



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

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
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| Y | Y | Y | Y |
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 To: 

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| Y | Y | Y | Y |
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|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 263211.18 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 300668.26               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 32652.62                | 101120.67                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 333320.88               | 364331.85                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 44525.19                | 75536.16                          |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 288795.69               | 288795.69                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
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| D | D |
| 0 | 1 |

|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 24793.67                      | 79767.01                          |
| (ii) Unitemized .....  | 7422.12                       | 19627.59                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 32215.79                      | 99394.60                          |
| (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) .....     | 32215.79                      | 99394.60                          |
| 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) ..... | 436.83                        | 1726.07                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 32652.62                      | 101120.67                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 32652.62                      | 101120.67                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....  | 575.19                                | 1586.16                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 575.19                                | 1586.16                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 43500.00                              | 73500.00                                  |
| 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 .....                                  | 450.00                                | 450.00                                    |
| (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)) .....                           | 450.00                                | 450.00                                    |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 44525.19                              | 75536.16                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 44525.19                              | 75536.16                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 32215.79                      | 99394.60                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 450.00                        | 450.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 31765.79                      | 98944.60                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 575.19                        | 1586.16                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 436.83                        | 1726.07                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 138.36                        | -139.91                           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

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

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)

Brian William Abbott, DO

Mailing Address 17 Middle St

City State Zip Code  
Orono ME 04473-4030

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

Name of Employer Occupation  
Eastern Maine Family Medicine Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: C893509

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn Karl Arzadon, MD

Mailing Address 121 Maple Dr

City State Zip Code  
Berlin MD 21811-1117

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

Name of Employer Occupation  
Atlantic General Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: C890888

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Macaran A Baird, MD

Mailing Address Univ Of Mn Dept Of Fp/Mmc 381  
420 DELAWARE ST SE

City State Zip Code  
Minneapolis MN 55455-0341

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

Name of Employer Occupation  
University of MN, FM&CH Physician

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

Date of Receipt

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

Transaction ID: C887985

Amount of Each Receipt this Period

500.00

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

990.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
David Orrin Barbe, MD

Mailing Address 120 W 16Th St

City State Zip Code  
Mountain Grove MO 65711-1039

FEC ID number of contributing federal political committee. C

Name of Employer St John's Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** C891692

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Joane Goforth Baumer, MD

Mailing Address 1500 S Main St

City State Zip Code  
Fort Worth TX 76104-4917

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2010

**Transaction ID:** C890060

Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Robert Bertka, MD

Mailing Address 8533 Castle Oaks PI

City State Zip Code  
Holland OH 43528-9231

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Health Partners Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** C879622

Amount of Each Receipt this Period 1100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1808.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City Kingsport State TN Zip Code 37664-2117

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

Name of Employer East Tennessee State University Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2010

Transaction ID: C896209

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter Rhea Bockhorst, DO

Mailing Address 650 Colonial Rd SW

City Abingdon State VA Zip Code 24210-3004

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

Name of Employer ETSU Family Physicians of Kingsport Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010

Transaction ID: C898678

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Luanne M Carlson, DO

Mailing Address 401 Geyser Ct  
7500 Hospital Dr

City Vacaville State CA Zip Code 95687-3464

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 03 / 23 / 2010

Transaction ID: C893508

Amount of Each Receipt this Period 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **590.00**

**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 9 / 43                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|           |   |  |   |  |  |
|-----------|---|--|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Judith Chamberlain, MD |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 15 / 2010 |  |  |
|           | Mailing Address 10 Sea Grass Farm Rd                              |  | <b>Transaction ID:</b> C890124                      |  |  |
|           | City<br>Brunswick   | State<br>ME  | Zip Code<br>04011-7841                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C   |  |   |  |  |
|           | Name of Employer<br>Aetna   | Occupation<br>Medical Director, Medicaid Business Un |   |  |  |

|   |                                     |
|---|-------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00 |
|---|-------------------------------------|

|           |   |                               |   |   |  |
|-----------|---|-------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Barton A Chase, III  |                               | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2010 |   |  |
|           | Mailing Address PO BOX 99                                       |                               | <b>Transaction ID:</b> C890966                      |   |  |
|           | City<br>Ramer   | State<br>TN                   | Zip Code<br>38367-0099                              | Amount of Each Receipt this Period<br>2750.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                               |   |   |  |
|           | Name of Employer<br>Ramer Family Health Center                  | Occupation<br>Owner/Physician |   |   |  |

