



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	258702.76									
(c) Total Receipts (from Line 19) .....	23760.20	325484.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	282462.96	557396.20								
7. Total Disbursements (from Line 31) .....	35970.45	310903.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	246492.51	246492.51								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	15811.70	238714.61
(ii) Unitemized .....	7487.50	75794.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23299.20	314509.36
(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) .....	23299.20	314509.36
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) .....	461.00	4975.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23760.20	325484.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23760.20	325484.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	970.45	6003.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	970.45	6003.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	304000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	500.00
29. Other Disbursements.....	0.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35970.45	310903.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35970.45	310903.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	23299.20	314509.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23299.20	314009.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	970.45	6003.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	461.00	4975.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	509.45	1028.12

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)

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

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

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

**A.**

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

Mailing Address 109 Sagewood Dr Nw

City State Zip Code  
Rome GA 30165-1049

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

**Transaction ID:** C809713

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel E Austin, MD

Mailing Address PO Box 245  
2193 West Shore Drive

City State Zip Code  
Lummi Island WA 98262-0200

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

Name of Employer Family Care Network Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** C807960

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Bacani McKenney, MD

Mailing Address 1222 Parkview St

City State Zip Code  
Fredonia KS 66736-2009

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

Name of Employer Wichita Center for Graduate Medical Ed Occupation Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.04

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

**Transaction ID:** C809711

Amount of Each Receipt this Period  
45.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.63**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 35  
(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)  
Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City Tallmadge State OH Zip Code 44278-2311

FEC ID number of contributing federal political committee. C

Name of Employer Bachtel & Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.34

Date of Receipt MM / DD / YYYY  
11 / 21 / 2009

**Transaction ID:** C808451

Amount of Each Receipt this Period 45.62

**B.** Full Name (Last, First, Middle Initial)  
Frederic Baker, MD

Mailing Address 32 Mark Cir

City Holden State MA Zip Code 01520-1410

FEC ID number of contributing federal political committee. C

Name of Employer UMMHC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.48

Date of Receipt MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** C801805

Amount of Each Receipt this Period 50.56

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

Mailing Address 4351 Booth Calloway Rd Ste 101

City North Richland Hil State TX Zip Code 76180-7319

FEC ID number of contributing federal political committee. C

Name of Employer North Hills Family Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** C807932

Amount of Each Receipt this Period 31.00

**SUBTOTAL** of Receipts This Page (optional) ..... 127.18

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 35  
(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) Paul Eric Buehrens, MD		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 01 / 2009</span>
Mailing Address 12710 Totem Lake Blvd Ne		<b>Transaction ID:</b> C798745
City Kirkland	State WA	Zip Code 98034-2907
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span>
Name of Employer Lakeshore Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">210.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Tony William Butruille, MD		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 17 / 2009</span>
Mailing Address 12692 Ranger Rd		<b>Transaction ID:</b> C806018
City Leavenworth	State WA	Zip Code 98826-9174
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>
Name of Employer Cascade Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Judith Chamberlain, MD		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 16 / 2009</span>
Mailing Address 10 Sea Grass Farm Rd		<b>Transaction ID:</b> C805335
City Brunswick	State ME	Zip Code 04011-7841
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Name of Employer Bowdoin Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">5280.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 9 / 35  
(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)  
Edmund Claxton, MD  
Mailing Address 76 High St  
City Lewiston State ME Zip Code 04240-7649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central Maine Medical Center Occupation Residency program director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 12 / 2009  
Transaction ID: C803453  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Steven A Crawford, MD  
Mailing Address 900 Ne 10Th St  
City Oklahoma City State OK Zip Code 73104-5420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Oklahoma Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00  
Date of Receipt 11 / 24 / 2009  
Transaction ID: C808787  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Margaret Crestani, MD  
Mailing Address 301 Governors Dr SW  
City Huntsville State AL Zip Code 35801-5122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ. of AL Sch of Med - Huntsville Re Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 11 / 24 / 2009  
Transaction ID: C808762  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35  
(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)  
Jose M David, MD

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Prime Care Physicians Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4375.00

Date of Receipt 11 / 21 / 2009

**Transaction ID: C808454**

Amount of Each Receipt this Period 625.00

**B.**

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

Mailing Address 2150 W Irving Park Rd Unit F

City Chicago State IL Zip Code 60618-3941

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

Name of Employer University of Illinois Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.00

Date of Receipt 11 / 23 / 2009

**Transaction ID: C808548**

Amount of Each Receipt this Period 83.00

**C.**

Full Name (Last, First, Middle Initial)  
Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City Dyersburg State TN Zip Code 38024-7344

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

Name of Employer Family Care, PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.62

