



**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.....	432445.19	
(c) Total Receipts (from Line 19) .....	27848.35	323275.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	460293.54	660641.31
7. Total Disbursements (from Line 31).....	54152.27	254500.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	406141.27	406141.27
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).....	15520.76	227276.50
(ii) Unitemized .....	10789.92	89457.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26310.68	316733.57
(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) .....	26310.68	316733.57
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).....	1537.67	6541.55
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))..... ▶	27848.35	323275.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27848.35	323275.12

**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 .....	452.27	5198.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	452.27	5198.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	245700.00
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 .....	200.00	2780.00
(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)).....	200.00	2780.00
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)) ..	54152.27	254500.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54152.27	254500.04

**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) .....	26310.68	316733.57
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	2780.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26110.68	313953.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	452.27	5198.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1537.67	6541.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1085.40	-1343.01

**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 6 OF 46
	<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. Suzanne M Allen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2889 S Swallowtail Ln  
 City Boise State ID Zip Code 83706-6139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington School of Med Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 24 / 2012  
**Transaction ID : C1794155**  
 Amount of Each Receipt this Period 1000.00

**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 456.25

Date of Receipt 07 / 02 / 2012  
**Transaction ID : C1775465**  
 Amount of Each Receipt this Period 365.00

**C. 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 370.00

Date of Receipt 07 / 06 / 2012  
**Transaction ID : C1787852**  
 Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional)..... **1425.00**  
**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 46
	<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. 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 ▼  
210.00

Date of Receipt  
07 / 18 / 2012  
**Transaction ID : C1789412**

Amount of Each Receipt this Period  
30.00

**B. 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 ▼  
600.00

Date of Receipt  
07 / 10 / 2012  
**Transaction ID : C1786235**

Amount of Each Receipt this Period  
100.00

**C. Robert C M Bourne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 E Cooley Dr

City Colton State CA Zip Code 92324-3905

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 ▼  
212.94

Date of Receipt  
07 / 24 / 2012  
**Transaction ID : C1794069**

Amount of Each Receipt this Period  
30.42

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.42

**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 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. June G Bredin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4924 153Rd PI Sw  
 City Edmonds State WA Zip Code 98026-4435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sate of Washington DSHS Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2012  
**Transaction ID : C1793784**  
 Amount of Each Receipt this Period  
 40.00

**B. Ellen Sandra Brull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Arbor Ln  
 City Glenview State IL Zip Code 60025-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2012  
**Transaction ID : C1784409**  
 Amount of Each Receipt this Period  
 83.40

**C. Mitchell J Carey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 01899 S M 66  
 City East Jordan State MI Zip Code 49727-9169  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : C1776361**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	223.40
<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 9 OF 46
	<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. Lee Marvin Carter MD**

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 ▼ **700.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	2

**Transaction ID : C1797552**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

**100.00**

Full Name (Last, First, Middle Initial)  
**B. Carol Ann Churchill MD,MBA**

Mailing Address **230 Battalion Way**

City **Mount Juliet** State **TN** Zip Code **37122-6135**

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

Name of Employer **United Health Care** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	1	2

**Transaction ID : C1794360**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**300.00**

Full Name (Last, First, Middle Initial)  
**C. Walter E Connor MD**

Mailing Address **3415 Sussex Ct**

City **Florence** State **SC** Zip Code **29501-7356**

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

Name of Employer **McCloud Family Medicine** 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
0	7	/	0	9	/	2	0	1	2

**Transaction ID : C1784621**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
3	6	5	0	0	0	0	0	0	0

**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>765.00</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 10 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Steven A Crawford MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2012 <b>Transaction ID : C1802680</b>		
Mailing Address 900 Ne 10Th St			Amount of Each Receipt this Period 333.34		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2333.38			

Full Name (Last, First, Middle Initial) <b>B. Jose M David MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2012 <b>Transaction ID : C1790967</b>		
Mailing Address 804 Huntington Ct			Amount of Each Receipt this Period 416.66		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.66			

Full Name (Last, First, Middle Initial) <b>C. Rodney Mark Dixon MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2012 <b>Transaction ID : C1775456</b>		
Mailing Address 4594 Shady Brook Rd			Amount of Each Receipt this Period 125.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<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 11 OF 46
	<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**

