



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	406141.27	
(c) Total Receipts (from Line 19) .....	19590.48	342865.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	425731.75	680231.79
7. Total Disbursements (from Line 31).....	45546.13	300046.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	380185.62	380185.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Family Physicians Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13221.01	240497.51
(ii) Unitemized .....	5910.67	95367.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19131.68	335865.25
(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) .....	19131.68	335865.25
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).....	458.80	7000.35
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))..... ▶	19590.48	342865.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19590.48	342865.60

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	446.13	5644.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	446.13	5644.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	290700.00
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 .....	100.00	2880.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	2880.00
29. Other Disbursements .....	0.00	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45546.13	300046.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45546.13	300046.17

**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) .....	19131.68	335865.25
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	2880.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19031.68	332985.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	446.13	5644.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	458.80	7000.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-12.67	-1355.68

**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 36
	<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**

**A. Kelly Alberda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Gorham St  
 City Austin State TX Zip Code 78758-3760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seton Family of Doctors Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : C1811207**  
 Amount of Each Receipt this Period 30.00

**B. Timothy K Atkinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Leroy St  
 Canton-Potsdam Hospital  
 City Potsdam State NY Zip Code 13676-1786  
 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 ▼ 730.25

Date of Receipt 08 / 27 / 2012  
**Transaction ID : C1814774**  
 Amount of Each Receipt this Period 274.00

**C. Donna Louise Bacon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7227 N Highway 1  
 City Cocoa State FL Zip Code 32927-5020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 27 / 2012  
**Transaction ID : C1811780**  
 Amount of Each Receipt this Period 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	669.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<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. Frederic Baker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Mark Cir

City Holden State MA Zip Code 01520-1410

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

Name of Employer UMMHC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C1808535**

Amount of Each Receipt this Period  
**60.00**

**B. Tom Banning**  
Full Name (Last, First, Middle Initial)

Mailing Address Exec Vice Pres TX AFP  
12012 Technology Blvd Ste 200

City Austin State TX Zip Code 78727-6207

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

Name of Employer TX AFP Occupation CEO-EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2012

**Transaction ID : C1811139**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 4407 Leedy Rd  
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

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

Name of Employer Quillen College of Medicine Occupation Professor, Family Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C1805289**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<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. Robert C M Bourne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1538 Dwight St  
 City Redlands State CA Zip Code 92373-7013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaver Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **243.36**

Date of Receipt **08 / 27 / 2012**  
**Transaction ID : C1814742**  
 Amount of Each Receipt this Period **30.42**

**B. June G Bredin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4924 153Rd PI Sw  
 City Edmonds State WA Zip Code 98026-4435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sate of Washington DSHS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 22 / 2012**  
**Transaction ID : C1812091**  
 Amount of Each Receipt this Period **40.00**

**C. Bruce Michael Bridewell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1209  
 City Estero State FL Zip Code 33929-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pilot Healthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 20 / 2012**  
**Transaction ID : C1811290**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>435.42</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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. Donna Valponi Brookhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4516 NE De La Mar Ct  
 City Lees Summit State MO Zip Code 64064-1391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAFP- KS Occupation Marketing Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 08 / 20 / 2012  
**Transaction ID : C1811282**  
 Amount of Each Receipt this Period  
 250.00

**B. Ellen Sandra Brull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Arbor Ln  
 City Glenview State IL Zip Code 60025-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt  
 08 / 09 / 2012  
**Transaction ID : C1804675**  
 Amount of Each Receipt this Period  
 83.40

**C. Lee Marvin Carter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 506  
 City Huntingdon State TN Zip Code 38344-0506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 08 / 28 / 2012  
**Transaction ID : C1816273**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven A Crawford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Ne 10Th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Physician Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2012  
**Transaction ID : C1808583**  
 Amount of Each Receipt this Period  
 333.34

**B. Jose M David MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 Huntington Ct  
 City Albany State NY Zip Code 12203-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prime Care Physicians PLLC Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2012  
**Transaction ID : C1811171**  
 Amount of Each Receipt this Period  
 416.66

