FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** — Example:If typing, type over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington | DC | 20036 –

2. **FEC IDENTIFICATION NUMBER** — CITY — STATE — ZIPCODE

C00411553

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report(Q1)
- ☐ July 15 Quarterly Report(Q2)
- ☐ October 15 Quarterly Report(Q3)
- ☐ January 31 Quarterly Report(YE)
- ☒ July 31 Mid-Year Report(Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post** -Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ____ in the State of ____

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Randell K. Wexler, MD

Signature of Treasurer: Electronically Filed by Randell K. Wexler, MD — Date 07 11 2007

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

Office Use Only							

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: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		202641.36
(b) Cash on Hand at Begining of Reporting Period	202641.36	
(c) Total Receipts (from Line 19)	191094.18	191094.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393735.54	393735.54
7. Total Disbursements (from Line 31)	174291.19	174291.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	219444.35	219444.35
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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

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)	146241.63	146241.63
(ii) Unitemized	42070.64	42070.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	188312.27	188312.27
(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) ..... ▶	188312.27	188312.27
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)	2781.91	2781.91
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))	191094.18	191094.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	191094.18	191094.18

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2791.19	2791.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2791.19	2791.19
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	171500.00	171500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	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))	174291.19	174291.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	174291.19	174291.19

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	188312.27	188312.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	188312.27	188312.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2791.19	2791.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	2781.91	2781.91
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.28	9.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mark E Allara, MD
Mailing Address: 70 Echo Cove Rd
City: South Hamilton State: MA Zip Code: 01982-1508
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: 05 / 21 / 2007
Transaction ID: C298343
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Andrea Allen, MD
Mailing Address: 7316 Casey Ave
City: Easton State: MD Zip Code: 21601-4781
FEC ID number of contributing federal political committee: C
Name of Employer: Shore Health System
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298440
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Greenbrier D R Almond, MD
Mailing Address: 48 S Kanawha St
City: Buckhannon State: WV Zip Code: 26201-2634
FEC ID number of contributing federal political committee: C
Name of Employer: Total Life Clinicians LLC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298297
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261169
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272930
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C276960
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) 150.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295134
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298403
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Derek J Anderson, MD
Mailing Address: 15165 S Harrells Ferry Rd
City: Baton Rouge State: LA Zip Code: 70816-2910
FEC ID number of contributing federal political committee: C
Name of Employer: General Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300919
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) 150.00

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

SCHEDULE A (FEC Form 3X)
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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 W Avery, MD
Mailing Address: 3702 River Road
City: Vienna State: WV Zip Code: 26105-1610
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: 1000.00
Date of Receipt: 03 / 12 / 2007
Transaction ID: C276317
Amount of Each Receipt this Period: 1000.00

B.
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: Minneapolis State: MN Zip Code: 55455-0341
FEC ID number of contributing federal political committee: C
Name of Employer: University of MN, FM&CH
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 25 / 2007
Transaction ID: C295473
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Charles Albert Ball, MD
Mailing Address: Maury Regional Hospital
1224 Trotwood Ave
City: Columbia State: TN Zip Code: 38401-4802
FEC ID number of contributing federal political committee: C
Name of Employer: Maury Regional Hospital
Occupation: Medical Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 26 / 2007
Transaction ID: C278369
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1865.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Esther Rebecca Beal-Landis, MD
Mailing Address: 324 Mt Airy St
City: Cantonment State: FL Zip Code: 32533-6567
FEC ID number of contributing federal political committee: C
Name of Employer: U. S . Navy
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 27 / 2007
Transaction ID: C295746
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Mary W Beecher, MD
Mailing Address: Interlakes Medical Center 903 N Washington Ave
City: Madison State: SD Zip Code: 57042-1697
FEC ID number of contributing federal political committee: C
Name of Employer: Interlakes Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263214
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Timothy Michael Beittel, MD
Mailing Address: 612 Cody Dr
City: Thomasville State: NC Zip Code: 27360-9674
FEC ID number of contributing federal political committee: C
Name of Employer: ACT Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281094
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261170
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272931
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C276961
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **105.00**

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

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

A.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295135
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298404
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): Mark Harris Belfer, DO
Mailing Address: AGMC Center Family Medicine, 400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300921
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Stephen Douglas Benold, MD
Mailing Address: 105 Tanksley Cir
City: Georgetown State: TX Zip Code: 78628-5320
FEC ID number of contributing federal political committee: C
Name of Employer: Williamson County Texas
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 15 / 2007
Transaction ID: C298166
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Louise Berner-Holmberg, MD
Mailing Address: 322 Forest St
City: Winnetka State: IL Zip Code: 60093-3820
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: 05 / 15 / 2007
Transaction ID: C298155
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Nicholas P Bernier, MD
Mailing Address: 523 N 3rd St
City: Brainerd State: MN Zip Code: 56401-3054
FEC ID number of contributing federal political committee: C
Name of Employer: St. Joseph Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315294
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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ITEMIZED RECEIPTS

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[ ] 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): Kenneth Robert Bertka, MD
Mailing Address: 8533 Castle Oaks Pl
City: Holland State: OH Zip Code: 43528-9231
FEC ID number of contributing federal political committee: C
Name of Employer: Mersy Health Partners
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 02 / 2007
Transaction ID: C296353
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Vicki M Bertka, MD
Mailing Address: 8533 Castle Oaks Pl
City: Holland State: OH Zip Code: 43528-9231
FEC ID number of contributing federal political committee: C
Name of Employer: Hospice of Northwest Ohio
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315299
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Karla L Birkholz, MD
Mailing Address: 18700 N 64th Dr Ste 201 Ste 201
City: Glendale State: AZ Zip Code: 85308-7112
FEC ID number of contributing federal political committee: C
Name of Employer: Your Family Physician
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 22 / 2007
Transaction ID: C295398
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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SCHEDULE A (FEC Form 3X)
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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 Leroy Bjordahl, MD
Mailing Address: 100 Villa Ln
City: Milbank State: SD Zip Code: 57252-3206
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 / 16 / 2007
Transaction ID: C276641
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Reid B Blackwelder, MD
Mailing Address: 201 Cassel Dr
City: Kingsport State: TN Zip Code: 37660-3747
FEC ID number of contributing federal political committee: C
Name of Employer: East Tennessee State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 01 / 2007
Transaction ID: C273264
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Amy M Bonifas, MD
Mailing Address: 2632 Pillsbury Ave
City: Minneapolis State: MN Zip Code: 55408-1541
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: 04 / 23 / 2007
Transaction ID: C295413
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1115.00

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

A.
Full Name (Last, First, Middle Initial): Audrey R Boyd, MD
Mailing Address: C M Human Resources Ctr, 2200 Harden St
City: Columbia State: SC Zip Code: 29203-7199
FEC ID number of contributing federal political committee: C
Name of Employer: SC Dept of Mental Health
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297213
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): John R Brill, MD
Mailing Address: 6080 S Karrington Ln
City: New Berlin State: WI Zip Code: 53151-8751
FEC ID number of contributing federal political committee: C
Name of Employer: Aurora Health Care
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: C314832
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Ellen Sandra Brull, MD
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: 800.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261172
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1115.00

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

A.
Full Name (Last, First, Middle Initial): Ellen Sandra Brull, MD
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: 800.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272937
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Ellen Sandra Brull, MD
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: 800.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C276974
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Ellen Sandra Brull, MD
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: 800.00
Date of Receipt: 05 / 30 / 2007
Transaction ID: C298903
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 550.00

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

A.
Full Name (Last, First, Middle Initial): Jennifer L Brull, MD
Mailing Address: 300 S Colorado St, PO Box 5
City: Plainville State: KS Zip Code: 67663-0005
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 / 26 / 2007
Transaction ID: C315333
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Richard R Burdeaux, DO
Mailing Address: PO Box 70
City: La Follette State: TN Zip Code: 37766-0070
FEC ID number of contributing federal political committee: C
Name of Employer: Summit Medical Group
Occupation: Owner/Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295440
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Jeffrey J Cain, MD
Mailing Address: The Childrens Hospital, 1056 E 19th Ave # B085
City: Denver State: CO Zip Code: 80218-1007
FEC ID number of contributing federal political committee: C
Name of Employer: The Children's Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 09 / 2007
Transaction ID: C263113
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1730.00**

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

A.
Full Name (Last, First, Middle Initial): Jeffrey J Cain, MD
Mailing Address: The Childrens Hospital, 1056 E 19th Ave # B085
City: Denver State: CO Zip Code: 80218-1007
FEC ID number of contributing federal political committee: C
Name of Employer: The Children's Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298300
Amount of Each Receipt this Period: 135.00

B.
Full Name (Last, First, Middle Initial): Ann Marie Marie Campione, MD
Mailing Address: Specialty Health Clinic, 350 W 6th St Ste D2
City: Reno State: NV Zip Code: 89503-4543
FEC ID number of contributing federal political committee: C
Name of Employer: Specialty Health Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 16 / 2007
Transaction ID: C300902
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Gene Cannata, MD
Mailing Address: Pratt Family Practice, PO Box 308
City: Pratt State: KS Zip Code: 67124-0308
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: 05 / 21 / 2007
Transaction ID: C298293
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 865.00

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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 Wayne Carlson, MD
Mailing Address: 1201 W Agency Rd
City: West Burlington State: IA Zip Code: 52655-1645
FEC ID number of contributing federal political committee: C
Name of Employer: Great River Medical Servi-ces
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 15 / 2007
Transaction ID: C298148
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): David Adam Carlyle, MD
Mailing Address: PO Box 3014
City: Ames State: IA Zip Code: 50010-3014
FEC ID number of contributing federal political committee: C
Name of Employer: Family Medicine East
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261153
Amount of Each Receipt this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): John Alan Carmichael, MD
Mailing Address: Thomas Spann Cln # 300
7121 S Padre Island Dr
City: Corpus Christi State: TX Zip Code: 78412-4938
FEC ID number of contributing federal political committee: C
Name of Employer: Thomas Spann Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 03 / 2007
Transaction ID: C278859
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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

A.
Full Name (Last, First, Middle Initial): Baretta R Casey, MD
Mailing Address: 171 Cedar Hills Dr
City: Pikeville State: KY Zip Code: 41501-8704
FEC ID number of contributing federal political committee: C
Name of Employer: University of Kentucky College of Medi
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 / 08 / 2007
Transaction ID: C260035
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Judith Chamberlain, MD
Mailing Address: 74 Baribeau Dr
City: Brunswick State: ME Zip Code: 04011-3218
FEC ID number of contributing federal political committee: C
Name of Employer: Bowdoin Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4250.00
Date of Receipt: 03 / 07 / 2007
Transaction ID: C275141
Amount of Each Receipt this Period: 4000.00

C.
Full Name (Last, First, Middle Initial): Judith Chamberlain, MD
Mailing Address: 74 Baribeau Dr
City: Brunswick State: ME Zip Code: 04011-3218
FEC ID number of contributing federal political committee: C
Name of Employer: Bowdoin Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4250.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296496
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4615.00**

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

A.
Full Name (Last, First, Middle Initial): Po-Shen Chang, MD
Mailing Address: 139 Monticello Dr
City: Longview State: WA Zip Code: 98632-9522
FEC ID number of contributing federal political committee: C
Name of Employer: Northwest Permanente
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 06 / 2007
Transaction ID: C273963
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Charles E Christianson, MD
Mailing Address: UNDSM&HS Dept of Fam Med 501 N Columbia Rd
City: Grand Forks State: ND Zip Code: 58203-2817
FEC ID number of contributing federal political committee: C
Name of Employer: University of North Dakota
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298301
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Christopher J Ciccone, MD
Mailing Address: 7 Clarke Ct
City: Williamsburg State: VA Zip Code: 23188-6444
FEC ID number of contributing federal political committee: C
Name of Employer: Temple Multi-Specialty Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295417
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1230.00

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

A.
Full Name (Last, First, Middle Initial): Deborah S Clements, MD
Mailing Address: 10529 Walmer St
City: Overland Park State: KS Zip Code: 66212-1886
FEC ID number of contributing federal political committee: C
Name of Employer: University of Kansas Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315332
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Merrill Ray Conant, MD
Mailing Address: 120 W Ross Blvd
City: Dodge City State: KS Zip Code: 67801-2131
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 / 26 / 2007
Transaction ID: C315309
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Vanessa Kay Cook, MD
Mailing Address: 1509 Rural St Apt 2
City: Emporia State: KS Zip Code: 66801-5545
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: 05 / 07 / 2007
Transaction ID: C296485
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

