

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	421260.85	
(c) Total Receipts (from Line 19)	39167.46	295426.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	460428.31	632792.96
7. Total Disbursements (from Line 31).....	27983.12	200347.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	432445.19	432445.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21581.76	211755.74
(ii) Unitemized	15777.90	78667.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	37359.66	290422.89
(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)	37359.66	290422.89
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).....	1807.80	5003.88
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	39167.46	295426.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39167.46	295426.77

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1161.62	4746.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1161.62	4746.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	192200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2580.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2580.00
29. Other Disbursements	821.50	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27983.12	200347.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27983.12	200347.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37359.66	290422.89
34. Total Contribution Refunds (from Line 28(d))	0.00	2580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37359.66	287842.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1161.62	4746.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1807.80	5003.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-646.18	-257.61

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

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

FOR LINE NUMBER: PAGE 6 OF 44
(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. Kirk L Anderson MD
Full Name (Last, First, Middle Initial)
Mailing Address 109 Shult Dr Ste 102
PO Box 730
City Columbus State TX Zip Code 78934-3015
FEC ID number of contributing federal political committee. **C**
Name of Employer Four Oaks Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 15 / 2012
Transaction ID : C1768915
Amount of Each Receipt this Period 365.00

B. Frederic Baker MD
Full Name (Last, First, Middle Initial)
Mailing Address 32 Mark Cir
City Holden State MA Zip Code 01520-1410
FEC ID number of contributing federal political committee. **C**
Name of Employer UMMHC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 05 / 2012
Transaction ID : C1772821
Amount of Each Receipt this Period 60.00

C. Viharika K Bakshi MD
Full Name (Last, First, Middle Initial)
Mailing Address 1031 Harvard Rd
City Monroeville State PA Zip Code 15146-4331
FEC ID number of contributing federal political committee. **C**
Name of Employer Westpenn Allegheny Health System Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2012
Transaction ID : C1759794
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 7 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher W Billings DO			Date of Receipt
Mailing Address 3934 E Eaglescliffe Dr			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1773252
Springfield	MO	65809-4627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer	Occupation		
OZARK Community Healthcare	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Claire Lawton Birdsong MD			Date of Receipt
Mailing Address 232 Newpark Pl			<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1755748
Columbia	SC	29212-8666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="315.00"/>
Name of Employer	Occupation		
Harbin Family Practiice	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Reid B Blackwelder MD			Date of Receipt
Mailing Address 4407 Leedy Rd 201 Cassel Dr			<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1759797
Kingsport	TN	37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
Quillen College of Medicine	Professor, Family Medicine		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="780.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. June G Bredin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4924 153Rd PI Sw
 City Edmonds State WA Zip Code 98026-4435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sate of Washington DSHS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : C1773275
 Amount of Each Receipt this Period
 40.00

B. Ellen Sandra Brull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Arbor Ln
 City Glenview State IL Zip Code 60025-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2012
Transaction ID : C1759778
 Amount of Each Receipt this Period
 83.40

C. Trevver C Buss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N1173 Steckelberg Dr
 City Prairie Du Sac State WI Zip Code 53578-9502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756420
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	323.40
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 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lee Marvin Carter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 506
 City State Zip Code
 Huntingdon TN 38344-0506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012
Transaction ID : C1774963
 Amount of Each Receipt this Period
 100.00

B. Francisco Javier Chacon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Tulane Ct
 City State Zip Code
 Liberal KS 67901-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwest Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771871
 Amount of Each Receipt this Period
 365.00

C. David Mark Cody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Stoney Creek Dr NW
 City State Zip Code
 Concord NC 28027-8073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas ZHealth Care Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756593
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Ne 10Th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1771379
 Amount of Each Receipt this Period
 333.34

B. Gretchen M Dickson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2227 N Stoneybrook Ct
 City Wichita State KS Zip Code 67226-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Kansas School of Medicine Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : C1761347
 Amount of Each Receipt this Period
 365.00

C. Dennis M Dimitri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Lincoln St Ste 204
 City Worcester State MA Zip Code 01605-3639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : C1755741
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1063.34
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 OF 44
(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. Rodney Mark Dixon MD
Full Name (Last, First, Middle Initial)
Mailing Address 4594 Shady Brook Rd
City El Dorado State AR Zip Code 71730-8680
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 06 / 02 / 2012
Transaction ID : C1673081
Amount of Each Receipt this Period 125.00

B. Gary Robert Dunkerley MD
Full Name (Last, First, Middle Initial)
Mailing Address 2020 Dean St
City Schenectady State NY Zip Code 12309-4122
FEC ID number of contributing federal political committee. **C**
Name of Employer Ellis Hospital Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 06 / 2012
Transaction ID : C1756463
Amount of Each Receipt this Period 100.00