**C. Rodney Mark Dixon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4594 Shady Brook Rd  
 City El Dorado State AR Zip Code 71730-8680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : C1800316**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<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) <b>A. Michael O Fleming MD</b>			Date of Receipt
Mailing Address 556 Dunmoreland Dr			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1808586</b>
Shreveport	LA	71106-6125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Amedisys, Inc	Chief Medical Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Roland Adolph Goertz MD</b>			Date of Receipt
Mailing Address 1600 Providence Dr			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1802471</b>
Waco	TX	76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Family Practice Center	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Robert P Guilbault MD</b>			Date of Receipt
Mailing Address 79 Spanish Moss Ct			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1816800</b>
Mandeville	LA	70471-7273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="122.00"/>
Name of Employer	Occupation		
Self Employed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="244.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="872.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<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. Lori J Heim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Hollybrook Farm Ln  
 City Vass State NC Zip Code 28394-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scotland Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 30 / 2012  
**Transaction ID : C1816592**  
 Amount of Each Receipt this Period 112.00

**B. Daniel J Heinemann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 5039  
 City Sioux Falls State SD Zip Code 57117-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sioux Valley Health Systems Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 18 / 2012  
**Transaction ID : C1812967**  
 Amount of Each Receipt this Period 300.00

**C. Paul Arthur James MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Butternut Ln  
 City Iowa City State IA Zip Code 52246-2782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Iowa Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 08 / 26 / 2012  
**Transaction ID : C1814637**  
 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 777.00  
**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 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Andrew Johnson MD</b>			Date of Receipt 08 / 18 / 2012 <b>Transaction ID : C1811141</b>
Mailing Address 1286 Santa Fe Ct			Amount of Each Receipt this Period 62.50
City Minden	State NV	Zip Code 89423-8899	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Carson Tahoe Physicians Clinic		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. James Darrel King MD</b>			Date of Receipt 08 / 20 / 2012 <b>Transaction ID : C1811246</b>
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			Amount of Each Receipt this Period 2000.00
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Laura C Knobel MD</b>			Date of Receipt 08 / 17 / 2012 <b>Transaction ID : C1810584</b>
Mailing Address 3 Freedom Way			Amount of Each Receipt this Period 150.00
City Walpole	State MA	Zip Code 02081-2290	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1200.00
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	462.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<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. Karen Eileen Lien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 5th St  
 City Havre State MT Zip Code 59501-3925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NMMC 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  
 08 / 14 / 2012  
**Transaction ID : C1806812**  
 Amount of Each Receipt this Period  
 365.00

**B. Tim F Linder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 E Court Ave Ste B  
 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:  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  
 08 / 10 / 2012  
**Transaction ID : C1805278**  
 Amount of Each Receipt this Period  
 2500.00

**C. Patricia Jean Lindholm MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 S Mill St  
 City Fergus Falls State MN Zip Code 56537-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Region Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : C1816593**  
 Amount of Each Receipt this Period  
 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<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. Andrew Lutzkanin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Blacklatch Ln

City Middletown State PA Zip Code 17057-2984

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

Name of Employer Penn State College of Medicine Occupation Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : C1813517**

Amount of Each Receipt this Period  
**36.50**

**B. Stephen E Martiny Martiny**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Woodland Cir

City Milledgeville State GA Zip Code 31061-2463

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

Name of Employer North Fulton County 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  
**08 / 14 / 2012**

**Transaction ID : C1806735**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address PO Box 289  
100 Serendipity Dr

City Brent State AL Zip Code 35034-0289

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2012**

**Transaction ID : C1803253**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>461.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<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. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
08 / 14 / 2012  
**Transaction ID : C1806734**

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
08 / 20 / 2012  
**Transaction ID : C1811244**

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
08 / 27 / 2012  
**Transaction ID : C1814752**

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<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 Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 20 / 2012**  
**Transaction ID : C1811208**  
 Amount of Each Receipt this Period **250.00**

**B. 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 **1000.00**

Date of Receipt **08 / 27 / 2012**  
**Transaction ID : C1814779**  
 Amount of Each Receipt this Period **500.00**

**C. David C Olson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S68w17729 Marybeck Ln  
 City Muskego State WI Zip Code 53150-8508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pro Health Care Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 27 / 2012**  
**Transaction ID : C1811781**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 36  
(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. Javette C Orgain MD**

Mailing Address **PO Box 806527**

City **Chicago**      State **IL**      Zip Code **60680-4126**

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

Name of Employer **UNIVERSITY OF ILLINOIS COLLEGE OF MED**      Occupation **PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
**08 / 28 / 2012**

**Transaction ID : C1816274**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Barrington Ricardo Owens MD**

Mailing Address **102 Colony Bay Harbour Dr**

City **Panama City Beach**      State **FL**      Zip Code **32407-2814**

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

Name of Employer **Bay Medical Center**      Occupation **Physician**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.00**