|   |                                     |
|---|-------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3250.00 |
|---|-------------------------------------|

|           |  |                         |   |  |  |
|-----------|--|-------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Scot R Christiansen, MD |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2010 |  |  |
|           | Mailing Address PO BOX 359   |                         | <b>Transaction ID:</b> C887872                      |  |  |
|           | City<br>Manchester   | State<br>IA             | Zip Code<br>52057-0359                              | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C    |                         |   |  |  |
|           | Name of Employer<br>Regional Medical Center of NE Iowa             | Occupation<br>Physician |   |  |  |

|   |                                    |
|---|------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |
|---|------------------------------------|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 3500.00 |
| <b>TOTAL</b> 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 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christine T Ciosek, DO

Mailing Address 862 E 300 S

City State Zip Code  
Greenfield IN 46140-9271

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

Name of Employer  
Unity Physicians Group

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

Transaction ID: C893511

Amount of Each Receipt this Period  
180.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy S Corcoran, MD

Mailing Address 7309 Burtonwood Dr

City State Zip Code  
Alexandria VA 22307-2023

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

Name of Employer  
PSI

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: C896303

Amount of Each Receipt this Period  
240.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City State Zip Code  
Oklahoma City OK 73104-5420

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

Name of Employer  
University of Oklahoma

Occupation  
Physician Faculty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

Transaction ID: C882048

Amount of Each Receipt this Period  
230.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 43  
(check only one)

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

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

**A.**

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

Mailing Address PO BOX 1829

City Valdez State AK Zip Code 99686-1829

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: 03 / 23 / 2010  
**Transaction ID: C893512**  
Amount of Each Receipt this Period 300.00

**B.**

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

Mailing Address PO BOX 1829

City Valdez State AK Zip Code 99686-1829

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: 03 / 23 / 2010  
**Transaction ID: C893521**  
Amount of Each Receipt this Period 65.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas W Curran, MD

Mailing Address 117 Medical Cir

City Athens State TX Zip Code 75751-9003

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

Name of Employer Lakeland Medical Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: C892294**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James Joseph Dearing, DO  
Mailing Address 750 E Thunderbird Rd Ste 1  
City Phoenix State AZ Zip Code 85022-5306  
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 ▼ 427.00  
Date of Receipt 03 / 18 / 2010  
Transaction ID: C895420  
Amount of Each Receipt this Period 427.00

**B.** Full Name (Last, First, Middle Initial)  
Melanie Dee, MD  
Mailing Address 1401 Via Cataluna  
City Palos Verdes Penin State CA Zip Code 90274-2137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coastal Physicians Med Group Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: C879620  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Scott R Dunn, MD  
Mailing Address 1507 Northshore Dr  
City Sandpoint State ID Zip Code 83864-2714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Health Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 06 / 2010  
Transaction ID: C883481  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1042.00  
**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 / 43  
(check only one)

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

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)  
Thomas Allen Felger, MD

Mailing Address 51181 Kings Xing

City State Zip Code  
Granger IN 46530-8812

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  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** C879907

Amount of Each Receipt this Period  
500.00

**B.**

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 Strategic Health Institute Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** C888086

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 7507 Annin St

City State Zip Code  
Holland OH 43528-9550

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

Name of Employer NES Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** C879735

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael O Fleming, MD  
Mailing Address 556 Dunmoreland Dr  
City State Zip Code  
Shreveport LA 71106-6125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Amedisys, Inc. Chief Medical Officer  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2010  
Transaction ID: C896215  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David J Gavareski, MD  
Mailing Address 3500 Orchard PI  
City State Zip Code  
Bellingham WA 98225-1749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed Physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2010  
Transaction ID: C882595  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia H Gibbs, MD  
Mailing Address 409 Tennessee Glen Way  
City State Zip Code  
Mill Valley CA 94941-3697  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed Physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2010  
Transaction ID: C887871  
Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1115.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 15 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Roland Adolph Goertz, MD  
Mailing Address 1600 Providence Dr  
City State Zip Code  
Waco TX 76707-2261  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Family Practice Center Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1251.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 1 0  
Transaction ID: C888209  
Amount of Each Receipt this Period 417.00