Full Name (Last, First, Middle Initial) <b>A. Raymond Louis Ebarb MD</b>		Date of Receipt 07 / 20 / 2012 <b>Transaction ID : C1791923</b>
Mailing Address 213 Main St		Amount of Each Receipt this Period 30.00
City West Sayville	State NY	Zip Code 11796-1800
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) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Colleen S Eng MD</b>		Date of Receipt 07 / 31 / 2012 <b>Transaction ID : C1798812</b>
Mailing Address 323 W 96th St Apt 515		Amount of Each Receipt this Period 365.00
City New York	State NY	Zip Code 10025-6279
FEC ID number of contributing federal political committee. C		
Name of Employer Manhattan Citizen Group	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>C. Ted Dee Epperly MD</b>		Date of Receipt 07 / 24 / 2012 <b>Transaction ID : C1794154</b>
Mailing Address 777 N Raymond St		Amount of Each Receipt this Period 365.00
City Boise	State ID	Zip Code 83704-9251
FEC ID number of contributing federal political committee. C		
Name of Employer Family Medicine Residency of Ohio	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.00
<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 46
	<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. Roxanne Fahrenwald Md Fahrenwald MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 S 27th St  
 City Billings State MT Zip Code 59101-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RiverStone Health 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  
 07 / 03 / 2012  
**Transaction ID : C1776498**  
 Amount of Each Receipt this Period  
 500.00

**B. Michael L Fessenden md**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 Lake Ridge Dr  
 City South Elgin State IL Zip Code 60177-3296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Home Physicians 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  
 07 / 31 / 2012  
**Transaction ID : C1799022**  
 Amount of Each Receipt this Period  
 400.00

**C. Wanda D Filer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Aqua Ct  
 City York State PA Zip Code 17403-3623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategic Health Institute Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : C1802687**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 13 OF 46
	<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 M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2012
Mailing Address 556 Dunmoreland Dr		<b>Transaction ID : C1802679</b>
City Shreveport	State LA	Zip Code 71106-6125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Amedisys, Inc	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>B. Roland Adolph Goertz MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2012
Mailing Address 1600 Providence Dr		<b>Transaction ID : C1776341</b>
City Waco	State TX	Zip Code 76707-2261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Carletta Hauck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2012
Mailing Address Exec Dir - SD AFP 3912 Golf Course Rd		<b>Transaction ID : C1782966</b>
City Watertown	State SD	Zip Code 57201-5412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer SD AFP	Occupation Exec Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<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 14 OF 46
	<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. Lori J Heim MD</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2012 <b>Transaction ID : C1797610</b>
Mailing Address 250 Hollybrook Farm Ln		Amount of Each Receipt this Period 112.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel J Heinemann MD</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2012 <b>Transaction ID : C1793806</b>
Mailing Address PO BOX 5039		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>C. Michael David Henry MD</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 <b>Transaction ID : C1788923</b>
Mailing Address 5822 Rainsford Dr		Amount of Each Receipt this Period 365.00
City Fayetteville	State NC	Zip Code 28311-3458
FEC ID number of contributing federal political committee.	C	
Name of Employer US Army	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	777.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

**A. James Hohensee MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 678  
City Wilson State NY Zip Code 14172-0678  
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 07 / 31 / 2012  
**Transaction ID : C1798827**  
Amount of Each Receipt this Period 250.00

**B. Jessica Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Hall St  
City Newington State CT Zip Code 06111-2553  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Medical Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 305.00

Date of Receipt 07 / 15 / 2012  
**Transaction ID : C1788541**  
Amount of Each Receipt this Period 50.00

**c. Byung Kang DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 159 Hill Park Ave  
City Great Neck State NY Zip Code 11021-3828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kanhan Medical Svc., P.C. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 07 / 17 / 2012  
**Transaction ID : C1788925**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... **665.00**  
**TOTAL** This Period (last page this line number only).....