Date of Receipt  
**08 / 07 / 2012**

**Transaction ID : C1803247**

Amount of Each Receipt this Period  
**273.75**

Full Name (Last, First, Middle Initial)  
**C. Maureen O Padden MD, MPH**

Mailing Address **2300 E St Nw**  
**Bureau Of Medicine And Surgery**

City **Washington**      State **DC**      Zip Code **20372-0001**

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

Name of Employer **US Navy**      Occupation **Physician**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**08 / 02 / 2012**

**Transaction ID : C1808538**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **433.75**

**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 36
	<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. Stacey Jeanne Pappas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Provost Dr  
 Apt 1205  
 City New Windsor State NY Zip Code 12553-5623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employment Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **243.36**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012  
**Transaction ID : C1805370**  
 Amount of Each Receipt this Period  
**30.42**

**B. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Gardner Family Medicine Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2012  
**Transaction ID : C1811168**  
 Amount of Each Receipt this Period  
**50.00**

**C. Sarah L Sams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2994 Frazell Rd  
 City Hilliard State OH Zip Code 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Grant Medical Center Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : C1812969**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.42**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<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) <b>A. Sarah Mead Sciascia MD</b>		Date of Receipt
Mailing Address 55 Hollis Ave		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Braintree	MA	02184-4634
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1802510</b>
Name of Employer		Amount of Each Receipt this Period
Harbor Medical Associates		<input type="text" value="100.00"/>
Occupation		
Family Doctor		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. George Wm Shannon MD</b>		Date of Receipt
Mailing Address 2301 Slate Dr		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	GA	31906-1443
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1811169</b>
Name of Employer		Amount of Each Receipt this Period
Horizons Diagnostics		<input type="text" value="100.00"/>
Occupation		
Family Physician		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Aaron Burl Shives MD</b>		Date of Receipt
Mailing Address 350 28th Ave SE		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Watertown	SD	57201-8403
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1812816</b>
Name of Employer		Amount of Each Receipt this Period
Brown Clinic		<input type="text" value="46.00"/>
Occupation		
Physician		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="322.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="246.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<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. Linda Marie Siy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4133 Bilglade Rd  
 City Fort Worth State TX Zip Code 76109-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Texas Health Scien Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 08 / 30 / 2012  
**Transaction ID : C1816590**  
 Amount of Each Receipt this Period 36.50

**B. Andrew Clifford Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 370  
 207 Lorenz Lane  
 City Guttenberg State IA Zip Code 52052-0370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : C1816798**  
 Amount of Each Receipt this Period 365.00

**C. Patrick Brent Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Bedford Pl  
 City Brandon State MS Zip Code 39047-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Mississippi School of Me Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 644.45

Date of Receipt 08 / 02 / 2012  
**Transaction ID : C1800315**  
 Amount of Each Receipt this Period 88.89

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.39
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<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. Windel A Stracener MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 Hunters Pointe Dr  
 City Richmond State IN Zip Code 47374-7184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inpatient Management Inc Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 08 / 2012**  
**Transaction ID : C1804267**  
 Amount of Each Receipt this Period **187.50**

**B. John F Tabachnick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 Hanford Pl  
 City Westfield State NJ Zip Code 07090-4332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westfield Family Practice Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 14 / 2012**  
**Transaction ID : C1806801**  
 Amount of Each Receipt this Period **365.00**

**C. Stacy J Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 173 E Cotton Hill Rd  
 City New Hartford State CT Zip Code 06057-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Hungerford Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **219.00**

Date of Receipt **08 / 16 / 2012**  
**Transaction ID : C1808513**  
 Amount of Each Receipt this Period **36.50**

**SUBTOTAL** of Receipts This Page (optional)..... **589.00**  
**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 36
	<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. Michael P Temporal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 S 3Rd St Ste 400  
 City State Zip Code  
 Belleville IL 62220-1952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 So. Illinois Healthcare Foundation 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  
 08 / 13 / 2012  
**Transaction ID : C1805558**  
 Amount of Each Receipt this Period  
 50.00

**B. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 960  
 City State Zip Code  
 Castroville TX 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2012  
**Transaction ID : C1812963**  
 Amount of Each Receipt this Period  
 45.63

**C. Randell K Wexler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Haybury Dr  
 City State Zip Code  
 New Albany OH 43054-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio State University Physician  
 Receipt For:  
 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  
 08 / 02 / 2012  
**Transaction ID : C1800950**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	595.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 36  
(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. Richard Andre Wherry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City State Zip Code  
 Dahlenega GA 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chestatee Regional Hospital Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012  
**Transaction ID : C1810585**  
 Amount of Each Receipt this Period  
 250.00