**B.** Full Name (Last, First, Middle Initial)  
Marin Catherine Granholm, MD  
Mailing Address 13621 Sunset View St  
City State Zip Code  
Anchorage AK 99515-4102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
YKHC 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  
0 3 / 1 3 / 2 0 1 0  
Transaction ID: C890065  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Lori J Heim, MD  
Mailing Address 250 Hollybrook Farm Ln  
City State Zip Code  
Vass NC 28394-8952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Scotland Memorial Hospital Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.01  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 1 0  
Transaction ID: C887272  
Amount of Each Receipt this Period 416.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1333.67  
**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 / 43  
(check only one)

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

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

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

Mailing Address PO BOX 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** C888208

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Audrey Maria Hodge, MD

Mailing Address PO BOX 167

City State Zip Code  
Union Springs AL 36089-0167

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** C890047

Amount of Each Receipt this Period  
240.00

**C.** Full Name (Last, First, Middle Initial)  
Laura Heath Hudgings, MD

Mailing Address PO BOX 3364

City State Zip Code  
Seattle WA 98114-3364

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

Name of Employer Occupation  
Seattle Indian Health & B Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** C879654

Amount of Each Receipt this Period  
240.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43  
(check only one)

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

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mary Marcella Huff, MD   | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2010 |
|           | Mailing Address 402 May St  | <b>Transaction ID:</b> C890049                      |
|           | City State Zip Code<br>Sweetwater TN 37874-2712   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation<br>Physician   |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>465.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Christine M Jeffrey, MD  | Date of Receipt<br>MM / DD / YYYY<br>03 / 08 / 2010 |
|           | Mailing Address 10060 Regency Cir   | <b>Transaction ID:</b> C884579                      |
|           | City State Zip Code<br>Omaha NE 68114-3732  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Physicians Clinic<br>Occupation<br>Physician   |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Charles H Keenen, MD   | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2010 |
|           | Mailing Address 1004 Mistletoe Dr   | <b>Transaction ID:</b> C882598                      |
|           | City State Zip Code<br>Elbridge NY 13060-8700   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Family Care Medical Group<br>Occupation<br>Physician   |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

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

650.00

**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 / 43  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin John Kelleher, MD

Mailing Address 12040 S Lakes Dr Ste 195  
Ste 190

City Reston State VA Zip Code 20191-1245

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

Name of Employer Generations Family Practice Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: C893872  
Amount of Each Receipt this Period: 370.00

**B.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City Selmer State TN Zip Code 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 01 / 2010  
Transaction ID: C879558  
Amount of Each Receipt this Period: 500.00

**C.** 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 Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: C891694  
Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 995.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin K Kurohara, MD  
Mailing Address 75 Puuhonu PI Ste 205  
City Hilo State HI Zip Code 96720-2000  
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 03 / 01 / 2010  
Transaction ID: C879751  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
James Edward Lacey, MD  
Mailing Address 101 Oak Leaf Dr  
City Chestertown State MD Zip Code 21620-1180  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CCHS Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: C879755  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ted S Lancaster, MD  
Mailing Address 3007 Sloan Cir  
City Jonesboro State AR Zip Code 72404-0926  
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 ▼ 250.00  
Date of Receipt 03 / 18 / 2010  
Transaction ID: C890863  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 20 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel Scott Lewis, MD  
Mailing Address 438 E Vann Rd Ste 100

City State Zip Code  
Greenville TN 37743-7202

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

Name of Employer Self Regional Healthcare Occupation Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010  
Transaction ID: C890873  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy F Linder, MD  
Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010  
Transaction ID: C881542  
Amount of Each Receipt this Period 500.00

**C.** 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 Christus Health Care Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010  
Transaction ID: C892771  
Amount of Each Receipt this Period 120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1120.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Andrew J Merritt, MD  
Mailing Address 28 1/2 E Main St  
City Marcellus State NY Zip Code 13108-1226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marcellus Family Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 08 / 2010  
Transaction ID: C884586  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin P Mikus, MD  
Mailing Address 2407 Plantation Center Dr, Ste 102  
City Matthews State NC Zip Code 28105-6614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolinas Physician Network Occupation Family Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 27 / 2010  
Transaction ID: C896210  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Anne M Montgomery, MD  
Mailing Address 104 W 5Th Ave Ste 200W  
City Spokane State WA Zip Code 99204-4803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Inland Empire Hospital Services Associ Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 08 / 2010  
Transaction ID: C883967  
Amount of Each Receipt this Period 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Santiago Morales, MD