A.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261173
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272938
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 03 / 20 / 2007
Transaction ID: C276980
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 249.99

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

A.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295137
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298406
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial): Steven A Crawford, MD
Mailing Address: Dept Of Family & Prev Medicine, 900 NE 10th St
City: Oklahoma City State: OK Zip Code: 73104-5420
FEC ID number of contributing federal political committee: C
Name of Employer: University of Oklahoma
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300927
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 249.99

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

A.
Full Name (Last, First, Middle Initial): Manuel O Crespo, DO
Mailing Address: 14575 S Bryant Ave
City: Edmond State: OK Zip Code: 73034-8139
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: 05 / 07 / 2007
Transaction ID: C296506
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Telita Crosland, MD
Mailing Address: 2811 Martin St
City: Dupont State: WA Zip Code: 98327-8743
FEC ID number of contributing federal political committee: C
Name of Employer: US Army
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 14 / 2007
Transaction ID: C280194
Amount of Each Receipt this Period: 365.00

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 Accociat-es
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 05 / 2007
Transaction ID: C279756
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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

A.
Full Name (Last, First, Middle Initial)
Jose M David, MD
Mailing Address 804 Huntington Ct
City: Albany State: NY Zip Code: 12203-6015
FEC ID number of contributing federal political committee. C
Name of Employer: Prime Care Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272941
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Jose M David, MD
Mailing Address 804 Huntington Ct
City: Albany State: NY Zip Code: 12203-6015
FEC ID number of contributing federal political committee. C
Name of Employer: Prime Care Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277000
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Jose M David, MD
Mailing Address 804 Huntington Ct
City: Albany State: NY Zip Code: 12203-6015
FEC ID number of contributing federal political committee. C
Name of Employer: Prime Care Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295139
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Jose M David, MD
Mailing Address: 804 Huntington Ct
City: Albany State: NY Zip Code: 12203-6015
FEC ID number of contributing federal political committee: C
Name of Employer: Prime Care Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298418
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Jose M David, MD
Mailing Address: 804 Huntington Ct
City: Albany State: NY Zip Code: 12203-6015
FEC ID number of contributing federal political committee: C
Name of Employer: Prime Care Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C301328
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Paul W Davis, MD
Mailing Address: 9801 Homestead Trl
City: Anchorage State: AK Zip Code: 99507-6765
FEC ID number of contributing federal political committee: C
Name of Employer: US PHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297085
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

A.
Full Name (Last, First, Middle Initial): R Wesley Dean, Jr
Mailing Address: Emory Family Practice, 201 E Emory Rd
City: Powell State: TN Zip Code: 37849-4016
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: 05 / 01 / 2007
Transaction ID: C295902
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Thomas M Dean, MD
Mailing Address: Jerauld County Clinic, 602 1st St NE
City: Wessington Springs State: SD Zip Code: 57382-2134
FEC ID number of contributing federal political committee: C
Name of Employer: Horizon Health Care
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 14 / 2007
Transaction ID: C276495
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): James Joseph Dearing, DO
Mailing Address: 750 E Thunderbird Rd Ste 1, 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: 500.00
Date of Receipt: 03 / 27 / 2007
Transaction ID: C278383
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): George P Dempsey, MD
Mailing Address: 200 Pantigo Pl Ste 1
City: East Hampton State: NY Zip Code: 11937-5920
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: 05 / 01 / 2007
Transaction ID: C295883
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Gretchen M Dickson, MD
Mailing Address: 609 NE Tudor Rd Apt 2 Apt 2
City: Lees Summit State: MO Zip Code: 64086-5751
FEC ID number of contributing federal political committee: C
Name of Employer: University of Missouri
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295420
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Jorge Duchicela, MD
Mailing Address: 402 Youens Dr
City: Weimar State: TX Zip Code: 78962-9561
FEC ID number of contributing federal political committee: C
Name of Employer: Youens & Duchicela Clinic
Occupation: MD
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 04 / 10 / 2007
Transaction ID: C280094
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3230.00

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

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

A.
Full Name (Last, First, Middle Initial): William Andrew Eason, MD
Mailing Address: 1 Prime Care Dr
City: Selmer State: TN Zip Code: 38375-1864
FEC ID number of contributing federal political committee: C
Name of Employer: Prime Care Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 04 / 2007
Transaction ID: C278871
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): David C Eitrheim, MD
Mailing Address: 2211 Stout Rd
City: Menomonie State: WI Zip Code: 54751-7004
FEC ID number of contributing federal political committee: C
Name of Employer: Red Cedar Medical Center - Mayo Health
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 15 / 2007
Transaction ID: C300775
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): David Alan Ellington, MD
Mailing Address: 146 S Main St
City: Lexington State: VA Zip Code: 24450-2356
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: 05 / 08 / 2007
Transaction ID: C296967
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

A.
Full Name (Last, First, Middle Initial): Cathy Sumiko Endo, MD
Mailing Address: Student Health Center, MS 196
City: Reno State: NV Zip Code: 89557-0001
FEC ID number of contributing federal political committee: C
Name of Employer: University of Nevada, Reno
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 03 / 2007
Transaction ID: C262348
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Ted Dee Epperly, MD
Mailing Address: 2180 Ribier Dr
City: Meridian State: ID Zip Code: 83642-5130
FEC ID number of contributing federal political committee: C
Name of Employer: Family Medicine Residency of Ohio
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 09 / 2007
Transaction ID: C276258
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Roxanne Fahrenwald, MD
Mailing Address: Ste B, 123 S 27th St
City: Billings State: MT Zip Code: 59101-4200
FEC ID number of contributing federal political committee: C
Name of Employer: Montana Family Medicine Residency/YCCH
Occupation: Resident Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 / 28 / 2007
Transaction ID: C315389
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1865.00**

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

A.
Full Name (Last, First, Middle Initial): Carol J Featherstone, MD
Mailing Address: 4732 Utah Ave N
City: New Hope State: MN Zip Code: 55428-4522
FEC ID number of contributing federal political committee: C
Name of Employer: Park Nicollet Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 02 / 05 / 2007
Transaction ID: C262371
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial): Bradley J Fedderly, MD
Mailing Address: 7901 N Mohawk Rd
City: Milwaukee State: WI Zip Code: 53217-3125
FEC ID number of contributing federal political committee: C
Name of Employer: Wheaton Franciscan Medical Group
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 05 / 2007
Transaction ID: C262364
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261175
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

A.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272942
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277017
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295140
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

A.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298408
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Doreen E Feldhouse, MD
Mailing Address: PO Box 688
City: Dyersburg State: TN Zip Code: 38025-0688
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: C301348
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Larry Stephens Fields, MD
Mailing Address: Family Medicine Center PLLC
PO Box 987
City: Flatwoods State: KY Zip Code: 41139-0987
FEC ID number of contributing federal political committee: C
Name of Employer: Family Medicine Center PL-LC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 03 / 2007
Transaction ID: C273728
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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

A.
Full Name (Last, First, Middle Initial): Wanda D Filer, MD
Mailing Address: 510 Aqua Ct
City: 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: 5000.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261150
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: 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: 5000.00
Date of Receipt: 05 / 15 / 2007
Transaction ID: C298121
Amount of Each Receipt this Period: 4500.00

C.
Full Name (Last, First, Middle Initial): Ruth Fischer-Wright, MD
Mailing Address: Providence Med Group Merc
4015 Mercantile Dr Ste 200
City: Lake Oswego State: OR Zip Code: 97035-2552
FEC ID number of contributing federal political committee: C
Name of Employer: Providence Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297358
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5365.00**

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

A.
Full Name (Last, First, Middle Initial): Lynn R Fisher, MD
Mailing Address: 300 S Colorado St
City: Plainville State: KS Zip Code: 67663-2505
FEC ID number of contributing federal political committee: C
Name of Employer: Lifeline Family Medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315330
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Michael O Fleming, MD
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: Antidote Education Company
Occupation: Senior Medical Editor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 / 03 / 2007
Transaction ID: C259898
Amount of Each Receipt this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Walter F Fletcher, MD
Mailing Address: 55 Lizzie Dee Ln
City: Lexington State: TN Zip Code: 38351-2504
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: 1000.00
Date of Receipt: 02 / 15 / 2007
Transaction ID: C272580
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6365.00**

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

A.
Full Name (Last, First, Middle Initial)
Conrad Lloyd Flick, MD
Mailing Address 103 Greenway Overlook
City: Cary State: NC Zip Code: 27511-9053
FEC ID number of contributing federal political committee. C
Name of Employer: Family Medical Associates of Raleigh
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C273017
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Joseph A Florence, MD
Mailing Address ETSU Dept of Fam Med PO Box 70621
City: Johnson City State: TN Zip Code: 37614-1709
FEC ID number of contributing federal political committee. C
Name of Employer: East Tennessee State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 09 / 2007
Transaction ID: C263101
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Beth Anne Fox, MD
Mailing Address PO Box 1445
City: Kingsport State: TN Zip Code: 37662-1445
FEC ID number of contributing federal political committee. C
Name of Employer: ETSU Dept of Family Medicine
Occupation: Assistant Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 22 / 2007
Transaction ID: C295397
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) ..... ▶

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

A.
Full Name (Last, First, Middle Initial): Leonard Michael Fromer, MD
Mailing Address: 15525 Hamner Dr
City: Los Angeles State: CA Zip Code: 90077-1804
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: 02 / 12 / 2007
Transaction ID: C263205
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Richard M Fruehling, MD
Mailing Address: Suite 400, 2116 W Faidley Ave
City: Grand Island State: NE Zip Code: 68803-4696
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice of Grand Island
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295130
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Armand V Gallanosa, MD
Mailing Address: 3113 Broadway St
City: Anderson State: IN Zip Code: 46012-1261
FEC ID number of contributing federal political committee: C
Name of Employer: Preferred Medical Management
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295421
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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

A.
Full Name (Last, First, Middle Initial): Carolyn N Gaughan, CAE
Mailing Address: E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C
City: Wichita State: KS Zip Code: 67205-1734
FEC ID number of contributing federal political committee: C
Name of Employer: Kansas Academy of Family Physicians
Occupation: Chapter Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263186
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Carolyn N Gaughan, CAE
Mailing Address: E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C
City: Wichita State: KS Zip Code: 67205-1734
FEC ID number of contributing federal political committee: C
Name of Employer: Kansas Academy of Family Physicians
Occupation: Chapter Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315306
Amount of Each Receipt this Period: 265.00

C.
Full Name (Last, First, Middle Initial): James M Gill, MD
Mailing Address: 17 Henderson Hill Rd
City: Newark State: DE Zip Code: 19711-5958
FEC ID number of contributing federal political committee: C
Name of Employer: Delaware Valley Outcomes Research, LLC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 19 / 2007
Transaction ID: C298334
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 865.00

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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: Waco State: TX Zip Code: 76707-2261
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 463.65
Date of Receipt: 02 / 15 / 2007
Transaction ID: C272581
Amount of Each Receipt this Period: 92.73

B.
Full Name (Last, First, Middle Initial): Roland Adolph Goertz, MD
Mailing Address: 1600 Providence Dr
City: Waco State: TX Zip Code: 76707-2261
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 463.65
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277023
Amount of Each Receipt this Period: 92.73

C.
Full Name (Last, First, Middle Initial): Roland Adolph Goertz, MD
Mailing Address: 1600 Providence Dr
City: Waco State: TX Zip Code: 76707-2261
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 463.65
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295141
Amount of Each Receipt this Period: 92.73

SUBTOTAL of Receipts This Page (optional) ..... ▶ 278.19

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

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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: Waco State: TX Zip Code: 76707-2261
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 463.65
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298409
Amount of Each Receipt this Period: 92.73

B.
Full Name (Last, First, Middle Initial): Roland Adolph Goertz, MD
Mailing Address: 1600 Providence Dr
City: Waco State: TX Zip Code: 76707-2261
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 463.65
Date of Receipt: 06 / 21 / 2007
Transaction ID: C301350
Amount of Each Receipt this Period: 92.73