**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 46
	<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. 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 ▼ 1125.00

Date of Receipt 07 / 30 / 2012  
**Transaction ID : C1797611**  
 Amount of Each Receipt this Period 375.00

**B. 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 ▼ 219.00

Date of Receipt 07 / 24 / 2012  
**Transaction ID : C1794391**  
 Amount of Each Receipt this Period 36.50

**C. Constance Magoulias MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13605 Shaker Blvd 3A  
 City Cleveland State OH Zip Code 44120-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MetroHealth Hospital Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2012  
**Transaction ID : C1793796**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 661.50  
**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 46
	<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. John S Meigs MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2012 <b>Transaction ID : C1784408</b>
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. John S Meigs MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012 <b>Transaction ID : C1788871</b>
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>c. John S Meigs MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2012 <b>Transaction ID : C1794070</b>
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 20 OF 46
	<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. John S Meigs MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 289 100 Serendipity Dr		<b>Transaction ID : C1776365</b>
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. John S Meigs MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address PO Box 289 100 Serendipity Dr		<b>Transaction ID : C1798841</b>
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Anne M Montgomery MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2012
Mailing Address 1708 S Martin St		<b>Transaction ID : C1791924</b>
City Spokane	State WA	Zip Code 99203-3751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 21 OF 46
	<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. Timothy D Oliver MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 W Oliver St  
 City Owosso State MI Zip Code 48867-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 03 / 2012**  
**Transaction ID : C1776382**  
 Amount of Each Receipt this Period **150.00**

**B. 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 **750.00**

Date of Receipt **07 / 28 / 2012**  
**Transaction ID : C1797553**  
 Amount of Each Receipt this Period **125.00**

**C. Maureen O Padden MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 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 **245.00**

Date of Receipt **07 / 02 / 2012**  
**Transaction ID : C1787861**  
 Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **310.00**  
**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 46
	<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**

Full Name (Last, First, Middle Initial) <b>A. Paul Henry Pappas MD</b>			Date of Receipt
Mailing Address 941 Clear Creek Dr			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1788906</b>
Texarkana	TX	75503-1143	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		
Self Employed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. PuiFun Lila Pappas MD</b>			Date of Receipt
Mailing Address 941 Clear Creek Dr			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1788905</b>
Texarkana	TX	75503-1143	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		
Self Employed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Stacey Jeanne Pappas MD</b>			Date of Receipt
Mailing Address 21 Provost Dr Apt 1205			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1787095</b>
New Windsor	NY	12553-5623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="30.42"/>
Name of Employer	Occupation		
Self Employment	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.94"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="530.42"/>
<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 23 OF 46
	<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. Gregory C Reicks DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 775 25 3/4 Rd  
 City State Zip Code  
 Grand Junction CO 81505-9507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Foresight Family Physicians 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  
 07 / 05 / 2012  
**Transaction ID : C1782743**  
 Amount of Each Receipt this Period  
 365.00

**B. Richard Sadovsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30067  
 City State Zip Code  
 Brooklyn NY 11203-0067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2012  
**Transaction ID : C1776445**  
 Amount of Each Receipt this Period  
 250.00

**c. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City State Zip Code  
 Northfield MA 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2012  
**Transaction ID : C1790969**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	665.00
<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 24 OF 46
	<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 L Sams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2994 Frazell Rd  
 City Hilliard State OH Zip Code 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grant Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : C1802684**  
 Amount of Each Receipt this Period  
 100.00

**B. Sarah Mead Sciascia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Hollis Ave  
 City Braintree State MA Zip Code 02184-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harbor Medical Associates Occupation Family Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2012  
**Transaction ID : C1779085**  
 Amount of Each Receipt this Period  
 100.00

**c. Niranjana M Selvarajah MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Willow Meadow Way  
 City Oneida State NY Zip Code 13421-1851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oneida Medical Associates 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  
 07 / 03 / 2012  
**Transaction ID : C1776368**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 25 OF 46
	<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. 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 ▼ **700.00**