Mailing Address 1840 Mease Dr Ste 408

City State Zip Code  
Safety Harbor FL 34695-6606

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

Name of Employer Occupation  
Santiago Morales MD PA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID: C893518**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary S Nguyen Poole, MD

Mailing Address PO BOX 960  
409 Madrid Street

City State Zip Code  
Castroville TX 78009-0960

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID: C892682**

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory John Raglow, MD

Mailing Address 1300 N 12Th St Ste 605

City State Zip Code  
Phoenix AZ 85006-2850

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

Name of Employer Occupation  
Banner Health Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID: C891664**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1015.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 43  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <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)  
Bernard Richard, MD

Mailing Address 1926 Declaration Dr

City State Zip Code  
Greenfield IN 46140-2762

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

Name of Employer  
Community Physicians of Indiana

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** C884585

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Frederick R Ridge, MD

Mailing Address RR 1 BOX 1002

City State Zip Code  
Linton IN 47441-9497

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** C879746

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Jaime Rodriguez-Arias, MD

Mailing Address Jardines De Ponce B-D4

City State Zip Code  
Ponce PR 00730

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

Name of Employer  
Institute of Family Medicine

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** C896734

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1105.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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  
Grant Medical Center Physician

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 8 |   | 2 | 0 | 1 | 0 |

Transaction ID: C896217

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward Jay Schwager, MD  
Mailing Address 6567 E Carondelet Dr Ste 555

City State Zip Code  
Tucson AZ 85710-6152

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

Name of Employer Occupation  
Carondelet Medical Group Physician

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: C879612

Amount of Each Receipt this Period  
250.00

**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 LLC Family Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: C888087

Amount of Each Receipt this Period  
200.00

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

550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kristin Joy Shealey, MD

Mailing Address 3056 E Libra Pl

City State Zip Code  
Chandler AZ 85249-9015

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

Name of Employer John C. Lincoln Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: C891657

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dana Lee Sisk, MD

Mailing Address 821 N Main St

City State Zip Code  
Bonham TX 75418-3723

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  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: C879659

Amount of Each Receipt this Period  
240.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Steiner II Md Steiner, II

Mailing Address 1001 Noble St

City State Zip Code  
Fairbanks AK 99701-4922

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

Name of Employer Tanara Valley Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: C887939

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code  
Spokane Valley WA 99216-2167

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

Name of Employer: Rockwood Clinic  
Occupation: physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID: C888088**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
John Michel Toso, MD

Mailing Address 1725 Saint Marys St

City State Zip Code  
Saint Paul MN 55113-5722

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID: C879657**

Amount of Each Receipt this Period  
180.00

**C.**

Full Name (Last, First, Middle Initial)  
John Michel Toso, MD

Mailing Address 1725 Saint Marys St

City State Zip Code  
Saint Paul MN 55113-5722

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID: C893513**

Amount of Each Receipt this Period  
180.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **860.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marty W Turner, MD

Mailing Address 323 N Rose Hill Rd

City State Zip Code  
Rose Hill KS 67133-9428

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

Name of Employer Occupation  
Rose Hill Family MedCenters Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2010

Transaction ID: C890959

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenton I Voorhees, MD

Mailing Address 7953 S Franklin Ct

City State Zip Code  
Centennial CO 80122-3255

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

Name of Employer Occupation  
University of Colorado Denver School of Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2010

Transaction ID: C883484

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 6040 Haybury Dr

City State Zip Code  
New Albany OH 43054-8691

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

Name of Employer Occupation  
Ohio State University Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: C890091

Amount of Each Receipt this Period  
500.00

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

1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 28 / 43                |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 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)<br>Douglas L Wilson, MD |                          | Date of Receipt                       |                                    |  |
|   | Mailing Address 17 S Western Ave                                |                          | M M / D D / Y Y Y Y<br>03 / 08 / 2010 |                                    |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID: C884577</b>     |  |
|   | Tonasket  | WA                       | 98855-9270                            | Amount of Each Receipt this Period |  |
|   | FEC ID number of contributing federal political committee.      |                          | C                                     | 240.00                             |  |
|   | Name of Employer<br>Wenatchee Valley Medical Center             |                          | Occupation<br>Physician               |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | 240.00                                |                                    |  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 240.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 24793.67 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 43  
(check only one)

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

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1726.07

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: C896306

Amount of Each Receipt this Period  
436.83

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 436.83 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 436.83 |