Date of Receipt 11 / 23 / 2009

**Transaction ID: C808547**

Amount of Each Receipt this Period 30.42

**SUBTOTAL** of Receipts This Page (optional) ..... ► **738.42**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35

(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)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City State Zip Code  
York PA 17403-3623

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

Name of Employer Occupation  
Strategic Health Institute Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: C808462

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy M Fish, MD

Mailing Address 2500 Alhambra Ave

City State Zip Code  
Martinez CA 94553-3156

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

Name of Employer Occupation  
Contra Costa Health Services Residency Program Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

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

Transaction ID: C802859

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Emma Frank, MD

Mailing Address 1380 Lusitana St Ste 904

City State Zip Code  
Honolulu HI 96813-2448

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

Name of Employer Occupation  
University of Hawaii Physician

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

Date of Receipt

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

Transaction ID: C798753

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leonard Michael Fromer, MD		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 15525 Hamner Dr		<b>Transaction ID:</b> C804882		
	City Los Angeles	State CA	Zip Code 90077-1804	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			

<b>B.</b>	Full Name (Last, First, Middle Initial) Armand V Gallanosa, MD		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 3113 Broadway St		<b>Transaction ID:</b> C805470		
	City Anderson	State IN	Zip Code 46012-1261	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Preferred Medical Management	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1600 Providence Dr		<b>Transaction ID:</b> C807378		
	City Waco	State TX	Zip Code 76707-2261	Amount of Each Receipt this Period 417.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Family Practice Center	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4587.00			

**SUBTOTAL** of Receipts This Page (optional) .....

1147.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35  
(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)  
Marin Catherine Granholm, MD

Mailing Address 13621 Sunset View St

City Anchorage State AK Zip Code 99515-4102

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

Name of Employer YKHC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 16 / 2009

**Transaction ID: C804881**

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
T Michael Helton, MD

Mailing Address 117 Glen Echo Dr

City Smyrna State TN Zip Code 37167-4901

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 11 / 05 / 2009

**Transaction ID: C800848**

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert A Henry, Jr

Mailing Address 4402 Elf Trl

City Belton State TX Zip Code 76513-7241

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

Name of Employer Scott & White Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 12 / 2009

**Transaction ID: C801807**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1165.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Susan Hinrichs

Mailing Address Director of Operations  
OK Academy of Family Physicians

City Edmond State OK Zip Code 73013-5267

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.04

Date of Receipt 11 / 28 / 2009  
**Transaction ID: C809712**  
 Amount of Each Receipt this Period 45.63

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

Mailing Address P.O. Box 905

City Polacca State AZ Zip Code 86042

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

Name of Employer DHHS Occupation Resident Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.00

Date of Receipt 11 / 03 / 2009  
**Transaction ID: C799295**  
 Amount of Each Receipt this Period 73.00

**C.** Full Name (Last, First, Middle Initial)  
Mark S Keating, MD

Mailing Address 801 20Th Ave E

City Jasper State AL Zip Code 35501-4070

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

Name of Employer Family Health Associates PC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2009  
**Transaction ID: C807969**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **618.63**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 35  
(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)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

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

Name of Employer RTU Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.66

Date of Receipt 11 / 05 / 2009

**Transaction ID: C800831**

Amount of Each Receipt this Period 333.33

**B.**

Full Name (Last, First, Middle Initial)  
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City Walpole State MA Zip Code 02081-2290

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 30 / 2009

**Transaction ID: C809721**

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jason L Knudson, MD

Mailing Address 1420 N 10Th St

City Spearfish State SD Zip Code 57783-1532

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2009

**Transaction ID: C808763**

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.33**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35  
(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)  
Alan R Kunkel, DO

Mailing Address 1929 Sandee Cres

City State Zip Code  
Virginia Beach VA 23454-2307

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

Name of Employer Occupation  
Roosevelt Family Practice Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** C805526

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Darlene L Lawrence, MD

Mailing Address PO BOX 29182

City State Zip Code  
Washington DC 20017-0182

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

Name of Employer Occupation  
Medstar Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.34

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** C808546

Amount of Each Receipt this Period  
121.67

**C.**

Full Name (Last, First, Middle Initial)  
Corazon B Loteyro Wason, MD

Mailing Address 4285 Windsong Pl

City State Zip Code  
Plover WI 54467-9018

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

Name of Employer Occupation  
Great View Health Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** C808765

Amount of Each Receipt this Period  
45.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **417.17**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code  
San Antonio TX 78205-3425

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

Name of Employer Occupation  
Christus Health Care Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2009

**Transaction ID:** C809714

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code  
Matthews NC 28105-6614

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

Name of Employer Occupation  
Carolinas Healthcare System Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2009

**Transaction ID:** C809710

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code  
Spokane WA 99204-4803

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

Name of Employer Occupation  
Inland Empire Hospital Services Associ Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2009