**B. Steven M Williams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3255 Bridgefords Rd  
 City State Zip Code  
 Omaha NE 68124-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physicians Clinic 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  
 08 / 22 / 2012  
**Transaction ID : C1812086**  
 Amount of Each Receipt this Period  
 250.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13221.01

**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 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. American Academy of Family Physicians**  
Full Name (Last, First, Middle Initial)  
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 ▼ 6999.35

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 27 / 2012  
**Transaction ID : C1811787**  
Amount of Each Receipt this Period  
76.22

**B. American Academy of Family Physicians**  
Full Name (Last, First, Middle Initial)  
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 ▼ 6999.35

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012  
**Transaction ID : C1816802**  
Amount of Each Receipt this Period  
382.58

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.80
<b>TOTAL</b> This Period (last page this line number only).....▶	458.80

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

### A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

Transaction ID : D135637

Amount of Each Disbursement this Period

4.06

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  
08 / 03 / 2012

Transaction ID : D135638

Amount of Each Disbursement this Period

12.84

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  
08 / 06 / 2012

Transaction ID : D135639

Amount of Each Disbursement this Period

20.64

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

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

37.54

**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  
08 / 13 / 2012

**Transaction ID : D135640**

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D135641**

Amount of Each Disbursement this Period

84.50

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  
08 / 20 / 2012

**Transaction ID : D135945**

Amount of Each Disbursement this Period

18.96

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

104.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

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  
08 / 23 / 2012

**Transaction ID : D135946**

Amount of Each Disbursement this Period

17.44

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  
08 / 24 / 2012

**Transaction ID : D135947**

Amount of Each Disbursement this Period

12.84

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  
08 / 27 / 2012

**Transaction ID : D135948**

Amount of Each Disbursement this Period

4.73

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

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

35.01

**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

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2012

**Transaction ID : D135949**

Amount of Each Disbursement this Period

1.63
------

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2012

**Transaction ID : D135954**

Amount of Each Disbursement this Period

7.95
------

Full Name (Last, First, Middle Initial)

**C. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

**Transaction ID : D135636**

Amount of Each Disbursement this Period

259.56
--------

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

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

269.14
--------

446.13
--------

**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. DANPAC**

Mailing Address 1088 Bishop Street, Suite 1009  
Suite 1009

City Honolulu State HI Zip Code 96813

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 M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

**Transaction ID : D135631**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. Friends of David Gill**

Mailing Address PO Box 163

City Savoy State IL Zip Code 61874-0163

Purpose of Disbursement  
Campaign contribution

Candidate Name

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
08	/	22	/	2012

**Transaction ID : D135666**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Dr. Ami Bera**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2012

**Transaction ID : D135457**

Amount of Each Disbursement this Period

5,000.00
----------

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

12,500.00
-----------

**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. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO Box 3975

City Greenwood Village State CO Zip Code 80155-3975

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Joe Miklosi**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D135669**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LUMMIS FOR CONGRESS**

Mailing Address PO BOX 52188

City CASPER State WY Zip Code 82609

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Cynthia M. Lummis**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D135672**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JO BONNER FOR CONGRESS COMMITTEE**

Mailing Address P.O.BOX 851232

City MOBILE State AL Zip Code 36685

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jo Bonner**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D135671**

Amount of Each Disbursement this Period

2500.00
---------

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

7500.00
---------

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

--

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

Use 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 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: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D135674**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pete Stark**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

**Transaction ID : D135632**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Steve Stivers**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D135673**

Amount of Each Disbursement this Period

2,500.00
----------

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

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

10000.00
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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. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Vern Buchanan**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

**Transaction ID : D135629**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR HARRY REID**

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Harry Reid**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

**Transaction ID : D135633**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Kirsten Gillibrand**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2012

**Transaction ID : D135456**

Amount of Each Disbursement this Period

2,500.00
----------

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

10000.00
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**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. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Orrin G. Hatch**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2012

**Transaction ID : D135630**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MENENDEZ FOR SENATE**

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Robert Menendez**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

**Transaction ID : D135409**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

45000.00
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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 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. Sarah Mead Sciascia MD**

Mailing Address 55 Hollis Ave

City Braintree State MA Zip Code 02184-4634

Purpose of Disbursement  
Refund of 8/4/2012 donation to the PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

08 / 06 / 2012

**Transaction ID : D135334**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

100.00

100.00