**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 / 43

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93265<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Bank card processing fee  | <input type="text" value="1.63"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93266<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Bank card processing fee  | <input type="text" value="10.40"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93267<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Bank card processing fee  | <input type="text" value="16.25"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | <input type="text" value="28.28"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

**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 31 / 43

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93268<br>Date of Disbursement<br>03 / 09 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>8.78  |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93269<br>Date of Disbursement<br>03 / 15 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>36.29   |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93433<br>Date of Disbursement<br>03 / 17 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>9.36  |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

54.43

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93434<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Bank card processing fee   | <input type="text" value="0.81"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93435<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Bank card processing fee   | <input type="text" value="101.24"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93436<br>Date of Disbursement   |
|    | Mailing Address PO Box 53852   | <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3852  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Bank card processing fee   | <input type="text" value="4.12"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | <input type="text" value="106.17"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# 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)<br>American Express  | Transaction ID: D93437<br>Date of Disbursement<br>03 / 23 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>1.19  |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93438<br>Date of Disbursement<br>03 / 24 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>1.01  |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D93572<br>Date of Disbursement<br>03 / 29 / 2010   |
|    | Mailing Address PO Box 53852   | Amount of Each Disbursement this Period<br>13.00   |
|    | City Phoenix State AZ Zip Code 85072-3852  |  |
|    | Purpose of Disbursement<br>Bank card processing fee  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 15.20 |
| <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 34 / 43

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

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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>American Express<br>Mailing Address PO Box 53852<br>City Phoenix State AZ Zip Code 85072-3852<br>Purpose of Disbursement Bank card processing fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D93574<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2010 |
|   | Amount of Each Disbursement this Period<br>1.63   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type   |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Bank Of America Merchant Services<br>Mailing Address WA2-505-01-40 PO Box 2485<br>City Spokane State WA Zip Code 99210-2485<br>Purpose of Disbursement Returned item chargeback fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D93440<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 22 / 2010 |
|   | Amount of Each Disbursement this Period<br>6.00   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type   |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank Of America Merchant Services<br>Mailing Address WA2-505-01-40 PO Box 2485<br>City Spokane State WA Zip Code 99210-2485<br>Purpose of Disbursement Bank card processing fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D93263<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2010 |
|   | Amount of Each Disbursement this Period<br>335.93                                       |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 343.56      |
| <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 35 / 43

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

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: D93264

Date of Disbursement

|              |              |   |              |              |   |              |              |              |              |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| <sup>M</sup> | <sup>M</sup> | / | <sup>D</sup> | <sup>D</sup> | / | <sup>Y</sup> | <sup>Y</sup> | <sup>Y</sup> | <sup>Y</sup> |
| 0            | 3            |   | 0            | 2            |   | 2            | 0            | 1            | 0            |