**Transaction ID:** C808461

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 35  
(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)  
Joseph Michael Murphy, MD

Mailing Address 124 Conejo Pl

City Durango State CO Zip Code 81301-5811

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

Name of Employer Durango Family Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2009

Transaction ID: C808777

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City Columbia State MD Zip Code 21046-1480

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

Name of Employer Potomac Physicians, PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt 11 / 21 / 2009

Transaction ID: C808455

Amount of Each Receipt this Period 52.50

**C.**

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

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 Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2009

Transaction ID: C809709

Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **387.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35  
(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)  
Brian Robert Penti, MD

Mailing Address 309 Allston St  
Apt 6

City Brighton State MA Zip Code 02135-7629

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

Name of Employer Boston Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID: C808776**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Leonard Daniel Reeves, MD

Mailing Address 101 Rolling Oaks Dr Nw

City Rome State GA Zip Code 30165-1754

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

Name of Employer Floyd Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID: C804876**

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 427 S Mountain Rd

City Northfield State MA Zip Code 01360-9684

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

Name of Employer Gardner Family Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.64

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID: C801804**

Amount of Each Receipt this Period  
41.33

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **656.33**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 35

(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)  
Sarah L Sams, MD  
Mailing Address 2994 Frazell Rd

City State Zip Code  
Hilliard OH 43026-9785

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

Name of Employer Occupation  
Ohio Health, Grant Medical Center Physician

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

Date of Receipt

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

Transaction ID: C808764

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Maria A Schiaffino, MD  
Mailing Address 4413 Paces Battle Nw  
Ste 120

City State Zip Code  
Atlanta GA 30327-3023

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 319.34

Date of Receipt

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

Transaction ID: C808453

Amount of Each Receipt this Period  
45.62

**C.**

Full Name (Last, First, Middle Initial)  
George Wm Shannon, MD  
Mailing Address 2301 Slate Dr

City State Zip Code  
Columbus GA 31906-1443

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

Name of Employer Occupation  
Horizons Diagnostics Family Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1180.00

Date of Receipt

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

Transaction ID: C808788

Amount of Each Receipt this Period  
75.00

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

245.62

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 35  
(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)  
Benjamin Rushing Shellabarger, MD

Mailing Address 2244 Lower Brownsville Rd

City State Zip Code  
Jackson TN 38301-9655

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

Name of Employer Occupation  
Jackson Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** C805611

Amount of Each Receipt this Period  
225.00

**B.**

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

Mailing Address 506 1St Ave Se

City State Zip Code  
Watertown SD 57201-4402

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

Name of Employer Occupation  
Brown Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 331.80

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** C804583

Amount of Each Receipt this Period  
331.80

**C.**

Full Name (Last, First, Middle Initial)  
Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City State Zip Code  
Fort Worth TX 76109-5436

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

Name of Employer Occupation  
University of North Texas Health Scien Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.84

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** C798851

Amount of Each Receipt this Period  
52.14

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.32**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 35

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Don A Solberg, MD		Date of Receipt MM / DD / YYYY 11 / 21 / 2009		
	Mailing Address 716 E Manitoba Ave		<b>Transaction ID:</b> C808440		
	City Ellensburg	State WA	Zip Code 98926-3842	Amount of Each Receipt this Period 66.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Valley Clinic	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel R Spogen, MD		Date of Receipt MM / DD / YYYY 11 / 09 / 2009		
	Mailing Address Brigham Building #316 # 316		<b>Transaction ID:</b> C801811		
	City Reno	State NV	Zip Code 89557-0046	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Nevada	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt MM / DD / YYYY 11 / 08 / 2009		
	Mailing Address 14408 E Sprague Ave		<b>Transaction ID:</b> C801797		
	City Spokane Valley	State WA	Zip Code 99216-2167	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rockwood Clinic	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00			

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

681.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark Randal Suenram, MD

Mailing Address 6650 Troost Ave Ste 305

City State Zip Code  
Kansas City MO 64131-1249

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: C803970

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael P Temporal, MD

Mailing Address 180 S 3Rd St Ste 400

City State Zip Code  
Belleville IL 62220-1952

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

Name of Employer Occupation  
Saint Louis University Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 330.68

Date of Receipt

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

Transaction ID: C798850

Amount of Each Receipt this Period  
34.28

**C.**

Full Name (Last, First, Middle Initial)  
Brian G Waite, MD

Mailing Address 1414 W Fair Ave Ste 36  
PO Box 1087

City State Zip Code  
Marquette MI 49855-2675

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

Name of Employer Occupation  
UPHEC Physician

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

Date of Receipt

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

Transaction ID: C800864

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) .....