C. Gerald Eugene Eliaser MD
Full Name (Last, First, Middle Initial)
Mailing Address 7483 Kennedy Rd
City Sebastopol State CA Zip Code 95472-5419
FEC ID number of contributing federal political committee. **C**
Name of Employer Sutter Medical Group Redwoods Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : C1773506
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... **475.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<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. Sarah Jane Fessler MD
Full Name (Last, First, Middle Initial)

Mailing Address 44 Riverside Dr

City Riverside State RI Zip Code 02915-4717

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

Name of Employer East Bay Community Action Program Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
06 / 22 / 2012
Transaction ID : C1773256

Amount of Each Receipt this Period
365.00

B. Wanda D Filer MD
Full Name (Last, First, Middle Initial)

Mailing Address 510 Aqua Ct

City York State PA Zip Code 17403-3623

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

Name of Employer Strategic Health Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
06 / 30 / 2012
Transaction ID : C1775814

Amount of Each Receipt this Period
350.00

C. Michael O Fleming MD
Full Name (Last, First, Middle Initial)

Mailing Address 556 Dunmoreland Dr

City Shreveport State LA Zip Code 71106-6125

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

Name of Employer Amedisys, Inc Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 15 / 2012
Transaction ID : C1775698

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 965.00

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 14 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janice R Gomersall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Physicians Bldg # 3
 2835 FORT MISSOULA RD STE 102
 City Missoula State MT Zip Code 59804-7424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Physician Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768917
 Amount of Each Receipt this Period **350.00**

B. Boyde Jerome Harrison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 26th St
 City Haleyville State AL Zip Code 35565-1719
 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 **06 / 12 / 2012**
Transaction ID : C1764051
 Amount of Each Receipt this Period **250.00**

C. Carletta Hauck
 Full Name (Last, First, Middle Initial)
 Mailing Address Exec Dir - SD AFP
 3912 Golf Course Rd
 City Watertown State SD Zip Code 57201-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SD AFP Occupation Exec Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 08 / 2012**
Transaction ID : C1758779
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **410.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 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 ▼
 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1775699
 Amount of Each Receipt this Period
 300.00

B. Richard W Honke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 W Glynn Dr
 City State Zip Code
 Parkston SD 57366-9605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera St Benedict CRHC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : C1755755
 Amount of Each Receipt this Period
 365.00

C. Sara Lynn Hornbein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12008 W Skyline Dr
 City State Zip Code
 Eagle Rock AK 99508-2972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Family Practice Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : C1761692
 Amount of Each Receipt this Period
 260.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
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 17 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew Scott Horsfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1647 Bonnie Brae St
 City Houston State TX Zip Code 77006-5218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756513
 Amount of Each Receipt this Period
365.00

B. Connie S Ingalls MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 661 Hefner Dr
 City Lima State OH Zip Code 45801-3863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FamMedPractice of Lima
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756511
 Amount of Each Receipt this Period
365.00

C. James S Irwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 5Th Ave W
 Family Care Physicians, P.A.
 City Jerome State ID Zip Code 83338-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Care Physicians
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : C1773861
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1730.00
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 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jessica Johnson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2012 Transaction ID : C1768851
Mailing Address 38 Hall St		Amount of Each Receipt this Period 50.00
City Newington	State CT	Zip Code 06111-2553
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Bradon Y Kimura MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2012 Transaction ID : C1756442
Mailing Address 81-937 Halekii St PO Box 497		Amount of Each Receipt this Period 550.00
City Kealahou	State HI	Zip Code 96750-8182
FEC ID number of contributing federal political committee. C		
Name of Employer Bradon Kimura MD Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. James Darrel King MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2012 Transaction ID : C1772079
Mailing Address 270 E Court Ave Ste B		Amount of Each Receipt this Period 250.00
City Selmer	State TN	Zip Code 38375-2304
FEC ID number of contributing federal political committee. C		
Name of Employer Primecare Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 19 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

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

Mailing Address 3 Freedom Way

City Walpole State MA Zip Code 02081-2290

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2012

Transaction ID : C1770248

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Deborah Ann Kullerd MD

Mailing Address 21855 Ingileif Ln # 154

City Nemo State SD Zip Code 57759-7641

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : C1674347

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Michael J La Penta MD

Mailing Address 445 Defense Hwy

City Annapolis State MD Zip Code 21401-8913

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

Name of Employer Self Employed Occupation Senior Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : C1756446

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	880.00
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 20 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gene H Leroux MD

Mailing Address 109 Leroux St

City Doniphan State MO Zip Code 63935-1038

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

Name of Employer Ripley County Family Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768910