C.
Full Name (Last, First, Middle Initial): Minda J Gold, MD
Mailing Address: 71 Lessner Rd
City: Damariscotta State: ME Zip Code: 04543-4118
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: 05 / 07 / 2007
Transaction ID: C296502
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **550.46**

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

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[ ] 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 Edward Grady, MD
Mailing Address: 220 Tillicum Dr
City: Silverton State: OR Zip Code: 97381-1886
FEC ID number of contributing federal political committee: C
Name of Employer: Silverton Hospital
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 05 / 2007
Transaction ID: C279755
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Robert Graham, MD
Mailing Address: 1135 Fort View Pl
City: Cincinnati State: OH Zip Code: 45202-1713
FEC ID number of contributing federal political committee: C
Name of Employer: University of Cinnicinatti
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 15 / 2007
Transaction ID: C298171
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Marin Catherine Granholm, MD
Mailing Address: PO Box 3422
City: Bethel State: AK Zip Code: 99559-3422
FEC ID number of contributing federal political committee: C
Name of Employer: YKHC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 06 / 2007
Transaction ID: C262409
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 980.00

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

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ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Thomas David Greer, MD
Mailing Address: PO Box 360
City: Henrietta State: TX Zip Code: 76365-0360
FEC ID number of contributing federal political committee: C
Name of Employer: T. David Greer and Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281264
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Thomas David Greer, MD
Mailing Address: PO Box 360
City: Henrietta State: TX Zip Code: 76365-0360
FEC ID number of contributing federal political committee: C
Name of Employer: T. David Greer and Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315305
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Anne Griffiths, MD
Mailing Address: N903 County Rd N
City: Whitewater State: WI Zip Code: 53190-2847
FEC ID number of contributing federal political committee: C
Name of Employer: Dean St. Mary's
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 15 / 2007
Transaction ID: C300776
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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

A.
Full Name (Last, First, Middle Initial): Douglas J Gruenbacher, MD
Mailing Address: 501 Garfield, PO Box 510
City: Quinter State: KS Zip Code: 67752-0510
FEC ID number of contributing federal political committee: C
Name of Employer: Bluestem Medical
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315329
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Jeffrey D Harrison, MD
Mailing Address: Univ of NE Medical Center, 983075 Nebraska Medical Ctr
City: Omaha State: NE Zip Code: 68198-3075
FEC ID number of contributing federal political committee: C
Name of Employer: University of Nebraska
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263209
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Michael H Hartsell, MD
Mailing Address: 314 Tusculum Blvd
City: Greeneville State: TN Zip Code: 37745-3926
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: 500.00
Date of Receipt: 01 / 09 / 2007
Transaction ID: C260081
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1365.00

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

A.
Full Name (Last, First, Middle Initial): Rick Lee Hartwell, MD
Mailing Address: 1821 W Harborlight St
City: Wichita State: KS Zip Code: 67204-2574
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Volunteer Hospice Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315310
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Deborah Gene Haynes, MD
Mailing Address: 3009 N Cypress Dr
City: Wichita State: KS Zip Code: 67226-4003
FEC ID number of contributing federal political committee: C
Name of Employer: Via Christi Reg. Med. Ctr.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315317
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Lori J Heim, MD
Mailing Address: 250 Hollybrook Farm Ln
City: Vass State: NC Zip Code: 28394-8952
FEC ID number of contributing federal political committee: C
Name of Employer: USAF
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 28 / 2007
Transaction ID: C273140
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2365.00

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

A.
Full Name (Last, First, Middle Initial): Daniel J Heinemann, MD
Mailing Address: 1305 W 18th St, PO Box 5039
City: Sioux Falls State: SD Zip Code: 57117-5039
FEC ID number of contributing federal political committee: C
Name of Employer: Sioux Valley Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 / 14 / 2007
Transaction ID: C276489
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Daniel J Heinemann, MD
Mailing Address: 1305 W 18th St, PO Box 5039
City: Sioux Falls State: SD Zip Code: 57117-5039
FEC ID number of contributing federal political committee: C
Name of Employer: Sioux Valley Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295142
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Daniel J Heinemann, MD
Mailing Address: 1305 W 18th St, PO Box 5039
City: Sioux Falls State: SD Zip Code: 57117-5039
FEC ID number of contributing federal political committee: C
Name of Employer: Sioux Valley Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298410
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1500.00

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

A.
Full Name (Last, First, Middle Initial): Daniel J Heinemann, MD
Mailing Address: 1305 W 18th St, PO Box 5039
City: Sioux Falls State: SD Zip Code: 57117-5039
FEC ID number of contributing federal political committee: C
Name of Employer: Sioux Valley Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: C301351
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Douglas E Henley, MD
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: American Academy of Family Physicians
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 01 / 10 / 2007
Transaction ID: C260111
Amount of Each Receipt this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): Joseph Shelby Hensley, MD
Mailing Address: 855 Summertown Hwy
City: Hohenwald State: TN Zip Code: 38462-5707
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: 05 / 01 / 2007
Transaction ID: C295891
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3500.00

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Andrea M Herman, MD
Mailing Address: 1616 N 58th St
City: Omaha State: NE Zip Code: 68104-4822
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: 04 / 27 / 2007
Transaction ID: C295761
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Thomas Lynn Hicks, MD
Mailing Address: 3258 N Monroe St
City: Tallahassee State: FL Zip Code: 32303-2822
FEC ID number of contributing federal political committee: C
Name of Employer: Patients First North, P.A.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 03 / 14 / 2007
Transaction ID: C276537
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Thomas Lynn Hicks, MD
Mailing Address: 3258 N Monroe St
City: Tallahassee State: FL Zip Code: 32303-2822
FEC ID number of contributing federal political committee: C
Name of Employer: Patients First North, P.A.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 05 / 29 / 2007
Transaction ID: C298891
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Thomas Lynn Hicks, MD
Mailing Address: 3258 N Monroe St
City: Tallahassee State: FL Zip Code: 32303-2822
FEC ID number of contributing federal political committee: C
Name of Employer: Patients First North, P.A.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: C301353
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Marcus T Higi, MD
Mailing Address: 1423 E Main St # 119
City: Cortez State: CO Zip Code: 81321-2931
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: 04 / 27 / 2007
Transaction ID: C295758
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Michael J Hodulik, MD
Mailing Address: 380 9th St
City: Florence State: OR Zip Code: 97439-0106
FEC ID number of contributing federal political committee: C
Name of Employer: PeaceHealth-Siuslaw
Occupation: Physican
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 04 / 2007
Transaction ID: C279747
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)
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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 J Hoelting, MD
Mailing Address: 100 ValleyView Dr
City: Pender State: NE Zip Code: 68047-0609
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297095
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): David J Hoelting, MD
Mailing Address: 100 ValleyView Dr
City: Pender State: NE Zip Code: 68047-0609
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300939
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): David Martin Hoffmann, MD
Mailing Address: W7876 County Road O
City: Mauston State: WI Zip Code: 53948-9328
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: 04 / 23 / 2007
Transaction ID: C295425
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 52 / 162

[X] 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 David Holt, MD
Mailing Address: 10 Flamingo Ct
City: Johnson City State: TN Zip Code: 37601-1013
FEC ID number of contributing federal political committee: C
Name of Employer: ETSU
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296533
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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: 01 / 24 / 2007
Transaction ID: C261176
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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: 02 / 21 / 2007
Transaction ID: C272943
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **445.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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 / 20 / 2007
Transaction ID: C277069
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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: 04 / 20 / 2007
Transaction ID: C295144
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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: 05 / 22 / 2007
Transaction ID: C298419
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 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): Mary Marcella Huff, MD
Mailing Address: 402 May St
City: Sweetwater State: TN Zip Code: 37874-2712
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: 06 / 22 / 2007
Transaction ID: C301386
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Mohammed Imteyaz Hussain, MD
Mailing Address: 4201 99th Ave N
City: Brooklyn Park State: MN Zip Code: 55443-1830
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: 04 / 25 / 2007
Transaction ID: C295548
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Jennifer Hyer
Mailing Address: 25200 NW Saint Helens Rd Slip 31
City: Portland State: OR Zip Code: 97231-1751
FEC ID number of contributing federal political committee: C
Name of Employer: OHSU
Occupation: Medical Student
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 07 / 2007
Transaction ID: C275144
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 770.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Richard Douglas Iliff, MD
Mailing Address: 2201 NE 31st St
City: Topeka State: KS Zip Code: 66617-3549
FEC ID number of contributing federal political committee: C
Name of Employer: RD Iliff MD PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315331
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Elvin C Irvin, MD
Mailing Address: 1020 Gulf Breeze Pkwy
City: Gulf Breeze State: FL Zip Code: 32561-4838
FEC ID number of contributing federal political committee: C
Name of Employer: Gulf Coast Physician Part-ners
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261177
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Elvin C Irvin, MD
Mailing Address: 1020 Gulf Breeze Pkwy
City: Gulf Breeze State: FL Zip Code: 32561-4838
FEC ID number of contributing federal political committee: C
Name of Employer: Gulf Coast Physician Part-ners
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272944
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

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[ ] 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): Elvin C Irvin, MD
Mailing Address: 1020 Gulf Breeze Pkwy
City: Gulf Breeze State: FL Zip Code: 32561-4838
FEC ID number of contributing federal political committee: C
Name of Employer: Gulf Coast Physician Partners
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277095
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Rebecca Jaffe, MD
Mailing Address: Suite 300, 3105 Limestone Rd
City: Wilmington State: DE Zip Code: 19808-2147
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 / 11 / 2007
Transaction ID: C299908
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Paul Arthur James, MD
Mailing Address: 01286-D PFP, 200 Hawkins Dr
City: Iowa City State: IA Zip Code: 52242-1009
FEC ID number of contributing federal political committee: C
Name of Employer: University of Iowa
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 11 / 2007
Transaction ID: C280112
Amount of Each Receipt this Period: 365.00

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 57 / 162

[X] 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): Sandra Lee Johnson, MD
Mailing Address: 610 30th Ave W
City: Alexandria State: MN Zip Code: 56308-3426
FEC ID number of contributing federal political committee: C
Name of Employer: Alexandria Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 25 / 2007
Transaction ID: C295556
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Michelle F Jones, MD
Mailing Address: 111 Coastal Bluffs Ct
City: Hampstead State: NC Zip Code: 28443-8463
FEC ID number of contributing federal political committee: C
Name of Employer: Wilmington Health Assocs.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296499
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial): Samuel M Jones, MD
Mailing Address: 10145 Community Ln
City: Fairfax Station State: VA Zip Code: 22039-2530
FEC ID number of contributing federal political committee: C
Name of Employer: VCU-Fairfax Family Practi-ce
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261158
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Larry H Kagan, MD
Mailing Address: 5249 Rolleston Dr
City: Virginia Beach | State: VA | Zip Code: 23464-2542
FEC ID number of contributing federal political committee: C
Name of Employer: Indian River Family Practice
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 29 / 2007
Transaction ID: C298882
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Norman B Kahn, Jr
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: AAFP
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263215
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Carla Lee Kakutani, MD
Mailing Address: 438 Abbey St
City: Winters | State: CA | Zip Code: 95694-1837
FEC ID number of contributing federal political committee: C
Name of Employer: Sutter West Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 01 / 2007
Transaction ID: C295884
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Vincent D Keenan, CAE
Mailing Address: 4756 Main St
City: Lisle State: IL Zip Code: 60532-1724
FEC ID number of contributing federal political committee: C
Name of Employer: Illinois Academy of Family Physicians
Occupation: Association Exec.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 18 / 2007
Transaction ID: C294353
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial): Vincent D Keenan, CAE
Mailing Address: 4756 Main St
City: Lisle State: IL Zip Code: 60532-1724
FEC ID number of contributing federal political committee: C
Name of Employer: Illinois Academy of Family Physicians
Occupation: Association Exec.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 02 / 2007
Transaction ID: C296352
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial): Vincent D Keenan, CAE
Mailing Address: 4756 Main St
City: Lisle State: IL Zip Code: 60532-1724
FEC ID number of contributing federal political committee: C
Name of Employer: Illinois Academy of Family Physicians
Occupation: Association Exec.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298420
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **375.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Vincent D Keenan, CAE
Mailing Address: 4756 Main St
City: Lisle State: IL Zip Code: 60532-1724
FEC ID number of contributing federal political committee: C
Name of Employer: Illinois Academy of Family Physicians
Occupation: Association Exec.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 22 / 2007
Transaction ID: C301388
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial): Rick Kellerman, MD
Mailing Address: Dept of Family Medicine, 1010 N Kansas St
City: Wichita State: KS Zip Code: 67214-3124
FEC ID number of contributing federal political committee: C
Name of Employer: Kansas University School of Medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 / 31 / 2007
Transaction ID: C262241
Amount of Each Receipt this Period: 1000.00

