

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		402137.22
(b) Cash on Hand at Beginning of Reporting Period.....	417849.68	
(c) Total Receipts (from Line 19)	62235.39	78810.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	480085.07	480948.11
7. Total Disbursements (from Line 31).....	93512.18	94375.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	386572.89	386572.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 02 / 01 / 2013 To: 02 / 28 / 2013

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).....	43354.54	53107.87
(ii) Unitemized	18616.14	24899.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61970.68	78007.51
(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)	61970.68	78007.51
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).....	264.71	803.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	62235.39	78810.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62235.39	78810.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	392.18	656.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	392.18	656.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	93000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	120.00	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	120.00	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	93512.18	94375.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93512.18	94375.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61970.68	78007.51
34. Total Contribution Refunds (from Line 28(d))	120.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61850.68	77289.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	392.18	656.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	264.71	803.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127.47	-146.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. James Douglas Aldstadt MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2013 Transaction ID : C1976071
Mailing Address 4202 Southridge Ct Ste 300		Amount of Each Receipt this Period 250.00
City Englewood	State OH	
Zip Code 45322-2645		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donald W Allen MD		Date of Receipt MM / DD / YYYY 02 / 08 / 2013 Transaction ID : C1922142
Mailing Address PO Box 865 830 East 1120 South		Amount of Each Receipt this Period 600.00
City Coalville	State UT	
Zip Code 84017-0865		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian L Bachelder MD		Date of Receipt MM / DD / YYYY 02 / 21 / 2013 Transaction ID : C1975662
Mailing Address 5151 TR 126		Amount of Each Receipt this Period 365.00
City Mount Gilead	State OH	
Zip Code 43338		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Akron General Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1215.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gordon Hugh Baustian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3864 Lost Valley Rd SE
 City Cedar Rapids State IA Zip Code 52403-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCHSI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922235
 Amount of Each Receipt this Period
 500.00

B. Luis Manuel Benavides MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Gale St
 City Laredo State TX Zip Code 78041-6003
 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
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1920485
 Amount of Each Receipt this Period
 365.00

C. Kenneth Robert Bertka MD
 Full Name (Last, First, Middle Initial)
 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 Mercy Health Partners Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1918870
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wendy S Biggs MD
Full Name (Last, First, Middle Initial)

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2680
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2013

Transaction ID : C1976110

Amount of Each Receipt this Period
500.00

B. Jennifer L Brull MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 147
3000 US HWY 183

City Plainville	State KS	Zip Code 67663-0147
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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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : C1924447

Amount of Each Receipt this Period
500.00

C. Jeffrey J Cain MD
Full Name (Last, First, Middle Initial)

Mailing Address 341 S High St

City Denver	State CO	Zip Code 80209-2629
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado	Occupation Family Physician
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2013

Transaction ID : C1922351

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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey J Cain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 S High St
 City State Zip Code
 Denver CO 80209-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924433
 Amount of Each Receipt this Period
 1000.00

B. Domenic Wm Casablanca MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Corporate Dr Ste 195
 City State Zip Code
 Shelton CT 06484-6240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924428
 Amount of Each Receipt this Period
 365.00

c. Charles E Christianson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3701 15th Ave S
 City State Zip Code
 Grand Forks ND 58203-2817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Dakota Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922157
 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 NE 10th St
 OU Physicians Family Medicine Cent
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2013
Transaction ID : C1920598
 Amount of Each Receipt this Period
 454.54
 Aggregate Year-to-Date
 454.54

B. Patricia A Czapp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Melvin Ave
 City Annapolis State MD Zip Code 21401-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anne Arundel Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975668
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date
 365.00

C. R Wesley Dean Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E Emory Rd
 City Powell State TN Zip Code 37849-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Medical Group, PLLC Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C1922424
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1184.54
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 47
(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. Jason B Dees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 W Longview Dr
 City State Zip Code
 New Albany MS 38652-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Magnolia Health Plan Chief Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922247
 Amount of Each Receipt this Period
 2500.00

B. Daniel J Derksen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Big Horn Ridge PI NE
 City State Zip Code
 Albuquerque NM 87122-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of New Arizona Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1975538
 Amount of Each Receipt this Period
 1000.00

