUMBER: PAGE 20 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. CITIZENS FOR HARKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 811
 City DES MOINES State IA Zip Code 50304
 FEC ID number of contributing federal political committee. **C** C00166827
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : C2294525
 Amount of Each Receipt this Period
 2500.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2013

Transaction ID : D144404

Amount of Each Disbursement this Period

19.99

B. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2013

Transaction ID : D144405

Amount of Each Disbursement this Period

14.77

C. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : D144774

Amount of Each Disbursement this Period

2.97

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

37.73

**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

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

Full Name (Last, First, Middle Initial)

A. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : D144775

Amount of Each Disbursement this Period

7.31

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : D144972

Amount of Each Disbursement this Period

7.95

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : D144973

Amount of Each Disbursement this Period

1.37

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

16.63

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

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

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

Transaction ID : D144406

Amount of Each Disbursement this Period

552.86

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

552.86

607.22

**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

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

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address PO Box 2232

City State Zip Code
Jenkintown PA 19046-0832

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144362

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144368

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144366

Amount of Each Disbursement this Period

2,500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	3		

Transaction ID : D144358

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jack Kingston

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	3		

Transaction ID : D144361

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	3		

Transaction ID : D144354

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**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

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

Full Name (Last, First, Middle Initial)

A. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jim Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144365

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144448

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144359

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

--

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Fleming

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144357

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DOGGETT FOR US CONGRESS

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144363

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 8180
Apt 2

City San Jose State CA Zip Code 95155

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michael M. Honda

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144364

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

--

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City State Zip Code
BLACKFOOT ID 83221

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144446

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Phil Gingrey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144360

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City State Zip Code
PALM DESERT CA 92260

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144447

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

--

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City State Zip Code
ROLLING MEADOWS IL 60008

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144367

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144355

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. REED COMMITTEE

Mailing Address PO BOX 8628

City State Zip Code
CRANSTON RI 02920

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Jack Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : D144772

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : D144773

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City State Zip Code
DENVER CO 80204

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Mark Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 07 / 2013

Transaction ID : D144356

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

60000.00