C.
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: 5000.00
Date of Receipt: 01 / 04 / 2007
Transaction ID: C259935
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Larry W Kipe, MD
Mailing Address: 600 Russell St
City: Craig State: CO Zip Code: 81625-2018
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: 04 / 10 / 2007
Transaction ID: C280093
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Diane D Klingman, MD
Mailing Address: 3009 N Cypress Dr
City: Wichita State: KS Zip Code: 67226-4003
FEC ID number of contributing federal political committee: C
Name of Employer: Preferred Medical Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 14 / 2007
Transaction ID: C280193
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Donald R Klitgaard, MD
Mailing Address: 1220 Chatburn Ave
City: Harlan State: IA Zip Code: 51537-2009
FEC ID number of contributing federal political committee: C
Name of Employer: Shelby County Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: C296972
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **815.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 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): Donald R Klitgaard, MD
Mailing Address: 1220 Chatburn Ave
City: Harlan State: IA Zip Code: 51537-2009
FEC ID number of contributing federal political committee: C
Name of Employer: Shelby County Health Systems
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 / 22 / 2007
Transaction ID: C301392
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Janice C Klos, CAE
Mailing Address: Chief Exec Officer MI AFP
2164 Commons Pkwy
City: Okemos State: MI Zip Code: 48864-3986
FEC ID number of contributing federal political committee: C
Name of Employer: MIAFP
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: C296979
Amount of Each Receipt this Period: 365.00

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 Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: C296983
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **930.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 63 / 162

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mary V Krueger, MD
Mailing Address: 7137 Holmfield Rd
City: Fayetteville State: NC Zip Code: 28306-2564
FEC ID number of contributing federal political committee: C
Name of Employer: US Army
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297082
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Carol A La Croix, MD
Mailing Address: 6623 Glenwood Rd
City: Omaha State: NE Zip Code: 68132-1123
FEC ID number of contributing federal political committee: C
Name of Employer: UNMC Physicians
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300938
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Daniel Scott Lewis, MD
Mailing Address: 2204 Elgin Rd
City: Winston Salem State: NC Zip Code: 27103-4423
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: 03 / 07 / 2007
Transaction ID: C275143
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 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): Virgilio Licona, MD
Mailing Address: Salud Family Hlth Centers, 1115 2nd St
City: Fort Lupton State: CO Zip Code: 80621-1745
FEC ID number of contributing federal political committee: C
Name of Employer: Salud Family Health Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 12 / 2007
Transaction ID: C276319
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Lynne Marie B Lillie, MD
Mailing Address: 4446 Jack Pine Trl N, 1875 Woodwinds Dr
City: Lake Elmo State: MN Zip Code: 55042-9522
FEC ID number of contributing federal political committee: C
Name of Employer: Health East Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295463
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Timothy F Linder, MD
Mailing Address: 1 Prime Care Dr
City: Selmer State: TN Zip Code: 38375-1864
FEC ID number of contributing federal political committee: C
Name of Employer: Prime Care Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261145
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5865.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Patricia Jean Lindholm, MD
Mailing Address: 615 S Mill St
City: Fergus Falls State: MN Zip Code: 56537-2738
FEC ID number of contributing federal political committee: C
Name of Employer: Fergus Falls Medical Group, PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261178
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Patricia Jean Lindholm, MD
Mailing Address: 615 S Mill St
City: Fergus Falls State: MN Zip Code: 56537-2738
FEC ID number of contributing federal political committee: C
Name of Employer: Fergus Falls Medical Group, PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272949
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Patricia Jean Lindholm, MD
Mailing Address: 615 S Mill St
City: Fergus Falls State: MN Zip Code: 56537-2738
FEC ID number of contributing federal political committee: C
Name of Employer: Fergus Falls Medical Group, PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295466
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Nancy A Lohuis, MD
Mailing Address: Four Seasons Fam Prac PLLC, PO Box 1050
City: Princeton State: WV Zip Code: 24740-1050
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: 05 / 07 / 2007
Transaction ID: C296518
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Glenn Allen Loomis, MD
Mailing Address: 1210 W Saginaw St, PO Box 13008
City: Lansing State: MI Zip Code: 48901-3008
FEC ID number of contributing federal political committee: C
Name of Employer: Sparrow Health System
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 01 / 2007
Transaction ID: C298992
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Carolyn C Lopez, MD
Mailing Address: 2906 W Wilson Ave
City: Chicago State: IL Zip Code: 60625-3727
FEC ID number of contributing federal political committee: C
Name of Employer: Cook County
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281084
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Susan Shore Lowry, MD
Mailing Address: 117 Kennedy Dr
City: Martin State: TN Zip Code: 38237-3309
FEC ID number of contributing federal political committee: C
Name of Employer: Martin Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 11 / 2007
Transaction ID: C299905
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Colleen C Lyons, MD
Mailing Address: Aspen Family Medical, 2874 N Carson St Ste 127
City: Carson City State: NV Zip Code: 89706-0177
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Family Medicine Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 04 / 27 / 2007
Transaction ID: C295745
Amount of Each Receipt this Period: 700.00

C.
Full Name (Last, First, Middle Initial): Michael L Madden, MD
Mailing Address: 4907 Windermere Blvd
City: Alexandria State: LA Zip Code: 71303-2459
FEC ID number of contributing federal political committee: C
Name of Employer: L.S. U. HSC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295129
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1565.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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): Richard F Madden, Jr
Mailing Address: 609 Christopher Dr
City: Belen State: NM Zip Code: 87002-2601
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian Healthcare Services
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296495
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Beth S Marcus, MD
Mailing Address: 938 E Palm Ave
City: Burbank State: CA Zip Code: 91501-1411
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice of Glendale
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298442
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): Beth S Marcus, MD
Mailing Address: 938 E Palm Ave
City: Burbank State: CA Zip Code: 91501-1411
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice of Glendale
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 30 / 2007
Transaction ID: C298943
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Melchisedek L Margaris, MD
Mailing Address: PO Box 284
City: Great Falls State: MT Zip Code: 59403-0284
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 / 29 / 2007
Transaction ID: C315485
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Jason E Marker, MD
Mailing Address: 66642 State Road 331
PO Box 90
City: Wyatt State: IN Zip Code: 46595-0090
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: 05 / 09 / 2007
Transaction ID: C297001
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Renee L Markovich, MD
Mailing Address: West Side Family Practice
400 Wabash Ave
City: Akron State: OH Zip Code: 44307-2433
FEC ID number of contributing federal political committee: C
Name of Employer: Akron General Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296525
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: (check only one) PAGE 70 / 162

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[ ] 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): Robert C Marshall, MD
Mailing Address: 2001 28th Street Ct NW
City: Gig Harbor State: WA Zip Code: 98335-7987
FEC ID number of contributing federal political committee: C
Name of Employer: US Navy
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 / 18 / 2007
Transaction ID: C294354
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): Robert C Marshall, MD
Mailing Address: 2001 28th Street Ct NW
City: Gig Harbor State: WA Zip Code: 98335-7987
FEC ID number of contributing federal political committee: C
Name of Employer: US Navy
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297089
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): Jennifer A Mayfield, MD
Mailing Address: 6307 N Park View Ln
City: Spokane State: WA Zip Code: 99205-7703
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: 365.00
Date of Receipt: 01 / 11 / 2007
Transaction ID: C260528
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **665.00**

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

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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 Allen McAdoo, MD
Mailing Address: Family Practice, 6041 Telecom Dr
City: Milan State: TN Zip Code: 38358-3448
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed (Milan Medical Center)
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 01 / 2007
Transaction ID: C295892
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Debra O McCaul, MD
Mailing Address: 1100 W 10th St Ste 140, Ste 120
City: Rolla State: MO Zip Code: 65401-2999
FEC ID number of contributing federal political committee: C
Name of Employer: St. John's Sisters of Mercy
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 12 / 2007
Transaction ID: C280122
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Samantha Easterly McLerran, MD
Mailing Address: 500 W Main St
City: Livingston State: TN Zip Code: 38570-1718
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Medical Doctor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 22 / 2007
Transaction ID: C277291
Amount of Each Receipt this Period: 356.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 971.00

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

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

A.
Full Name (Last, First, Middle Initial)
Samantha Easterly McLerran, MD
Mailing Address 500 W Main St
City: Livingston State: TN Zip Code: 38570-1718
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Medical Doctor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315296
Amount of Each Receipt this Period: 9.00

B.
Full Name (Last, First, Middle Initial)
William J Medwid, MD
Mailing Address 33 Tenney St
City: Georgetown State: MA Zip Code: 01833-2216
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: 04 / 23 / 2007
Transaction ID: C295437
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial)
Kathleen J Miller, MD
Mailing Address S I U Decatur Fam Ctr
250 W Kenwood Ave
City: Decatur State: IL Zip Code: 62526-4371
FEC ID number of contributing federal political committee. C
Name of Employer: SIU School of Medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298308
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **739.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Terry Lee Mills, Jr
Mailing Address: Wichita Clinic, 720 Medical Center Dr
City: Newton State: KS Zip Code: 67114-8778
FEC ID number of contributing federal political committee: C
Name of Employer: Wichita Clinic, P.A.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 15 / 2007
Transaction ID: C272582
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Elisabeth Fowlie Mock, MD
Mailing Address: Walk In Care, 915 Union St Ste 4
City: Bangor State: ME Zip Code: 04401-3010
FEC ID number of contributing federal political committee: C
Name of Employer: Eastern Maine Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 05 / 2007
Transaction ID: C262356
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Elisabeth Fowlie Mock, MD
Mailing Address: Walk In Care, 915 Union St Ste 4
City: Bangor State: ME Zip Code: 04401-3010
FEC ID number of contributing federal political committee: C
Name of Employer: Eastern Maine Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296539
Amount of Each Receipt this Period: 265.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 615.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Anne M Montgomery, MD
Mailing Address: Family Medicine Spokane, 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 Se- rvices Associ
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 02 / 09 / 2007
Transaction ID: C263115
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Anne M Montgomery, MD
Mailing Address: Family Medicine Spokane, 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 Se- rvices Associ
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 05 / 01 / 2007
Transaction ID: C295896
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Anne M Montgomery, MD
Mailing Address: Family Medicine Spokane, 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 Se- rvices Associ
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 06 / 14 / 2007
Transaction ID: C300623
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Charles A Montgomery, MD
Mailing Address: PO Box 1025
City: Greeneville State: TN Zip Code: 37744-1025
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 / 2007
Transaction ID: C300934
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Dale C Moquist, MD
Mailing Address: Memorial Family Med Resident, 7737 Southwest Fwy Ste 400
City: Houston State: TX Zip Code: 77074-1804
FEC ID number of contributing federal political committee: C
Name of Employer: MHHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 08 / 2007
Transaction ID: C263099
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Dale C Moquist, MD
Mailing Address: Memorial Family Med Resident, 7737 Southwest Fwy Ste 400
City: Houston State: TX Zip Code: 77074-1804
FEC ID number of contributing federal political committee: C
Name of Employer: MHHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277146
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **565.00**