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. David W Lillich Lillich

Mailing Address 5346 N Santa Monica Blvd

City Whitefish Bay State WI Zip Code 53217-5123

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

Name of Employer Medical College of Wisconsin Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768906

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Patricia Jean Lindholm MD

Mailing Address 615 S Mill St

City Fergus Falls State MN Zip Code 56537-2756

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

Name of Employer Lake Region Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : C1775440

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Geoffrey L Loman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 N Brent St Ste 502
 City State Zip Code
 Ventura CA 93003-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brent Street Family Practice Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : C1755751
 Amount of Each Receipt this Period
 500.00

B. Douglas M McFarland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 E Main St
 PO Box 338
 City State Zip Code
 Trinidad CO 81082-2014
 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 ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : C1760652
 Amount of Each Receipt this Period
 365.00

C. Janet S Meckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2612 Test Rd
 City State Zip Code
 Richmond IN 47374-4955
 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 ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : C1674398
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 44
(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. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289
100 Serendipity Dr

City Brent State AL Zip Code 35034-0289

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 ▼
625.00

Date of Receipt
06 / 05 / 2012
Transaction ID : **C1755758**

Amount of Each Receipt this Period
25.00

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

Mailing Address PO Box 289
100 Serendipity Dr

City Brent State AL Zip Code 35034-0289

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 ▼
625.00

Date of Receipt
06 / 11 / 2012
Transaction ID : **C1762384**

Amount of Each Receipt this Period
25.00

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

Mailing Address PO Box 289
100 Serendipity Dr

City Brent State AL Zip Code 35034-0289

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 ▼
625.00

Date of Receipt
06 / 19 / 2012
Transaction ID : **C1772080**

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 23 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City State Zip Code
 Brent AL 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : C1773864
 Amount of Each Receipt this Period
 25.00

B. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 S Martin St
 City State Zip Code
 Spokane WA 99203-3751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : C1772203
 Amount of Each Receipt this Period
 250.00

C. Kenton K Moss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Highway 169
 City State Zip Code
 Algona IA 50511-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : C1674357
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 25 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Neil A Patterson MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address 650 Appleton Pl		Transaction ID : C1768853
City Oviedo	State FL	Zip Code 32765-8423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Catherine M Pipan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 4214 Marble Ln		Transaction ID : C1773247
City Fairfax	State VA	Zip Code 22033-3126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Danny Lynn Proffitt MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012
Mailing Address 1134 N Crossover Rd		Transaction ID : C1755734
City Fayetteville	State AR	Zip Code 72701-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UAMS AHEC-NW Family Practice Residency	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 OF 44
(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. Ralph Nichols Riley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 248
 109 Alamo Circle
 City Saluda State SC Zip Code 29138-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riley Family Practice Associates, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : C1772068
 Amount of Each Receipt this Period
1000.00

B. Andy A Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3065 Warrensburg Rd
 City Greeneville State TN Zip Code 37743-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : C1760663
 Amount of Each Receipt this Period
365.00

C. Jeannine M Rodems MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Suncrest Dr
 City Soquel State CA Zip Code 95073-9709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756471
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **1730.00**
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 27 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Flora F Sadri-Azarbayejani DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gardner Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : C1771996
 Amount of Each Receipt this Period
 50.00

B. Sarah L Sams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2994 Frazell Rd
 City Hilliard State OH Zip Code 43026-9785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grant Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : C1772825
 Amount of Each Receipt this Period
 100.00

C. Kathleen Ann Saradarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 Mattison Reservoir Ave
 City Branchville State NJ Zip Code 07826-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quality Family Practice Occupation Sole Proprietor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1770179
 Amount of Each Receipt this Period
 365.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 44
(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. Daniel John Schlegel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Brookhaven Dr
 City Lancaster State PA Zip Code 17601-4466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milton S Hershey Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 06 / 2012
Transaction ID : C1756461
 Amount of Each Receipt this Period 200.00

B. Grover Schleifer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Sherrill St # B
 City Union City State TN Zip Code 38261-5891
 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 06 / 11 / 2012
Transaction ID : C1761697
 Amount of Each Receipt this Period 250.00

c. George Wm Shannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Slate Dr
 City Columbus State GA Zip Code 31906-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizons Diagnostics Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 19 / 2012
Transaction ID : C1771997
 Amount of Each Receipt this Period 100.00

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: (check only one)	PAGE 29 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Aaron Burl Shives MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 28th Ave SE
 City Watertown State SD Zip Code 57201-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 23 / 2012
Transaction ID : C1773334
 Amount of Each Receipt this Period 46.00