Amount of Each Disbursement this Period

|       |
|-------|
| 27.55 |
|-------|

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

27.55

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

575.19

# 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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Democratic Senatorial Campaign Committee<br><hr/> Mailing Address 120 Maryland Ave NE<br><hr/> City Washington State DC Zip Code 20002-5610<br><hr/> Purpose of Disbursement<br>Campaign contribution<br>Candidate Name<br>Democratic Senatorial Campaign Committee<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D93506<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 30 / 2010 |
|  | Amount of Each Disbursement this Period<br>5000.00                                      |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF DAN MAFFEI<br><hr/> Mailing Address PO Box 74<br><hr/> City Syracuse State NY Zip Code 13214-0074<br><hr/> Purpose of Disbursement<br>Campaign contribution<br>Candidate Name<br>Rep. Dan Maffei<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D93306<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 23 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00                                      |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DAVE CAMP FOR CONGRESS 2008<br><hr/> Mailing Address 2501 Wisconsin Ave NW<br>Apt 304<br><hr/> City Washington State DC Zip Code 20007-4543<br><hr/> Purpose of Disbursement<br>Campaign contribution<br>Candidate Name<br>Rep. Dave Camp<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 04<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D93460<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 29 / 2010 |
|  | Amount of Each Disbursement this Period<br>2500.00                                      |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8500.00 |
| <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)<br/><b>LOT OF PEOPLE FOR DAVE OBEY</b></p> <p>Mailing Address 525 WASHINGTON ST</p> <p>City WAUSAU State WI Zip Code 54402</p> <p>Purpose of Disbursement<br/>Campaign contribution</p> <p>Candidate Name<br/>Rep. David R. Obey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 07</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> D92966<br/><b>Date of Disbursement</b><br/>03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>DIANA DEGETTE FOR CONGRESS INC.</b></p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement<br/>Campaign contribution</p> <p>Candidate Name<br/>Rep. Diana L. Degette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CO District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D92967<br/><b>Date of Disbursement</b><br/>03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>PALLONE FOR CONGRESS</b></p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement<br/>Campaign contribution</p> <p>Candidate Name<br/>Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 06</p> <p>Disbursement For: 2014<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> D92891<br/><b>Date of Disbursement</b><br/>03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>JOHN LEWIS FOR CONGRESS   | Transaction ID: D92887<br>Date of Disbursement  |
|    | Mailing Address 2015 Wallace Rd.   | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|    | City Atlanta State GA Zip Code 30331   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Campaign contribution  | <input type="text" value="2500.00"/>  |
|    | Candidate Name Rep. John Lewis   | Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: GA District: 05   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>JOHN LEWIS FOR CONGRESS   | Transaction ID: D92888<br>Date of Disbursement  |
|    | Mailing Address 2015 Wallace Rd.   | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|    | City Atlanta State GA Zip Code 30331   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Campaign contribution  | <input type="text" value="2500.00"/>  |
|    | Candidate Name Rep. John Lewis   | Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |   |
|    | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: GA District: 05   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>KURT SCHRADER FOR CONGRESS  | Transaction ID: D93308<br>Date of Disbursement  |
|    | Mailing Address 607 Main St  | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/> |
|    | City Oregon City State OR Zip Code 97045-1832  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Campaign contribution  | <input type="text" value="2500.00"/>  |
|    | Candidate Name Rep. Kurt Schrader  | Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: OR District: 05   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="7500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# 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)  
DOGGETT FOR US CONGRESS

Mailing Address 1157 San Bernard

City Austin State TX Zip Code 78702

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Lloyd Doggett

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Transaction ID: D92892

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
MARTIN HEINRICH FOR CONGRESS

Mailing Address 2118 Central Ave SE

City Albuquerque State NM Zip Code 87106-4004

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Martin Heinrich

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Transaction ID: D93307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Michael C. Burgess

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Transaction ID: D93305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RICHARD E NEAL FOR CONGRESS COMMITTEE</p> <p>Mailing Address 76 MAGNOLIA TERRACE</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MA District: 02</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D92886<br/><b>Date of Disbursement</b><br/>03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BERKLEY FOR CONGRESS</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003-0636</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NV District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> D93309<br/><b>Date of Disbursement</b><br/>03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>KAGEN 4 CONGRESS</p> <p>Mailing Address 100 W Lawrence St</p> <p>City Appleton State WI Zip Code 54911-5773</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 08</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> D93304<br/><b>Date of Disbursement</b><br/>03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |

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

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>BECERRA FOR CONGRESS</b><br><hr/> Mailing Address P.O. Box 116<br><hr/> City Hyattsville State MD Zip Code 20781<br><hr/> Purpose of Disbursement Campaign contribution<br>Candidate Name Rep. Xavier Becerra<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 31<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D92890<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00                                      |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>CITIZENS FOR HARKIN</b><br><hr/> Mailing Address P O BOX 811<br><hr/> City DES MOINES State IA Zip Code 50304<br><hr/> Purpose of Disbursement Primary<br>Candidate Name Sen. Tom Harkin<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 00<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: D92889<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00                                      |

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

5000.00

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

43500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" 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)  
Dr. Benjamin Rushing Shellabarger, MD

Mailing Address 2244 Lower Brownsville Rd

City Jackson State TN Zip Code 38301-9655

Purpose of Disbursement  
Refund of contribution made on 2/19/10

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D93078

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

225.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Benjamin Rushing Shellabarger, MD

Mailing Address 2244 Lower Brownsville Rd

City Jackson State TN Zip Code 38301-9655

Purpose of Disbursement  
Refund of contribution made on 1/19/10

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D93080

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

225.00

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

450.00

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

450.00

A. Form/Schedule : **SB28A**  
Transaction ID : **D93078**

Refund of contribution made on 2/19/2010. Donor is deceased, request for refund made by family.

B. Form/Schedule : **SB28A**  
Transaction ID : **D93080**

refund of contribution made on 1/19/2010. Donor is deceased, request for refund made by family.