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SCHEDULE A (FEC Form 3X)
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[ ] 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): Dale C Moquist, MD
Mailing Address: Memorial Family Med Resident, 7737 Southwest Fwy Ste 400
City: Houston State: TX Zip Code: 77074-1804
FEC ID number of contributing federal political committee: C
Name of Employer: MHHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295157
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Dale C Moquist, MD
Mailing Address: Memorial Family Med Resident, 7737 Southwest Fwy Ste 400
City: Houston State: TX Zip Code: 77074-1804
FEC ID number of contributing federal political committee: C
Name of Employer: MHHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298423
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Dale C Moquist, MD
Mailing Address: Memorial Family Med Resident, 7737 Southwest Fwy Ste 400
City: Houston State: TX Zip Code: 77074-1804
FEC ID number of contributing federal political committee: C
Name of Employer: MHHS
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: C314849
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Robert Paul Moser, Jr
Mailing Address: PO Box 658, 712 2nd Street
City: Tribune State: KS Zip Code: 67879-0658
FEC ID number of contributing federal political committee: C
Name of Employer: Greeley County Health Services
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261151
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Scott Edward Moser, MD
Mailing Address: Univ Of Ks - School Of Med, 1010 N Kansas St
City: Wichita State: KS Zip Code: 67214-3124
FEC ID number of contributing federal political committee: C
Name of Employer: KUSM-Wichita
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315308
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): John Franklin Mueller, MD
Mailing Address: 69 Snipatuit Rd
City: Rochester State: MA Zip Code: 02770-1504
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: 05 / 25 / 2007
Transaction ID: C298775
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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SCHEDULE A (FEC Form 3X)
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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 Lawrence Munger, MD
Mailing Address: 12330 Metcalf Ave Ste 400
City: Overland Park State: KS Zip Code: 66213-1307
FEC ID number of contributing federal political committee: C
Name of Employer: St Lukes Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 06 / 2007
Transaction ID: C299741
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Konrad C Nau, MD
Mailing Address: 31 Taylor St
City: Harpers Ferry State: WV Zip Code: 25425-9519
FEC ID number of contributing federal political committee: C
Name of Employer: West Virginia University
Occupation: Physician Educator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295430
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Mark R Needham, MD
Mailing Address: 644 Kingman Ave
City: Santa Monica State: CA Zip Code: 90402-1334
FEC ID number of contributing federal political committee: C
Name of Employer: Santa Monica Bay Physicians
Occupation: MD
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 30 / 2007
Transaction ID: C295870
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1115.00

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SCHEDULE A (FEC Form 3X)
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[ ] 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 Lynn O'Dell, MD
Mailing Address: NMMC Family Medicine RP, 1665 S Green St
City: Tupelo State: MS Zip Code: 38804-6556
FEC ID number of contributing federal political committee: C
Name of Employer: North Mississippi Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 24 / 2007
Transaction ID: C298560
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Keith Keith Osborne, MD
Mailing Address: 11001 N Black Canyon Hwy
City: Phoenix State: AZ Zip Code: 85029-4757
FEC ID number of contributing federal political committee: C
Name of Employer: CIGNA Healthcare
Occupation: Medical Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 06 / 2007
Transaction ID: C279995
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Daniel J Ostergaard, MD
Mailing Address: 14547 S Hagan St
City: Olathe State: KS Zip Code: 66062-9001
FEC ID number of contributing federal political committee: C
Name of Employer: American Academy of Family Physicians
Occupation: Medical Doctor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 09 / 2007
Transaction ID: C276252
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) ..... ▶

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

A.
Full Name (Last, First, Middle Initial): Tomas P Owens, Jr
Mailing Address: Associate Director, 3500 NW 56th St Ste 100
City: Oklahoma City State: OK Zip Code: 73112-4517
FEC ID number of contributing federal political committee: C
Name of Employer: Great Plains Family Medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263185
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Robert Milton Pallay, MD
Mailing Address: 211 Courtyard Dr
City: Hillsborough State: NJ Zip Code: 08844-4247
FEC ID number of contributing federal political committee: C
Name of Employer: Dimensional Healthcare
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 05 / 2007
Transaction ID: C262359
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Joseph Michael Parra, MD
Mailing Address: 1631 S Michelle St
City: Wichita State: KS Zip Code: 67207-6546
FEC ID number of contributing federal political committee: C
Name of Employer: Wesley Family medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296498
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)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Kenneth Dewayne Parrott, MD
Mailing Address: PO Box 389
City: Okeene State: OK Zip Code: 73763-0389
FEC ID number of contributing federal political committee: C
Name of Employer: Okeene Memorial Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 15 / 2007
Transaction ID: C298147
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Marguerite B Picou, MD
Mailing Address: 740 Keyser Ave # A
City: Natchitoches State: LA Zip Code: 71457-6043
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: 04 / 12 / 2007
Transaction ID: C294350
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Francis L Pisney, M.D.
Mailing Address: Ellsworth Family Medicine 322 1/2 College Ave
City: Iowa Falls State: IA Zip Code: 50126-2106
FEC ID number of contributing federal political committee: C
Name of Employer: Ellsworth Municipal Hospital, Iowa Fal
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 01 / 2007
Transaction ID: C295882
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 980.00

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial): Gary Michael Plant, MD
Mailing Address: 76 NE 12th St
City: Madras State: OR Zip Code: 97741-1827
FEC ID number of contributing federal political committee: C
Name of Employer: Madras Medical Group
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 03 / 2007
Transaction ID: C278836
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): D Gabriel Polk, DO
Mailing Address: The Waynesboro Clinic PC, PO Box 778
City: Waynesboro State: TN Zip Code: 38485-0778
FEC ID number of contributing federal political committee: C
Name of Employer: The Waynesboro Clinic, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 06 / 2007
Transaction ID: C273962
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Donald Howard Polk, DO
Mailing Address: PO Box 778
City: Waynesboro State: TN Zip Code: 38485-0778
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 / 06 / 2007
Transaction ID: C273959
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

A.
Full Name (Last, First, Middle Initial): Donya Ann Powers, MD
Mailing Address: 50 Office Pkwy
City: East Providence State: RI Zip Code: 02914-1636
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: 1000.00
Date of Receipt: 05 / 02 / 2007
Transaction ID: C296286
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Karla Graue Pratt
Mailing Address: Executive Vice Pres - WA AFP
1050 140th Ave NE Ste C
City: Bellevue State: WA Zip Code: 98005-2972
FEC ID number of contributing federal political committee: C
Name of Employer: Washington Academy of Family Physician
Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 28 / 2007
Transaction ID: C273201
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Janice Eileen Ragland, MD
Mailing Address: 13011 Monroe Manor Dr
City: Herndon State: VA Zip Code: 20171-2909
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: 05 / 18 / 2007
Transaction ID: C298312
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1865.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Richard L Rajewski, MD
Mailing Address: Hays Family Medicine, 2509 Canterbury Dr
City: Hays State: KS Zip Code: 67601-2294
FEC ID number of contributing federal political committee: C
Name of Employer: Hays Family Practice
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315313
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Avinash Dubbaka Reddy, MD
Mailing Address: Univ TN FMRP, 294 Summar Dr
City: Jackson State: TN Zip Code: 38301-3915
FEC ID number of contributing federal political committee: C
Name of Employer: University of Tennessee
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: C296992
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Randy J Rice, MD
Mailing Address: Gateway Fam Hlth Cln, 4570 County Highway 61
City: Moose Lake State: MN Zip Code: 55767
FEC ID number of contributing federal political committee: C
Name of Employer: Gateway Family Health Cli-ninc
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295435
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **830.00**

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

A.
Full Name (Last, First, Middle Initial): Randy J Rice, MD
Mailing Address: Gateway Fam Hlth Cln, 4570 County Highway 61
City: Moose Lake State: MN Zip Code: 55767
FEC ID number of contributing federal political committee: C
Name of Employer: Gateway Family Health Cli-ninc
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295443
Amount of Each Receipt this Period: 265.00

B.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261182
Amount of Each Receipt this Period: 84.00

C.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 02 / 22 / 2007
Transaction ID: C273003
Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **433.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 03 / 09 / 2007
Transaction ID: C276255
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295160
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298425
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Elisabeth L Righter, MD
Mailing Address: Indian Ripple Family Hlth Ctr, 4428 Indian Ripple Rd
City: Beavercreek State: OH Zip Code: 45440-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Kettering Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 568.00
Date of Receipt: 06 / 22 / 2007
Transaction ID: C301365
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Richard Guy Roberts, MD
Mailing Address: Dept Of Fam Medicine, 777 S Mills St
City: Madison State: WI Zip Code: 53715-1849
FEC ID number of contributing federal political committee: C
Name of Employer: University of Wisconsin
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281088
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Perry C Rothrock, III
Mailing Address: 1047 Murray Hill Ln
City: Memphis State: TN Zip Code: 38120-2645
FEC ID number of contributing federal political committee: C
Name of Employer: Perry C. Rothrock III, MD, PLLC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 31 / 2007
Transaction ID: C278794
Amount of Each Receipt this Period: 500.00

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

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

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

A.
Full Name (Last, First, Middle Initial): Dennis F Salisbury, MD
Mailing Address: Regional Medical Arts Pavilion, 435 S Crystal St
City: Butte State: MT Zip Code: 59701-1506
FEC ID number of contributing federal political committee: C
Name of Employer: Rocky Mountain Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 415.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296505
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Dennis F Salisbury, MD
Mailing Address: Regional Medical Arts Pavilion, 435 S Crystal St
City: Butte State: MT Zip Code: 59701-1506
FEC ID number of contributing federal political committee: C
Name of Employer: Rocky Mountain Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 415.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298401
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial): Dennis F Salisbury, MD
Mailing Address: Regional Medical Arts Pavilion, 435 S Crystal St
City: Butte State: MT Zip Code: 59701-1506
FEC ID number of contributing federal political committee: C
Name of Employer: Rocky Mountain Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 415.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298402
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **415.00**

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

SCHEDULE A (FEC Form 3X)
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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: Dove Family Care, 5123 Norwich St Ste 110
City: Hilliard State: OH Zip Code: 43026-1443
FEC ID number of contributing federal political committee: C
Name of Employer: Dove Family Care
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281151
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): George E Schoephoerster, MD
Mailing Address: CentraCare Hlth Plz, 1900 Centracare Cir
City: Saint Cloud State: MN Zip Code: 56303-5000
FEC ID number of contributing federal political committee: C
Name of Employer: CentraCare Clinic
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295464
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Paul J Schommer, MD
Mailing Address: Ste 202, 311 W Noble Ave
City: Visalia State: CA Zip Code: 93277-2669
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: 1000.00
Date of Receipt: 03 / 09 / 2007
Transaction ID: C276253
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1865.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Jon C Seager, MD
Mailing Address: 602 Church St SW
City: North Canton State: OH Zip Code: 44720-2904
FEC ID number of contributing federal political committee: C
Name of Employer: Community Health Care Inc
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 02 / 2007
Transaction ID: C296284
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Darcy K Selenke, MD
Mailing Address: 101 W Sycamore St
City: Columbus State: KS Zip Code: 66725-1276
FEC ID number of contributing federal political committee: C
Name of Employer: St. John's Medical Group-Columbus
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315307
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C261183
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

A.
Full Name (Last, First, Middle Initial): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 02 / 22 / 2007
Transaction ID: C273004
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 03 / 20 / 2007
Transaction ID: C277149
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295162
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) 105.00

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

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[ ] 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): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A, Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298426
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): George Wm Shannon, MD
Mailing Address: 106 Enterprise Ct Suite A, Ste A
City: Columbus State: GA Zip Code: 31904-3089
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: 210.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: C314859
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): James Michael Smith, MD
Mailing Address: PO Box 1589
City: Bastrop State: LA Zip Code: 71221-1589
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 / 27 / 2007
Transaction ID: C278698
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 320.00

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

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

A.
Full Name (Last, First, Middle Initial): Jay D Smith, MD
Mailing Address: 7685 Winchester Rd
City: Memphis State: TN Zip Code: 38125-2202
FEC ID number of contributing federal political committee: C
Name of Employer: The Family Physicians Group, PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 14 / 2007
Transaction ID: C298104
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Thomas A Smith, MD
Mailing Address: 300 Med - Dent Ctr 186 Hospital Rd
City: Winchester State: TN Zip Code: 37398-2472
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 / 09 / 2007
Transaction ID: C276257
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Don A Solberg, MD
Mailing Address: 716 E Manitoba Ave
City: Ellensburg State: WA Zip Code: 98926-3842
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: 02 / 23 / 2007
Transaction ID: C273021
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) 1095.00