Date of Receipt **07 / 19 / 2012**

**Transaction ID : C1790970**

Amount of Each Receipt this Period **100.00**

**B. Aaron Burl Shives MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 28th Ave SE

City Watertown State SD Zip Code 57201-8403

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

Name of Employer Brown Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.00**

Date of Receipt **07 / 23 / 2012**

**Transaction ID : C1793814**

Amount of Each Receipt this Period **46.00**

**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 ▼ **555.56**

Date of Receipt **07 / 02 / 2012**

**Transaction ID : C1775455**

Amount of Each Receipt this Period **88.89**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>234.89</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 26 OF 46
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dana Dana Sprute Sprute</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 <b>Transaction ID : C1788914</b>
Mailing Address 5109 Turnabout Lane		Amount of Each Receipt this Period 365.00
City Austin	State TX	Zip Code 78701-1923
FEC ID number of contributing federal political committee. C		
Name of Employer Seton Family of Hospitals	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>B. Windel A Stracener MD</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2012 <b>Transaction ID : C1782964</b>
Mailing Address 1333 Hunters Pointe Dr		Amount of Each Receipt this Period 187.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

Full Name (Last, First, Middle Initial) <b>C. Michael P Temporal MD</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : C1788496</b>
Mailing Address 180 S 3Rd St Ste 400		Amount of Each Receipt this Period 50.00
City Belleville	State IL	Zip Code 62220-1952
FEC ID number of contributing federal political committee. C		
Name of Employer So. Illinois Healthcare Foundation	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	602.50
<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 27 OF 46
	<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. Carol Ann Topolewski MD</b>			Date of Receipt
Mailing Address 38 Red Pine Dr			<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1776459</b>
Harwich	MA	02645-1944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="200.00"/>
Name of Employer	Occupation		
Pleasant Lake Medical Offices	Family Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lloyd P Van Winkle MD</b>			Date of Receipt
Mailing Address PO BOX 960			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1802681</b>
Castroville	TX	78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="45.63"/>
Name of Employer	Occupation		
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="339.41"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Marie Pauroso Vitale MD</b>			Date of Receipt
Mailing Address 968 Mapleton Ave			<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1776356</b>
Suffield	CT	06078-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="120.00"/>
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="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="365.63"/>
<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 28 OF 46
	<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. Marie Pauroso Vitale MD</b>			Date of Receipt
Mailing Address 968 Mapleton Ave			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1798828</b>
Suffield	CT	06078-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="120.00"/>
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 ▼	
		<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. E Mark Watts MD</b>			Date of Receipt
Mailing Address 2726 Cornwallis Ave SE			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1798843</b>
Roanoke	VA	24014-3342	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 Cavilier Faculty Medicine		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John Michael Watts MD</b>			Date of Receipt
Mailing Address 121 Bishop St			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1787102</b>
Corbin	KY	40701-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
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 ▼	
		<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1620.00"/>
<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: PAGE 29 OF 46  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City Dahlonega State GA Zip Code 30533-1603

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

Name of Employer Chestatee Regional Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2012**

**Transaction ID : C1788875**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15520.76</b>

**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 46
<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**

Full Name (Last, First, Middle Initial) <b>A. American Academy of Family Physicians</b>		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City State Zip Code Leawood KS 66211-2672		<b>Transaction ID : C1775458</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1061.68"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6540.55"/>	

Full Name (Last, First, Middle Initial) <b>B. American Academy of Family Physicians</b>		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Leawood KS 66211-2672		<b>Transaction ID : C1794061</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="99.94"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6540.55"/>	

Full Name (Last, First, Middle Initial) <b>C. American Academy of Family Physicians</b>		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code Leawood KS 66211-2672		<b>Transaction ID : C1798840</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="376.05"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6540.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1537.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1537.67"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