649.28

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 35  
(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)  
Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code  
Bartlett TN 38135-5175

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

Name of Employer St. Francis Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

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

**Transaction ID:** C807961

Amount of Each Receipt this Period  
125.00

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

Mailing Address 415 S Pollard St

City State Zip Code  
Vinton VA 24179-2502

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

Name of Employer Cavalier Faculty Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 319.34

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

**Transaction ID:** C808452

Amount of Each Receipt this Period  
45.62

**C.** Full Name (Last, First, Middle Initial)  
Susan S Wilder, MD

Mailing Address 8757 E Bell Rd

City State Zip Code  
Scottsdale AZ 85260-1322

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

**Transaction ID:** C809702

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.62**

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

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

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

FOR LINE NUMBER: PAGE 25 / 35  
(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)  
Jane Ann Williams-Vale, MD

Mailing Address 46 Middlesex Ave

City State Zip Code  
Wilmington MA 01887-2753

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

Name of Employer Occupation  
Winchester Physicians Association Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2009

Transaction ID: C808463

Amount of Each Receipt this Period  
166.67

**B.**

Full Name (Last, First, Middle Initial)  
Orlyn H Wingert, MD

Mailing Address 3403 W Prospect Ave

City State Zip Code  
Norfolk NE 68701-3211

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

Name of Employer Occupation  
Norfolk Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

Transaction ID: C809601

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15811.70</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 35	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt																					
	Mailing Address 11400 Tomahawk Creek Pkwy		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	2	/	2	0	0	9														
	City	State	Zip Code	<b>Transaction ID: C801812</b>																				
	Leawood	KS	66211-2672	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	461.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		4975.57																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	461.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	461.00

# 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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D90305 Date of Disbursement 11 / 02 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 8.31
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D90306 Date of Disbursement 11 / 02 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.23
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D90322 Date of Disbursement 11 / 16 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 8.13
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	20.67
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90324</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 0.98</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90326</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 7.31</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90327</p> <p>Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1.01</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9.30</b>
<b>TOTAL</b> 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 29 / 35

<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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90329 Date of Disbursement 11 / 27 / 2009
	Amount of Each Disbursement this Period 32.50 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90330 Date of Disbursement 11 / 27 / 2009
	Amount of Each Disbursement this Period 3.69 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90331 Date of Disbursement 11 / 30 / 2009
	Amount of Each Disbursement this Period 10.56 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	46.75
<b>TOTAL</b> 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 30 / 35

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Bank Of America Merchant Services

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D90308

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

784.46

**B.** Full Name (Last, First, Middle Initial)  
Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D90307

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

109.27

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

893.73

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

970.45

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89783</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schroder 2010</p> <p>Mailing Address PO Box 264</p> <p>City Exton State PA Zip Code 19341-0264</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep Curt Schroder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89788</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90127</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Campaign contribution Candidate Name Rep. Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D89784</b> Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) <b>FRIENDS FOR JIM MCDERMOTT</b>  Mailing Address PO Box 21786  City Seattle State WA Zip Code 98111  Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim McDermott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D89789</b> Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN TANNER</b>  Mailing Address 236 Massachusetts Ave NE  City Washington State DC Zip Code 20002-4980  Purpose of Disbursement Campaign contribution Candidate Name Rep. John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D89790</b> Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

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

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

A.	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS</b>	<b>Transaction ID:</b> D90128
	Mailing Address 2118 CENTRAL AVENUE SE	Date of Disbursement MM / DD / YYYY 11 / 17 / 2009
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ARCURI FOR CONGRESS</b>	<b>Transaction ID:</b> D90129
	Mailing Address P.O. Box 8508	Date of Disbursement MM / DD / YYYY 11 / 17 / 2009
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Michael Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MICHAEL BURGESS FOR CONGRESS</b>	<b>Transaction ID:</b> D89818
	Mailing Address PO Box 2334	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Michael C. Burgess	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ROGERS FOR CONGRESS</b></p> <p>Mailing Address Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89793</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PAUL TONKO FOR CONGRESS</b></p> <p>Mailing Address 911 Central Avenue</p> <p>City Albany State NY Zip Code 12206</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Paul D. Tonko</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89795</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RUSH HOLT FOR CONGRESS</b></p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Rush D. Holt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90272</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ZACK SPACE FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 714 N WOOSTER AVENUE</p> <p>City DOVER State OH Zip Code 44622</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Zack Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89792 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DANIEL K INOUYE FOR U S SENATE</b></p> <p>Mailing Address 1088 BISHOP ST SUITE 1009</p> <p>City HONOLULU State HI Zip Code 96813</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89796 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>WYDEN FOR SENATE</b></p> <p>Mailing Address PO BOX 3498</p> <p>City PORTLAND State OR Zip Code 97208</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89782 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3500.00</b>