C. Gretchen M Dickson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2227 N Stoneybrook Ct
 City State Zip Code
 Wichita KS 67226-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Kansas School of Medicine Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924445
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barbara J Doty MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2250 S Woodworth Loop
 Ste 100
 City Palmer State AK Zip Code 99645-7457
 Name of Employer Providence Matanuska Health care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2013
Transaction ID : C1922296
 Amount of Each Receipt this Period 500.00

B. Heidi Miller Duncan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Gregory Dr N
 City Billings State MT Zip Code 59102-0507
 Name of Employer Deaconess Billings Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2013
Transaction ID : C1924802
 Amount of Each Receipt this Period 500.00

C. Wanda D Filer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Aqua Ct
 City York State PA Zip Code 17403-3623
 Name of Employer Strategic Health Institute Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 02 / 2013
Transaction ID : C1920550
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patricia Fontaine MD		Date of Receipt MM / DD / YYYY 02 / 18 / 2013 Transaction ID : C1924805
Mailing Address 1100 Angelo Dr		Amount of Each Receipt this Period 100.00
City Golden Valley	State MN	Zip Code 55422-4708
FEC ID number of contributing federal political committee. C		
Name of Employer Health Partners Research Foundation	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Patricia Fontaine MD		Date of Receipt MM / DD / YYYY 02 / 21 / 2013 Transaction ID : C1975955
Mailing Address 1100 Angelo Dr		Amount of Each Receipt this Period 265.00
City Golden Valley	State MN	Zip Code 55422-4708
FEC ID number of contributing federal political committee. C		
Name of Employer Health Partners Research Foundation	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Corrine M Ganske MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2013 Transaction ID : C1976069
Mailing Address 840 E University Ave		Amount of Each Receipt this Period 250.00
City Des Moines	State IA	Zip Code 50316-2304
FEC ID number of contributing federal political committee. C		
Name of Employer Iowa Health Des Moines	Occupation Residency Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daron W Gersch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Golfview Dr
 City Albany State MN Zip Code 56307-9315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Area Hospital & Med. Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1975617
 Amount of Each Receipt this Period
370.00

B. Vito Grasso CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Osborne Rd
 City Albany State NY Zip Code 12211-1844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYSAFP Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1975530
 Amount of Each Receipt this Period
250.00

C. Bob Arvid Grubbs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9817 Farmington Rd
 City Tuscaloosa State AL Zip Code 35405-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Family Practice P.C. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919548
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1120.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 47
(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. Clare Arnot Hawkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6121 Annapolis St
 City State Zip Code
 Houston TX 77005-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Jacinto Methodist Education Founda Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975663
 Amount of Each Receipt this Period
 365.00

B. Douglas E Henley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11400 Tomahawk Creek Pkwy
 City State Zip Code
 Leawood KS 66211-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Family Physicians Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1920522
 Amount of Each Receipt this Period
 2500.00

C. Thomas Lynn Hicks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3258 N Monroe St
 City State Zip Code
 Tallahassee FL 32303-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Patients First Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C1924426
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3230.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas C Hines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Whittemore St
 City State Zip Code
 Arlington MA 02474-6602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boston Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1920496
 Amount of Each Receipt this Period
 365.00

B. David J Hoelting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Lloyd St
 City State Zip Code
 Pender NE 68047-5021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pender Medical Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924444
 Amount of Each Receipt this Period
 500.00

c. Jeffrey J Hoffmann DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 370
 City State Zip Code
 Guttenberg IA 52052-0370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cornerstone Family Practice Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : C1924804
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : C1976061
 Amount of Each Receipt this Period
 365.00

B. Samuel M Jones MD
 Full Name (Last, First, Middle Initial)
 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 Practice Center Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922187
 Amount of Each Receipt this Period
 400.00

C. Rick Kellerman Md Kellerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 N Armour St
 City Wichita State KS Zip Code 67206-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas University School of Medicine-W Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922189
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1765.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Bradon Y Kimura MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2013 Transaction ID : C1975616
Mailing Address 81-937 Halekii St PO Box 497		Amount of Each Receipt this Period 550.00
City Kealahouka	State HI	Zip Code 96750-8182
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Susan Karen Kinast-Porter MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : C1918855
Mailing Address 2302 11th St		Amount of Each Receipt this Period 500.00
City Monroe	State WI	Zip Code 53566-1811
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James Darrel King MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : C1918872
Mailing Address 270 E Court Ave Ste B		Amount of Each Receipt this Period 250.00
City Selmer	State TN	Zip Code 38375-2304
FEC ID number of contributing federal political committee. C		
Name of Employer Primecare Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Deborah Ann Kullerd MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21855 Ingileif Ln # 154
 City Nemo State SD Zip Code 57759-7641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919541
 Amount of Each Receipt this Period
 370.00