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

A.
Full Name (Last, First, Middle Initial): Richard G Spindler, MD
Mailing Address: 1515 Booth Dr
City: Sebring State: FL Zip Code: 33872-5718
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: 04 / 03 / 2007
Transaction ID: C278857
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Michael D Springer
Mailing Address: 14320 Norwood St
City: Overland Park State: KS Zip Code: 66224-3912
FEC ID number of contributing federal political committee: C
Name of Employer: American Academy of Family Physicians
Occupation: Publishing Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 21 / 2007
Transaction ID: C272940
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Christine Stabler, MD
Mailing Address: 825 McGrann Blvd
City: Lancaster State: PA Zip Code: 17601-4518
FEC ID number of contributing federal political committee: C
Name of Employer: Lancaster General Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 08 / 2007
Transaction ID: C299866
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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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 B Standridge, II
Mailing Address 6838 Buck Trail Dr
City: Harrison State: TN Zip Code: 37341-4912
FEC ID number of contributing federal political committee. C
Name of Employer: University of Tennessee COM Chattanoog
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295127
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Kevin Eugene Steichen, MD
Mailing Address 4720 S Harvard Ave Ste 100
City: Tulsa State: OK Zip Code: 74135-3023
FEC ID number of contributing federal political committee. C
Name of Employer: Omni Medical Group
Occupation: Family Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 05 / 2007
Transaction ID: C299291
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Elizabeth Steiner, MD
Mailing Address Dept of Family Medicine
3181 SW Sam Jackson Park Rd
City: Portland State: OR Zip Code: 97239-3011
FEC ID number of contributing federal political committee. C
Name of Employer: Oregon Health & Science University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298317
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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

A.
Full Name (Last, First, Middle Initial): Keith L Stelter, MD
Mailing Address: 622 Sunrise Dr
City: Saint Peter State: MN Zip Code: 56082-1201
FEC ID number of contributing federal political committee: C
Name of Employer: ISJ/Mayo Health System
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295459
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Linda C Stone, MD
Mailing Address: 397 Jessing Trl
City: Columbus State: OH Zip Code: 43235-8409
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University College of Medic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296524
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Glen R Stream, MD
Mailing Address: 14408 E Sprague Ave
City: Spokane State: WA Zip Code: 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: 400.00
Date of Receipt: 01 / 24 / 2007
Transaction ID: C263092
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **830.00**

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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: Spokane State: WA Zip Code: 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: 400.00
Date of Receipt: 04 / 20 / 2007
Transaction ID: C295167
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Glen R Stream, MD
Mailing Address: 14408 E Sprague Ave
City: Spokane State: WA Zip Code: 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: 400.00
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298431
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Glen R Stream, MD
Mailing Address: 14408 E Sprague Ave
City: Spokane State: WA Zip Code: 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: 400.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: C314878
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

A.
Full Name (Last, First, Middle Initial): Richard H Streiffer, MD
Mailing Address: Tulane Unv Fam Comm Med, 1430 Tulane Ave # TB3
City: New Orleans State: LA Zip Code: 70112-2632
FEC ID number of contributing federal political committee: C
Name of Employer: Tulane Unviersity
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 01 / 2007
Transaction ID: C295905
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Michael S Strekall, MD
Mailing Address: 405 Saddle Dr
City: Helena State: MT Zip Code: 59601-5632
FEC ID number of contributing federal political committee: C
Name of Employer: Helena Health Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 17 / 2007
Transaction ID: C281091
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Jonathan R Sugarman, MD
Mailing Address: Ste 100, 10700 Meridian Ave N
City: Seattle State: WA Zip Code: 98133-9008
FEC ID number of contributing federal political committee: C
Name of Employer: Qualis Health
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 23 / 2007
Transaction ID: C273023
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Donna Lippert Sullivan, MD
Mailing Address: Ft Collins Fam Med Ctr, 1025 Pennock Pl
City: Fort Collins State: CO Zip Code: 80524-3257
FEC ID number of contributing federal political committee: C
Name of Employer: Ft. Collins Family Medicine Residency
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 02 / 12 / 2007
Transaction ID: C263210
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial): Erica Williams Swegler, MD
Mailing Address: 816 Keller Pkwy Ste 102, Ste 102
City: Keller State: TX Zip Code: 76248-2405
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: 02 / 12 / 2007
Transaction ID: C263212
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Hugh M Taylor, MD
Mailing Address: Family Medicine Associates, 15 Railroad Ave
City: Hamilton State: MA Zip Code: 01982-2218
FEC ID number of contributing federal political committee: C
Name of Employer: Family Medicine Associates LLC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261155
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1265.00**

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

SCHEDULE A (FEC Form 3X)
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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 O Theis, MD
Mailing Address: 6019 Constance St
City: New Orleans State: LA Zip Code: 70118-5806
FEC ID number of contributing federal political committee: C
Name of Employer: Tulane University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 27 / 2007
Transaction ID: C315353
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): David C Thorson, MD
Mailing Address: Minnhealth 4786 Banning Ave
City: White Bear Lake State: MN Zip Code: 55110-3264
FEC ID number of contributing federal political committee: C
Name of Employer: Minnhealth PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295457
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Dennis Duane Tietze, MD
Mailing Address: 600 SW Jewell Ave
City: Topeka State: KS Zip Code: 66606-1607
FEC ID number of contributing federal political committee: C
Name of Employer: St. Francis Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 23 / 2007
Transaction ID: C298546
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): Boyce G Tollison, MD
Mailing Address: 105 Medinah Dr, PO Box 2927
City: Easley State: SC Zip Code: 29641-2927
FEC ID number of contributing federal political committee: C
Name of Employer: Palmetto Baptist Easley
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 17 / 2007
Transaction ID: C298287
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Patrick A Tranmer, MD
Mailing Address: UIC Dept of Family Medicine, 1919 W Taylor St M/C 663
City: Chicago State: IL Zip Code: 60612-7246
FEC ID number of contributing federal political committee: C
Name of Employer: UIC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 18 / 2007
Transaction ID: C298319
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Belinda A Vail, MD
Mailing Address: Mail Stop 4010, 3901 Rainbow Blvd
City: Kansas City State: KS Zip Code: 66160-0001
FEC ID number of contributing federal political committee: C
Name of Employer: University of Kansas
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: C315326
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1365.00

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

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

A.
Full Name (Last, First, Middle Initial): Tim Joseph Vega, MD
Mailing Address: 209 W Columbia Ter
City: Peoria State: IL Zip Code: 61606-1504
FEC ID number of contributing federal political committee: C
Name of Employer: St. Francis Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 27 / 2007
Transaction ID: C315352
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Gabrielle A Vencel Olson, MD
Mailing Address: A C M C 101 Willmar Ave SW
City: Willmar State: MN Zip Code: 56201-3556
FEC ID number of contributing federal political committee: C
Name of Employer: Affiliated Community Medical Centers
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C301333
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Sharry Kay Veres, MD
Mailing Address: 1720 E Beverly Rd
City: Phoenix State: AZ Zip Code: 85042-6870
FEC ID number of contributing federal political committee: C
Name of Employer: St. Joes - Phoenix
Occupation: Resident
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297061
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)
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[ ] 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)
Jan P Vleck, MD
Mailing Address W I R B
3535 7th Ave SW
City: Olympia State: WA Zip Code: 98502-5010
FEC ID number of contributing federal political committee. C
Name of Employer: Western Institutional Review Board
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 04 / 2007
Transaction ID: C273737
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial)
Bruce Alan Wallstedt, MD
Mailing Address 6323 Canterbury Close
City: Brentwood State: TN Zip Code: 37027-4870
FEC ID number of contributing federal political committee. C
Name of Employer: Hospital Corp of America
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 / 23 / 2007
Transaction ID: C295438
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial)
Daniel A Walters, MD
Mailing Address 2304 E County Road 950 N
City: Seymour State: IN Zip Code: 47274-9115
FEC ID number of contributing federal political committee. C
Name of Employer: Caring Family Physicians
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 28 / 2007
Transaction ID: C273210
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

A.
Full Name (Last, First, Middle Initial): Thomas J Weida, MD
Mailing Address: University Phys Grp Fishburn, 845 Fishburn Rd
City: Hershey State: PA Zip Code: 17033-2015
FEC ID number of contributing federal political committee: C
Name of Employer: Hershey Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 03 / 07 / 2007
Transaction ID: C275140
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Thomas J Weida, MD
Mailing Address: University Phys Grp Fishburn, 845 Fishburn Rd
City: Hershey State: PA Zip Code: 17033-2015
FEC ID number of contributing federal political committee: C
Name of Employer: Hershey Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: C300942
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial): Mary Jo Welker, MD
Mailing Address: 2231 N High St, OSU-Rardin Family Practice Ctr
City: Columbus State: OH Zip Code: 43201-4153
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261146
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5900.00**

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

A.
Full Name (Last, First, Middle Initial): Edith R Welty, MD
Mailing Address: 5990 E Jeremy Ln
City: Flagstaff State: AZ Zip Code: 86004-9528
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: 04 / 25 / 2007
Transaction ID: C295472
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Randell K Wexler, MD
Mailing Address: 6040 Haybury Dr
City: New Albany State: OH Zip Code: 43054-8691
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 01 / 23 / 2007
Transaction ID: C261159
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Randell K Wexler, MD
Mailing Address: 6040 Haybury Dr
City: New Albany State: OH Zip Code: 43054-8691
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 / 07 / 2007
Transaction ID: C275128
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1500.00

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

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

A.
Full Name (Last, First, Middle Initial): Randell K Wexler, MD
Mailing Address: 6040 Haybury Dr
City: New Albany State: OH Zip Code: 43054-8691
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 04 / 05 / 2007
Transaction ID: C279855
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Randell K Wexler, MD
Mailing Address: 6040 Haybury Dr
City: New Albany State: OH Zip Code: 43054-8691
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio State University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 05 / 14 / 2007
Transaction ID: C298064
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Richard Andre Wherry, MD
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: Dahlonega Physicians Group
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 / 12 / 2007
Transaction ID: C260817
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

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

A.
Full Name (Last, First, Middle Initial): Steven Michael Wilk, MD
Mailing Address: 12669 Devon Ln, Ste A
City: Carmel State: IN Zip Code: 46032-9447
FEC ID number of contributing federal political committee: C
Name of Employer: Physician
Occupation: Adventist Health Partners
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296530
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): Wayne E Williams, MD
Mailing Address: 110 S 9th St
City: Mayfield State: KY Zip Code: 42066-2208
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: 04 / 27 / 2007
Transaction ID: C295755
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Peter A S Winn, MD
Mailing Address: Dept Of Family Med, 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, College of Med
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 07 / 2007
Transaction ID: C296526
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1165.00

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

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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 M Wong, MD
Mailing Address: Western PA Family Med Assoc, 2057 Route 130
City: Jeannette State: PA Zip Code: 15644-1168
FEC ID number of contributing federal political committee: C
Name of Employer: WPFMA, Ltd
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 12 / 2007
Transaction ID: C298062
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Julie Kristin Wood, MD
Mailing Address: 5305 NE Rainbow Cir
City: Lees Summit State: MO Zip Code: 64064-2450
FEC ID number of contributing federal political committee: C
Name of Employer: Baptist Lutheran Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 02 / 16 / 2007
Transaction ID: C272770
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial): Philip James Worrell, MD
Mailing Address: 2325 Vale Crest Rd
City: Golden Valley State: MN Zip Code: 55422-3419
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: 365.00
Date of Receipt: 04 / 24 / 2007
Transaction ID: C295456
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 980.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): J Mack Worthington, MD
Mailing Address: 1100 E 3rd St
City: Chattanooga State: TN Zip Code: 37403-2201
FEC ID number of contributing federal political committee: C
Name of Employer: University of Tennessee, College of Me
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 / 30 / 2007
Transaction ID: C298904
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): J Mack Worthington, MD
Mailing Address: 1100 E 3rd St
City: Chattanooga State: TN Zip Code: 37403-2201
FEC ID number of contributing federal political committee: C
Name of Employer: University of Tennessee, College of Me
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: C314902
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Paul E Wright, MD
Mailing Address: 1513 Morning Star
City: Edmond State: OK Zip Code: 73034-6549
FEC ID number of contributing federal political committee: C
Name of Employer: St Anthony Hospital
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 13 / 2007
Transaction ID: C298063
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **765.00**