**Transaction ID : D135088**

Amount of Each Disbursement this Period

4.06

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : D135089**

Amount of Each Disbursement this Period

3.25

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : D135090**

Amount of Each Disbursement this Period

23.56

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

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

30.87

**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  
07 / 09 / 2012

Transaction ID : D135091

Amount of Each Disbursement this Period

23.94

**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  
07 / 12 / 2012

Transaction ID : D135092

Amount of Each Disbursement this Period

0.98

**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  
07 / 16 / 2012

Transaction ID : D135336

Amount of Each Disbursement this Period

3.25

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

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

28.17

**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  
07 / 19 / 2012

**Transaction ID : D135337**

Amount of Each Disbursement this Period

8.13

**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  
07 / 20 / 2012

**Transaction ID : D135338**

Amount of Each Disbursement this Period

10.83

**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  
07 / 23 / 2012

**Transaction ID : D135339**

Amount of Each Disbursement this Period

18.36

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

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

37.32

**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  
07 / 23 / 2012

**Transaction ID : D135341**

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  
07 / 24 / 2012

**Transaction ID : D135342**

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D135343**

Amount of Each Disbursement this Period

1.30

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

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

19.72

**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  
07 / 27 / 2012

**Transaction ID : D135344**

Amount of Each Disbursement this Period

1.48

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : D135345**

Amount of Each Disbursement this Period

7.95

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  
07 / 30 / 2012

**Transaction ID : D135346**

Amount of Each Disbursement this Period

6.50

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

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

15.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2012

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

City Spokane State WA Zip Code 99210-2485

**Transaction ID : D135087**

Purpose of Disbursement  
Bank card processing fee

Amount of Each Disbursement this Period

320.26
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

320.26
--------

452.27
--------

**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. 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  
State: VA District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : D135148**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DENNY HECK FOR CONGRESS**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507-0235

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Mr. Dennis Heck**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134750**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. PROGRESSIVE CHOICES PAC**

Mailing Address P.O. BOX 58

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jan Schakowsky**

Office Sought:  House  
 Senate  
 President  
State: IL District: 09

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : D135146**

Amount of Each Disbursement this Period

2500.00
---------

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

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

10000.00
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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. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134748**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**

Mailing Address 1736 Franklin Street #550

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Barbara Lee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : D135149**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PASCRELL FOR CONGRESS**

Mailing Address P.O. Box 640

City State Zip Code  
Totowa NJ 07511

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bill Pascrell Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134754**

Amount of Each Disbursement this Period

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

7500.00
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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. 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: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134755**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Henry A. Waxman**

Office Sought:  House  
 Senate  
 President  
State: CA District: 30

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134756**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN CARNEY FOR CONGRESS**

Mailing Address PO BOX 2162

City State Zip Code  
WILMINGTON DE 19899

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. John Carney**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D134751**

Amount of Each Disbursement this Period

5000.00
---------

**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. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.

City State Zip Code  
LONG BEACH CA 90807

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. John Garamendi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : D134749**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Leonard Lance**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : D135252**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ROGERS FOR CONGRESS**

Mailing Address PO Box 581

City State Zip Code  
Brighton MI 48116

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Rogers**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : D135242**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Rosa DeLauro**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2012

Transaction ID : D135170

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Sander M. Levin**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2012

Transaction ID : D135145

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Scott DesJarlais**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

Transaction ID : D135251

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 426 C St NE  
Rear Building

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : D134753**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BOB CASEY FOR SENATE INC**

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Bob Casey**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D135147**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Debbie Stabenow**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D135150**

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

**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 JOHN BARRASSO**

Mailing Address PO BOX 52008

City State Zip Code  
CASPER WY 82605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. John Barrasso**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

**Transaction ID : D134997**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Lamar Alexander**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

**Transaction ID : D134996**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 11586

City State Zip Code  
Washington DC 20008-0786

Purpose of Disbursement  
Voided check

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
07	/	18	/	2012

**Transaction ID : D134994**

Amount of Each Disbursement this Period

-5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00
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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. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO Box 11586

City Washington State DC Zip Code 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

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134995

Amount of Each Disbursement this Period

5000.00
---------

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00
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53500.00
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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 6/4/2012 donation to the PAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : D134757**

Amount of Each Disbursement this Period

100.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. Dr. Sarah Mead Sciascia MD**

Mailing Address 55 Hollis Ave

City Braintree State MA Zip Code 02184-4634

Purpose of Disbursement  
Refund of 7/4/2012 donation to the PAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : D134758**

Amount of Each Disbursement this Period

100.00

Category/Type

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

Category/Type

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

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

200.00

200.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : D134757

Refund of \$100 donation made on June 4, 2012, ID: 1673136

Form/Schedule: SB28A

Transaction ID: D134758

Refund of \$100 donation to the PAC made on July 4, 2012, ID: 1779085