B. Kaparaboyna Ashok Kumar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18718 Needle Rock
 City San Antonio State TX Zip Code 78258-4638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Health Science Center @SA
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975672
 Amount of Each Receipt this Period
 365.00

C. Paul Alan Lazar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address G3230 Beecher Rd Ste 1
 City Flint State MI Zip Code 48532-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLaren
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924436
 Amount of Each Receipt this Period
 370.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert A Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9116 Hammontree Dr
 City Urbandale State IA Zip Code 50322-7427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lee and Ruisch Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919561
 Amount of Each Receipt this Period
 370.00

B. Robyn A Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SE Stark St
 City Portland State OR Zip Code 97214-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health & Science University Occupation Assistant Professor, Family Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1920505
 Amount of Each Receipt this Period
 365.00

C. Rodney D Logan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6281 Chamberlain Rd
 City Silver Springs State NY Zip Code 14530-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Letchworth Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922191
 Amount of Each Receipt this Period
 370.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael L Madden MD
Full Name (Last, First, Middle Initial)

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C1922192

Amount of Each Receipt this Period
 400.00

B. Elizabeth R McClard MD
Full Name (Last, First, Middle Initial)

Mailing Address 346 Madison St

City Denver State CO Zip Code 80206-4437

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : C1976064

Amount of Each Receipt this Period
 250.00

C. Terry Lee Mills MD
Full Name (Last, First, Middle Initial)

Mailing Address 720 Medical Center Dr

City Newton State KS Zip Code 67114-8778

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

Name of Employer Via Christi Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2013

Transaction ID : C1922281

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 S Martin St
 City Spokane State WA Zip Code 99203-3751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2013
Transaction ID : C1976124
 Amount of Each Receipt this Period
250.00

B. Charles E Nelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N4781 Julie Ann Dr
 1910 Alabama St
 City Spooner State WI Zip Code 54801-8645
 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
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2013
Transaction ID : C1920512
 Amount of Each Receipt this Period
365.00

C. R W Nicholson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Cobblestone Dr
 City Evansville State IN Zip Code 47715-4288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderburgh County Health Dept. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2013
Transaction ID : C1922154
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **865.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarah Catherine Nosal MD
Full Name (Last, First, Middle Initial)

Mailing Address 40 E 9th St

City New York State NY Zip Code 10003-6421

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

Name of Employer Institute for Family Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975661

Amount of Each Receipt this Period
 365.00

B. David T O'Gurek MD
Full Name (Last, First, Middle Initial)

Mailing Address 440 W Iron St

City Summit Hill State PA Zip Code 18250-1014

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

Name of Employer Lancaster General Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975671

Amount of Each Receipt this Period
 500.00

C. Cheri L Olson MD
Full Name (Last, First, Middle Initial)

Mailing Address 815 10th St S

City La Crosse State WI Zip Code 54601-4764

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

Name of Employer Mayo Clinic Health System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919540

Amount of Each Receipt this Period
 740.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1605.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Javette C Orgain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 806527
 City Chicago State IL Zip Code 60680-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ILLINOIS COLLEGE OF MED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 10 / 2013**
Transaction ID : C1977980
 Amount of Each Receipt this Period **125.00**

B. Brian Robert Pentti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Allston St Apt 6
 City Brighton State MA Zip Code 02135-7629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 20 / 2013**
Transaction ID : C1975613
 Amount of Each Receipt this Period **300.00**

C. Bryan Anthony Picou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Keyser Ave Ste G # A
 City Natchitoches State LA Zip Code 71457-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Natchitoches Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **02 / 08 / 2013**
Transaction ID : C1922201
 Amount of Each Receipt this Period **370.00**