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

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

A.
Full Name (Last, First, Middle Initial): Lillian Wu, MD
Mailing Address: 278 Lind Ave NW
City: Renton State: WA Zip Code: 98057-5136
FEC ID number of contributing federal political committee: C
Name of Employer: Community Health Centers of King Count
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297003
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Dennis Buford Yelvington, MD
Mailing Address: PO Box 1901
City: Stuttgart State: AR Zip Code: 72160-1901
FEC ID number of contributing federal political committee: C
Name of Employer: Stuttgart Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 25 / 2007
Transaction ID: C273028
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Herbert F Young, MD
Mailing Address: 10313 Cherokee Ln
City: Leawood State: KS Zip Code: 66206-2510
FEC ID number of contributing federal political committee: C
Name of Employer: AAFP
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 / 09 / 2007
Transaction ID: C297092
Amount of Each Receipt this Period: 365.00

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

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

Mailing Address 821 E Chapel St Ste 203

City: Santa Maria
State: CA
Zip Code: 93454-4619

FEC ID number of contributing federal political committee.
C

Name of Employer
Central Coast Family Care

Occupation
Physician

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: C278340

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5000.00**

TOTAL This Period (last page this line number only) ..... ▶ **146241.63**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: 2781.91
Date of Receipt: 02 / 05 / 2007
Transaction ID: C273970
Amount of Each Receipt this Period: 434.75

B.
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: 2781.91
Date of Receipt: 02 / 23 / 2007
Transaction ID: C273966
Amount of Each Receipt this Period: 221.95

C.
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: 2781.91
Date of Receipt: 03 / 26 / 2007
Transaction ID: C280010
Amount of Each Receipt this Period: 329.08

SUBTOTAL of Receipts This Page (optional) ..... ▶ 985.78

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

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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: 2781.91
Date of Receipt: 04 / 09 / 2007
Transaction ID: C273967
Amount of Each Receipt this Period: 34.35

B.
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: 2781.91
Date of Receipt: 04 / 09 / 2007
Transaction ID: C280095
Amount of Each Receipt this Period: 9.73

C.
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: 2781.91
Date of Receipt: 04 / 23 / 2007
Transaction ID: C298112
Amount of Each Receipt this Period: 377.26

SUBTOTAL of Receipts This Page (optional) ..... ▶ **421.34**

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

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☐ 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: 2781.91
Date of Receipt: 05 / 21 / 2007
Transaction ID: C298338
Amount of Each Receipt this Period: 63.87

B.
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: 2781.91
Date of Receipt: 05 / 22 / 2007
Transaction ID: C298379
Amount of Each Receipt this Period: 625.02

C.
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: 2781.91
Date of Receipt: 06 / 15 / 2007
Transaction ID: C300778
Amount of Each Receipt this Period: 91.76

SUBTOTAL of Receipts This Page (optional) ..... ▶ **780.65**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 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 ▼
2781.91

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: C315488

Amount of Each Receipt this Period
594.14

SUBTOTAL of Receipts This Page (optional) ..... ▶ **594.14**

TOTAL This Period (last page this line number only) ..... ▶ **2781.91**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D35154
Date of Disbursement: 01 / 08 / 2007
Amount of Each Disbursement this Period: 147.50

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D35155
Date of Disbursement: 01 / 16 / 2007
Amount of Each Disbursement this Period: 73.75

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D35156
Date of Disbursement: 01 / 16 / 2007
Amount of Each Disbursement this Period: 29.50

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **250.75**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D36726
Date of Disbursement: 02 / 09 / 2007
Amount of Each Disbursement this Period: 14.75

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D36727
Date of Disbursement: 02 / 13 / 2007
Amount of Each Disbursement this Period: 10.33

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37728
Date of Disbursement: 02 / 16 / 2007
Amount of Each Disbursement this Period: 10.77

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 35.85

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37729
Date of Disbursement: 02 / 26 / 2007
Amount of Each Disbursement this Period: 23.58

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37730
Date of Disbursement: 01 / 29 / 2007
Amount of Each Disbursement this Period: 11.38

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37731
Date of Disbursement: 01 / 29 / 2007
Amount of Each Disbursement this Period: 2.95

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **37.91**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37835
Date of Disbursement: 03 / 05 / 2007
Amount of Each Disbursement this Period: 27.89

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37836
Date of Disbursement: 03 / 05 / 2007
Amount of Each Disbursement this Period: 4.43

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37837
Date of Disbursement: 03 / 06 / 2007
Amount of Each Disbursement this Period: 2.95

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 35.27

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37838
Date of Disbursement: 03 / 07 / 2007
Amount of Each Disbursement this Period: 29.50

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37839
Date of Disbursement: 03 / 12 / 2007
Amount of Each Disbursement this Period: 4.43

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37840
Date of Disbursement: 03 / 16 / 2007
Amount of Each Disbursement this Period: 14.75

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 48.68

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37841
Date of Disbursement: 03 / 26 / 2007
Amount of Each Disbursement this Period: 9.73

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40803
Date of Disbursement: 04 / 09 / 2007
Amount of Each Disbursement this Period: 13.95

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40804
Date of Disbursement: 04 / 16 / 2007
Amount of Each Disbursement this Period: 3.88

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 27.56

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40805
Date of Disbursement: 04 / 17 / 2007
Amount of Each Disbursement this Period: 1.55

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40806
Date of Disbursement: 04 / 18 / 2007
Amount of Each Disbursement this Period: 11.32

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40807
Date of Disbursement: 04 / 23 / 2007
Amount of Each Disbursement this Period: 6.20

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 19.07

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40808
Date of Disbursement: 04 / 24 / 2007
Amount of Each Disbursement this Period: 22.62

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40809
Date of Disbursement: 04 / 26 / 2007
Amount of Each Disbursement this Period: 22.63

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40810
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 11.32

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 56.57

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D40811
Date of Disbursement: 04 / 30 / 2007
Amount of Each Disbursement this Period: 15.50

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D40812
Date of Disbursement: 04 / 30 / 2007
Amount of Each Disbursement this Period: 14.42

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D41096
Date of Disbursement: 05 / 03 / 2007
Amount of Each Disbursement this Period: 3.10

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **33.02**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D41097
Date of Disbursement: 05 / 04 / 2007
Amount of Each Disbursement this Period: 4.65

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D41098
Date of Disbursement: 05 / 07 / 2007
Amount of Each Disbursement this Period: 3.10

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D41099
Date of Disbursement: 05 / 09 / 2007
Amount of Each Disbursement this Period: 1.55

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9.30**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41100
Date of Disbursement: 05 / 11 / 2007
Amount of Each Disbursement this Period: 14.42

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41101
Date of Disbursement: 05 / 14 / 2007
Amount of Each Disbursement this Period: 22.63

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41102
Date of Disbursement: 05 / 14 / 2007
Amount of Each Disbursement this Period: 15.50

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 52.55

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41103
Date of Disbursement: 05 / 16 / 2007
Amount of Each Disbursement this Period: 3.10

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41104
Date of Disbursement: 05 / 21 / 2007
Amount of Each Disbursement this Period: 18.60

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41105
Date of Disbursement: 05 / 21 / 2007
Amount of Each Disbursement this Period: 4.65

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 26.35

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D41106
Date of Disbursement: 05 / 22 / 2007
Amount of Each Disbursement this Period: 37.20

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D41107
Date of Disbursement: 05 / 25 / 2007
Amount of Each Disbursement this Period: 13.90

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D41109
Date of Disbursement: 05 / 29 / 2007
Amount of Each Disbursement this Period: 11.32

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 62.42

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41110
Date of Disbursement: 05 / 29 / 2007
Amount of Each Disbursement this Period: 6.09

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D47740
Date of Disbursement: 06 / 04 / 2007
Amount of Each Disbursement this Period: 6.20

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D47741
Date of Disbursement: 06 / 04 / 2007
Amount of Each Disbursement this Period: 3.10

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 15.39

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D47742
Date of Disbursement: 06 / 04 / 2007
Amount of Each Disbursement this Period: 0.78

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D47743
Date of Disbursement: 06 / 04 / 2007
Amount of Each Disbursement this Period: 3.10

C.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D47747
Date of Disbursement: 06 / 25 / 2007
Amount of Each Disbursement this Period: 5.68

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9.56

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D47748
Date of Disbursement: 06 / 26 / 2007
Amount of Each Disbursement this Period: 4.65

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53852
City: Phoenix State: AZ Zip Code: 85072-3852
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D47749
Date of Disbursement: 06 / 29 / 2007
Amount of Each Disbursement this Period: 9.19

C.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40 PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D41094
Date of Disbursement: 05 / 01 / 2007
Amount of Each Disbursement this Period: 498.04

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **511.88**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D47745
Date of Disbursement: 06 / 01 / 2007
Amount of Each Disbursement this Period: 493.73

B.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Bank Fee - Check order
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D47746
Date of Disbursement: 06 / 14 / 2007
Amount of Each Disbursement this Period: 54.00

C.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Deposit Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41114
Date of Disbursement: 05 / 31 / 2007
Amount of Each Disbursement this Period: 9.20

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **556.93**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Deposit Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41115
Date of Disbursement: 05 / 31 / 2007
Amount of Each Disbursement this Period: 0.28

B.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40813
Date of Disbursement: 04 / 02 / 2007
Amount of Each Disbursement this Period: 323.93

C.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37842
Date of Disbursement: 03 / 01 / 2007
Amount of Each Disbursement this Period: 205.26

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 529.47

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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

A.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Bank Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37761
Date of Disbursement: 03 / 31 / 2007
Amount of Each Disbursement this Period: 0.25

B.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D36728
Date of Disbursement: 02 / 01 / 2007
Amount of Each Disbursement this Period: 185.96

C.
Full Name (Last, First, Middle Initial): Bank Of America Merchant Services
Mailing Address: WA2-505-01-40, PO Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D35158
Date of Disbursement: 01 / 02 / 2007
Amount of Each Disbursement this Period: 126.62

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 312.83

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	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: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D35160
Date of Disbursement: 01 / 03 / 2007
Amount of Each Disbursement this Period: 24.08

B.
Full Name (Last, First, Middle Initial): Discover Network
Mailing Address: P O Box 52145
City: Phoenix State: AZ Zip Code: 85072-2145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D36729
Date of Disbursement: 02 / 02 / 2007
Amount of Each Disbursement this Period: 10.91

C.
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: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D37843
Date of Disbursement: 03 / 02 / 2007
Amount of Each Disbursement this Period: 39.87

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **74.86**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	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: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D40814
Date of Disbursement: 04 / 03 / 2007
Amount of Each Disbursement this Period: 35.50

B.
Full Name (Last, First, Middle Initial): Discover Network
Mailing Address: P O Box 52145
City: Phoenix State: AZ Zip Code: 85072-2145
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D41095
Date of Disbursement: 05 / 02 / 2007
Amount of Each Disbursement this Period: 16.24

C.
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: Credit Card Processing Fee
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D47744
Date of Disbursement: 06 / 14 / 2007
Amount of Each Disbursement this Period: 33.23

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **84.97**

TOTAL This Period (last page this line number only) ..... ▶ **2791.19**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): AMERICA WORKS PAC
Mailing Address: 426 C St NE
City: Washington State: DC Zip Code: 20002-5818
Purpose of Disbursement: Campaign contribution
Candidate Name: Sherrod Brown
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: OH District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D40989
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): COMMITTEE FOR A DEMOCRATIC MAJORITY
Mailing Address: 301 4th St. NE Suite 202 SUITE 202
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Campaign contribution
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37664
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): DONNA CHRISTENSEN CAMPAIGN
Mailing Address: 417 New Jersey Ave SE
City: Washington State: DC Zip Code: 20003-4007
Purpose of Disbursement: Campaign contribution
Candidate Name: Del. Donna M. Christensen
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: VI District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37657
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