B. Kelsey Jo Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1921 W 6th Ave Ste A
 City Stillwater State OK Zip Code 74074-4204
 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 06 / 19 / 2012
Transaction ID : C1772070
 Amount of Each Receipt this Period 365.00

C. Patrick Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Bedford Pl
 City Brandon State MS Zip Code 39047-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi School of Me Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 466.67

Date of Receipt 06 / 02 / 2012
Transaction ID : C1673093
 Amount of Each Receipt this Period 88.89

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.89
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 30 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Windel A Stracener MD		Date of Receipt
Mailing Address 1333 Hunters Pointe Dr		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	IN	47374-7184
FEC ID number of contributing federal political committee.		Transaction ID : C1758776
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="187.50"/>
Name of Employer	Occupation	
Inpatient Management Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Clayton G Van Balen MD		Date of Receipt
Mailing Address 5601 S Josh Wyatt Dr		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sioux Falls	SD	57108-5211
FEC ID number of contributing federal political committee.		Transaction ID : C1773254
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO BOX 960		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Castroville	TX	78009-0960
FEC ID number of contributing federal political committee.		Transaction ID : C1771380
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.63"/>
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="293.78"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="483.13"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Lloyd P Van Winkle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 960
 City Castroville State TX Zip Code 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **293.78**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1771381
 Amount of Each Receipt this Period
20.00

B. Robin Andrew Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2822 N Cardington Ct
 City Wichita State KS Zip Code 67205-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Med Program Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : C1773265
 Amount of Each Receipt this Period
365.00

C. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestatee Regional Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1770241
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	635.00
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 32 OF 44
(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. Jack E Yakish MD
Full Name (Last, First, Middle Initial)
Mailing Address 3682 W 32Nd St
City Erie State PA Zip Code 16506-2223
FEC ID number of contributing federal political committee. **C**
Name of Employer St Vincent Affiliated Physicians Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 06 / 11 / 2012
Transaction ID : C1761690
Amount of Each Receipt this Period 365.00

B. Katie H Youngblood MD
Full Name (Last, First, Middle Initial)
Mailing Address 327 Rolling Hills Dr
City Conroe State TX Zip Code 77304-1280
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 06 / 15 / 2012
Transaction ID : C1768950
Amount of Each Receipt this Period 120.00

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	485.00
TOTAL This Period (last page this line number only).....	21581.76

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

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

FOR LINE NUMBER: PAGE 33 OF 44
(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)
American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5002.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : C1759821

Amount of Each Receipt this Period
 1806.80

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1806.80
TOTAL This Period (last page this line number only).....▶	1806.80

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : D133964

Amount of Each Disbursement this Period

54.93

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : D133965

Amount of Each Disbursement this Period

30.79

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : D133966

Amount of Each Disbursement this Period

40.95

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

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

126.67

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : D133967

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133968

Amount of Each Disbursement this Period

11.38

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : D133969

Amount of Each Disbursement this Period

3.25

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

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

15.61

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : D134493

Amount of Each Disbursement this Period

8.13

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2012

Transaction ID : D134494

Amount of Each Disbursement this Period

55.09

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : D134495

Amount of Each Disbursement this Period

10.83

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

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

74.05

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134496

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134497

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : D134498

Amount of Each Disbursement this Period

2.93

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

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

7.16

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : D134499

Amount of Each Disbursement this Period

1.48

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank collection fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : D134812

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2012

Transaction ID : D133963

Amount of Each Disbursement this Period

919.40

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

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

928.83

**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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
External Transfer Fee - 3 day-6/28/2012 Confirmation: 79599260

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : D134773

Amount of Each Disbursement this Period

9.00

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Excess Transfer Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : D134774

Amount of Each Disbursement this Period

6.30

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

9.30

1161.62

**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

Full Name (Last, First, Middle Initial)

A. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134454

Amount of Each Disbursement this Period

2500.00

B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 607 14th St NW Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134337

Amount of Each Disbursement this Period

5000.00

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Charles Boustany Jr.

Office Sought: House Senate President
State: LA District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134335

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
Apt 304

City Midland State MI Zip Code 48640

Purpose of Disbursement
Camopaign contribution

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2012

Transaction ID : D134453

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
Apt 304

City Midland State MI Zip Code 48640

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2012

Transaction ID : D134460

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2012

Transaction ID : D133795

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : D133793

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Shimkus

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IL District: 19

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : D134336

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Nancy Pelosi

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 08

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : D133791

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW
Ste 307

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : D134334

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2012

Transaction ID : D133792

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

4500.00

26000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Repayment of incorrectly reimbursed bank charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : D134518

Amount of Each Disbursement this Period

821.50

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

821.50

821.50