SUBTOTAL of Receipts This Page (optional)..... **795.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marguerite B Picou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Keyser Ave
 Ste G
 City Natchitoches State LA Zip Code 71457-6215
 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 ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922203
 Amount of Each Receipt this Period
 370.00

B. Marc D Price Price
 Full Name (Last, First, Middle Initial)
 Mailing Address 2388 Route 9
 Ste 200
 City Mechanicville State NY Zip Code 12118-3433
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1975532
 Amount of Each Receipt this Period
 400.00

c. William E Raduege MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 553
 City Woodruff State WI Zip Code 54568-0553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William E Raduege, MD, SC (Corporation)
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919542
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janice Eileen Ragland MD
 Full Name (Last, First, Middle Initial)
 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 Herdon Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922227
 Amount of Each Receipt this Period
 500.00

B. Keith M Ratcliff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 864 Kleekamp Ln
 City Washington State MO Zip Code 63090-5560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Patients First Health Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922207
 Amount of Each Receipt this Period
 370.00

C. David C Rau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4232 N Riverside Dr
 City Columbus State IN Zip Code 47203-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rau Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : C1976058
 Amount of Each Receipt this Period
 370.00

SUBTOTAL of Receipts This Page (optional).....▶	1240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jo Marie R Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1975 Zonal Ave
 City Los Angeles State CA Zip Code 90089-5648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KSAM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975957
 Amount of Each Receipt this Period
365.00

B. Robert E Reneker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2652 Gullmont Dr SW
 City Wyoming State MI Zip Code 49418-9302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Mary's/Advantage Health Medical Gro Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922248
 Amount of Each Receipt this Period
365.00

c. Stephen D Richards DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 E Kennedy St
 City Algona State IA Zip Code 50511-3448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. Iowa Health System/SELF Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922242
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1730.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elisabeth L Righer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 267 Park Dr
 City Dayton State OH Zip Code 45410-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University BSM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.00**

Date of Receipt **02 / 10 / 2013**
Transaction ID : C1924800
 Amount of Each Receipt this Period **100.00**

B. Shirley Uhl Salvatore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Hastings Ct
 City Pueblo State CO Zip Code 81001-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centura Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **02 / 08 / 2013**
Transaction ID : C1922228
 Amount of Each Receipt this Period **750.00**

c. Madalyn Schaeffgen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Newgate Dr
 City Allentown State PA Zip Code 18103-9263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Physician Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 10 / 2013**
Transaction ID : C1922297
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1215.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alan I Schwartzstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 Harding St
 City Oregon State WI Zip Code 53575-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Health System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975667
 Amount of Each Receipt this Period
 500.00

B. Patricia Ann Sereno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Morgan Ave
 City Stoneham State MA Zip Code 02180-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hallmark Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : C1975664
 Amount of Each Receipt this Period
 365.00

c. George Wm Shannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Slate Dr
 City Columbus State GA Zip Code 31906-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizons Diagnostics Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919556
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	1765.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gil Solomon MD
Full Name (Last, First, Middle Initial)

Mailing Address 24508 Indian Hill Ln

City West Hills State CA Zip Code 91307-3832

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

Name of Employer Anthem Blue Cross Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : C1919550

Amount of Each Receipt this Period
 500.00

B. Daniel R Spogen MD
Full Name (Last, First, Middle Initial)

Mailing Address Brigham Building MS 316

City Reno State NV Zip Code 89557-0046

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

Name of Employer University of Nevada Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2013
Transaction ID : C1922284

Amount of Each Receipt this Period
 1000.00

c. Gregory J Steinmetz MD
Full Name (Last, First, Middle Initial)

Mailing Address 150 Bluff Ave

City Cranston State RI Zip Code 02905-3727

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

Name of Employer APCM Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922214

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenton I Voorhees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7953 S Franklin Ct
 City Centennial State CO Zip Code 80122-3255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado School of Medic Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **370.00**

Date of Receipt **02 / 01 / 2013**
Transaction ID : C1918857
 Amount of Each Receipt this Period **370.00**

B. Robert L Wergin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10500 W A St
 City Lincoln State NE Zip Code 68532-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health Care Systems Occupation Physicians
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 08 / 2013**
Transaction ID : C1922267
 Amount of Each Receipt this Period **1000.00**