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

FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 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)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
Fl 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/ Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Transaction ID: D37663
Date of Disbursement
03 / 15 / 2007

Amount of Each Disbursement this Period
15000.00

B.
Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/ Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Transaction ID: D41016
Date of Disbursement
06 / 12 / 2007

Amount of Each Disbursement this Period
15000.00

C.
Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/ Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Transaction ID: D40991
Date of Disbursement
06 / 08 / 2007

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **35000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): National Republican Congressional Committee
Mailing Address: 320 1st St SE
City: Washington State: DC Zip Code: 20003-1838
Purpose of Disbursement: Campaign contribution
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37665
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 10000.00

B.
Full Name (Last, First, Middle Initial): PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION
Mailing Address: PO Box 26366
City: Alexandria State: VA Zip Code: 22313-6366
Purpose of Disbursement: Campaign contribution
Candidate Name: Phil English
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 3
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D40992
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): ANNA ESHOO FOR CONGRESS
Mailing Address: PO Box 636
City: Annandale State: VA Zip Code: 22003-0636
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Anna Eshoo
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 14
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37661
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **13500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): CUBIN FOR CONGRESS INC
Mailing Address: POST OFFICE BOX 4657
City: CASPER State: WY Zip Code: 82604
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Barbara Cubin
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: WY District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D41077
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): CONGRESSMAN BART GORDON COMMITTEE
Mailing Address: P.O. Box 2008
City: Murfreesboro State: TN Zip Code: 37133
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Bart Gordon
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 6
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40881
Date of Disbursement: 05 / 23 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN
Mailing Address: PO Box 12612
City: San Antonio State: TX Zip Code: 78212-0612
Purpose of Disbursement: Vioded Check #200144 - 4/4/2007
Candidate Name: Rep. Charles A. Gonzalez
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 20
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D41057
Date of Disbursement: 06 / 14 / 2007
Amount of Each Disbursement this Period: -2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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)
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212-0612

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles A. Gonzalez

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 20

Disbursement For: 2008
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: D37795
Date of Disbursement
04 / 02 / 2007

Amount of Each Disbursement this Period
2000.00

B.
Full Name (Last, First, Middle Initial)
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212-0612

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles A. Gonzalez

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 20

Disbursement For: 2008
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: D40729
Date of Disbursement
05 / 07 / 2007

Amount of Each Disbursement this Period
2000.00

C.
Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027-5570

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles B. Rangel

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 15

Disbursement For: 2008
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: D37662
Date of Disbursement
03 / 15 / 2007

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): CHARLES BOUSTANY JR MD FOR CONGRESS INC
Mailing Address: Post Office Box 80126
City: Lafayette State: LA Zip Code: 70598
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Charles W. Boustany Jr.
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 7
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37687
Date of Disbursement: 03 / 19 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): HOOLEY FOR CONGRESS
Mailing Address: PO BOX 2050
City: SALEM State: OR Zip Code: 97308
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Darlene Hooley
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OR District: 5
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37669
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): DAVE CAMP FOR CONGRESS 2008
Mailing Address: 2501 Wisconsin Ave NW Apt 304
City: Washington State: DC Zip Code: 20007-4543
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Dave Camp
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 4
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40681
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): FRIENDS OF DAVE WELDON
Mailing Address: PO Box 968
City: Melbourne State: FL Zip Code: 32902
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Dave Weldon
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 15
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40762
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): MOORE FOR CONGRESS
Mailing Address: PO BOX 14631
City: Shawnee Mission State: KS Zip Code: 66285
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Dennis Moore
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: KS District: 3
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40990
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): DIANA DEGETTE FOR CONGRESS INC.
Mailing Address: P.O. Box 61337
City: Denver State: CO Zip Code: 80206
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Diana L. DeGette
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 1
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37658
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A.
Full Name (Last, First, Middle Initial): EARL POMEROY FOR CONGRESS
Mailing Address: PO Box 75214
City: Washington State: DC Zip Code: 20013-0214
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Earl Pomeroy
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: ND District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37667
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): BOYD FOR CONGRESS
Mailing Address: P.O. Box 15703
City: Tallahassee State: FL Zip Code: 32317
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. F. Allen Boyd Jr.
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 2
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40767
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 1500.00

C.
Full Name (Last, First, Middle Initial): PETE STARK RE-ELECTION COMMITTEE
Mailing Address: P.O. Box 8331
City: Fremont State: CA Zip Code: 94537
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Fortney H. Stark
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 13
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37660
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): PALLONE FOR CONGRESS
Mailing Address: PO BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Frank Pallone Jr.
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 6
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40764
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): GIFFORDS FOR CONGRESS
Mailing Address: PO Box 27565
City: Tucson State: AZ Zip Code: 85726
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Gabrielle Giffords
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 8
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D41079
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): GENE GREEN CONGRESSIONAL CAMPAIGN
Mailing Address: PO BOX 16128
City: HOUSTON State: TX Zip Code: 77222
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Gene Green
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 29
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37659
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): WALSH FOR CONGRESS COMMITTEE
Mailing Address: 104 Hume Ave
City: Alexandria State: VA Zip Code: 22301-1015
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. James T. Walsh
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 25
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37686
Date of Disbursement: 03 / 19 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): JESSE JACKSON JR. FOR CONGRESS
Mailing Address: P.O. Box 490286
City: Chicago State: IL Zip Code: 60649
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Jesse Jackson Jr.
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 2
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40784
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS FOR JIM MCDERMOTT
Mailing Address: PO Box 21786
City: Seattle State: WA Zip Code: 98111
Purpose of Disbursement: Campaign Contribution
Candidate Name: Rep. Jim McDermott
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 7
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D41076
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): CONGRESSMAN JOE BARTON COMMITTEE, THE
Mailing Address: P.O. Box 1444
City: Ennis State: TX Zip Code: 75120
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Joe Barton
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 6
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40676
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): JOHN D. DINGELL FOR CONGRESS COMMITTEE
Mailing Address: 607 14th Street N.W.
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. John D. Dingell
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 15
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40987
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN PETERSON
Mailing Address: 114 W. State Street PO BOX 295
City: Pleasantville State: PA Zip Code: 16341
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. John E. Peterson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 5
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40678
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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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 LEWIS FOR CONGRESS
Mailing Address: 2015 Wallace Rd.
City: Atlanta State: GA Zip Code: 30331
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. John Lewis
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 5
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40769
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN TANNER
Mailing Address: 236 Massachusetts Ave NE
City: Washington State: DC Zip Code: 20002-4980
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. John S. Tanner
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 8
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37668
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): JOHN SULLIVAN FOR CONGRESS INC
Mailing Address: Post Office Box 470840
City: Tulsa State: OK Zip Code: 74147
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. John Sullivan
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OK District: 1
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40677
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF JOE PITTS
Mailing Address: PO BOX 775
City: Unionville State: PA Zip Code: 19375
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Joseph R. Pitts
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 16
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D41078
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF LOIS CAPPS
Mailing Address: PO Box 23940
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Lois Capps
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 23
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40883
Date of Disbursement: 05 / 23 / 2007
Amount of Each Disbursement this Period: 1000.00

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: [X] House [ ] Senate [ ] President
State: TX District: 26
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40770
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): ROGERS FOR CONGRESS
Mailing Address: Post Office Box 581
City: Brighton State: MI Zip Code: 48116
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Michael J. Rogers
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 8
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40984
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): NATHAN DEAL FOR CONGRESS
Mailing Address: PO BOX 902
PO BOX 902
City: GAINESVILLE State: GA Zip Code: 30503
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Nathan Deal
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 9
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37709
Date of Disbursement: 03 / 21 / 2007
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): TIBERI FOR CONGRESS
Mailing Address: 2021 E Dublin Granville Road
Ste 2000
City: Columbus State: OH Zip Code: 43229
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Patrick J. Tiberi
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 12
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40761
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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): GINGREY FOR CONGRESS
Mailing Address: PO Box U
City: Marietta State: GA Zip Code: 30060
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Phil Gingrey
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 11
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40988
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF RAHM EMANUEL
Mailing Address: P.O. Box 101124
City: Chicago State: IL Zip Code: 60610
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Rahm Emanuel
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 5
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40768
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF ROY BLUNT
Mailing Address: PO Box 50100
City: Springfield State: MO Zip Code: 65805
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Roy Blunt
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 7
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40986
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial): HOYER FOR CONGRESS
Mailing Address: 7905 MALCOLM ROAD SUITE 102
City: CLINTON State: MD Zip Code: 20735
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Steny H. Hoyer
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 5
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37796
Date of Disbursement: 04 / 02 / 2007
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): HOOSIERS SUPPORTING BUYER FOR CONGRESS
Mailing Address: 200 North Main St. P.O. Box 712
City: Monticello State: IN Zip Code: 47960
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Steve Buyer
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IN District: 4
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40985
Date of Disbursement: 06 / 08 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): TOM ALLEN FOR CONGRESS COMMITTEE
Mailing Address: P.O. Box 17766
City: Portland State: ME Zip Code: 04112
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Thomas H. Allen
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: ME District: 1
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40680
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): TIM RYAN FOR CONGRESS
Mailing Address: 80 F St NW Suite 804
City: Washington State: DC Zip Code: 20001
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Tim Ryan
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 17
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40675
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS
Mailing Address: PO Box 24551
City: Pttsburgh State: PA Zip Code: 15234
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Timothy F. Murphy
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 18
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40880
Date of Disbursement: 05 / 23 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. Box 425
City: Roswell State: GA Zip Code: 30077
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Tom Price
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 6
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D37666
Date of Disbursement: 03 / 15 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial): BECERRA FOR CONGRESS
Mailing Address: P.O. Box 116
City: Hyattsville State: MD Zip Code: 20781
Purpose of Disbursement: Campaign contribution
Candidate Name: Rep. Xavier Becerra
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 31
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40679
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): REPUBLICAN MAIN STREET PARTNERSHIP PAC
Mailing Address: 1220 L St NW Ste 100-263
City: Washington State: DC Zip Code: 20005-4018
Purpose of Disbursement: Campaign contribution
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D37797
Date of Disbursement: 04 / 02 / 2007
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF BLANCHE LINCOLN
Mailing Address: PO BOX 3197
City: LITTLE ROCK State: AR Zip Code: 72203
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Blanche L. Lincoln
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: AR District: 0
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40763
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): GRASSLEY COMMITTEE INC
Mailing Address: PO BOX 1000
City: DES MOINES State: IA Zip Code: 50304
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Charles E. Grassley
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: IA District: 0
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40882
Date of Disbursement: 05 / 23 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: PO BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Max Baucus
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MT District: 0
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D41074
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: PO BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Max Baucus
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MT District: 0
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D41075
Date of Disbursement: 06 / 18 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: PO BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Max Baucus
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MT District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40682
Date of Disbursement: 04 / 27 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): TIM JOHNSON FOR SOUTH DAKOTA INC
Mailing Address: PO BOX 1859
City: SIOUX FALLS State: SD Zip Code: 57101
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Tim Johnson
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: SD District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40819
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): CITIZENS FOR HARKIN
Mailing Address: P O BOX 811
City: DES MOINES State: IA Zip Code: 50304
Purpose of Disbursement: Campaign contribution
Candidate Name: Sen. Tom Harkin
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: IA District: 0
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D40816
Date of Disbursement: 05 / 10 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)
BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 236 Massachusetts Ave NE
Ste 508

City: Washington
State: DC
Zip Code: 20002-4980

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/ Type

Office Sought: ☒ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: D37656

Date of Disbursement
MM 03 / DD 15 / YYYY 2007

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

TOTAL This Period (last page this line number only) ..... ▶ **171500.00**

Image# 27990203326

Form/Schedule:**SA11AI** Contribution was matching challenge put forth by Dr. Brull.
Transaction ID: **C298903**

Form/Schedule:**SA11AI** Credit Dennis Salisbury with contribution raised.
Transaction ID: **C315485**

****

Image# 27990203327

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C273966**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C273967**

****

Image# 27990203328

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C273970**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C280010**

****

Image# 27990203329

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees. Close
Transaction ID: **C298338**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C298379**

****

Image# 27990203330

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C300778**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees. Close
Transaction ID: **C315488**

****