C. Randell K Wexler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 Haybury Dr
 City New Albany State OH Zip Code 43054-8691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : C1977928
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1870.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestatee Regional Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 05 / 2013**
Transaction ID : C1920769
 Amount of Each Receipt this Period **250.00**

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

Date of Receipt **02 / 01 / 2013**
Transaction ID : C1920524
 Amount of Each Receipt this Period **365.00**

C. Julie Kristin Wood MD
 Full Name (Last, First, Middle Initial)
 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 American Academy of Family Physicians Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : C1920622
 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David P Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1313 Red River St Ste 100
 City Austin State TX Zip Code 78701-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922217
 Amount of Each Receipt this Period
 370.00

B. Herbert Foreman Young MD
 Full Name (Last, First, Middle Initial)
 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
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : C1922015
 Amount of Each Receipt this Period
 365.00

C. Paul Victor Zimmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Ridge Cir
 City Kodiak State AK Zip Code 99615-7234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kodiak Community Health Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : C1924803
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	985.00
TOTAL This Period (last page this line number only).....▶	43354.54

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

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

FOR LINE NUMBER: PAGE 35 OF 47
(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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **803.38**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1920788

Amount of Each Receipt this Period
264.71

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	264.71
TOTAL This Period (last page this line number only).....▶	264.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : D140419

Amount of Each Disbursement this Period

32.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : D140420

Amount of Each Disbursement this Period

29.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : D140421

Amount of Each Disbursement this Period

18.02

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

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

79.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : D140559

Amount of Each Disbursement this Period

182.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2013

Transaction ID : D140560

Amount of Each Disbursement this Period

16.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : D140561

Amount of Each Disbursement this Period

19.18

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

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

217.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : D144317

Amount of Each Disbursement this Period

4.88

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : D144318

Amount of Each Disbursement this Period

72.48

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : D144319

Amount of Each Disbursement this Period

17.62

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

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

94.98

392.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement
Campaign contribution

Candidate Name

Del. Donna M.C. Christensen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140483

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140484

Amount of Each Disbursement this Period

15,000.00

Full Name (Last, First, Middle Initial)

C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140486

Amount of Each Disbursement this Period

2,500.00

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

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

22,500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. GLACIER PAC

Mailing Address 236 Massachusetts Avenue NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D140493

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D143462

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. 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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D140489

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Mailing Address 607 14th St NW
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Transaction ID : D140488

Amount of Each Disbursement this Period

5000.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ami Bera

Category/
Type

Transaction ID : D140495

Amount of Each Disbursement this Period

5000.00

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2013

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Andy Harris

Category/
Type

Transaction ID : D143461

Amount of Each Disbursement this Period

1000.00

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 20 F St NW
Ste 500

City Washington State DC Zip Code 20001-6703

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143465

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ed Perlmutter

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143480

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140485

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143464

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address 104 Hume Ave

City State Zip Code
Alexandria VA 22301-1015

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143463

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City State Zip Code
TARPON SPRINGS FL 34688

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Gus Bilirakis

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143466

Amount of Each Disbursement this Period

1,000.00

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

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

8,500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : D140494

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : D140491

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : D140490

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140496

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City State Zip Code
TAYLORVILLE IL 62568

Purpose of Disbursement
Campain contribution to retire 2012 general election debt

Candidate Name

Rep. Rodney Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140482

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City State Zip Code
HELENA MT 59624

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President
State: MT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140492

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City State Zip Code
 CODY WY 82414

Purpose of Disbursement
 Campaign contribution

Candidate Name

Sen. Michael B. Enzi

Office Sought: House
 Senate
 President
 State: WY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
 02 / 27 / 2013

Transaction ID : D143467

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO Box 11586

City State Zip Code
 Washington DC 20008-0786

Purpose of Disbursement
 Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
 02 / 12 / 2013

Transaction ID : D140487

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

6000.00

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

93000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John Francis Jackson-Hughes

Mailing Address Nipigon District Mem Hosp
125 Hogan Rd P O Box 67

City Nipigon State ON Zip Code

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140269

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Mary E Machamer MD

Mailing Address

City State Zip Code

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140029

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr. Meir Rock MD

Mailing Address 6 Ben-gurion St

City ISRAEL State Zip Code

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140270

Amount of Each Disbursement this Period

50.00

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

120.00

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

120.00
