

**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.....	337366.19	
(c) Total Receipts (from Line 19)	23244.38	23244.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	360610.57	360610.57
7. Total Disbursements (from Line 31).....	15377.51	15377.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	345233.06	345233.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / 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).....	16498.34	16498.34
(ii) Unitemized	5825.23	5825.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22323.57	22323.57
(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)	22323.57	22323.57
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).....	920.81	920.81
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))..... ▶	23244.38	23244.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23244.38	23244.38

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	377.51	377.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	377.51	377.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	15377.51	15377.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15377.51	15377.51

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)	22323.57	22323.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22323.57	22323.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	377.51	377.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	920.81	920.81
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-543.30	-543.30

**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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Lorenzo D Berlanga MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 18 / 2012 Transaction ID : C1580917
Mailing Address 2721 E Wheeler St		Amount of Each Receipt this Period 365.00
City Midland	State MI	Zip Code 48642-3179
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Lee Ellen Buenconsejo-Lum MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2012 Transaction ID : C158891
Mailing Address 95-390 Kuahelani Ave		Amount of Each Receipt this Period 250.00
City Mililani	State HI	Zip Code 96789-1192
FEC ID number of contributing federal political committee. C		
Name of Employer University of Hawaii	Occupation Family Medicine Residency Program Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey J Cain MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2012 Transaction ID : C1584024
Mailing Address 341 S High St		Amount of Each Receipt this Period 1000.00
City Denver	State CO	Zip Code 80209-2629
FEC ID number of contributing federal political committee. C		
Name of Employer University of Colorado	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Barton A Chase MD		Date of Receipt
Mailing Address 3856 Highway 57 W P.O. Box 99		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Ramer	State TN	Zip Code 38367-7167
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1584018
Name of Employer Ramer Family Health Center	Occupation Owner/Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2750.00"/>
	<input type="text" value="2750.00"/>	

Full Name (Last, First, Middle Initial) B. Lanny R Copeland MD		Date of Receipt
Mailing Address 9203 Selkirk Ct		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Brentwood	State TN	Zip Code 37027-1749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1587095
Name of Employer LifePoint Hospitals	Occupation Chief Medical Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) C. Steven A Crawford MD		Date of Receipt
Mailing Address 900 Ne 10Th St		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Oklahoma City	State OK	Zip Code 73104-5420
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1581231
Name of Employer University of Oklahoma	Occupation Physician Faculty	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="333.34"/>
	<input type="text" value="333.34"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3448.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 **350.00**

Date of Receipt **01 / 31 / 2012**
Transaction ID : C1595856
 Amount of Each Receipt this Period **350.00**

B. Michael O Fleming MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 Dunmoreland Dr
 City Shreveport State LA Zip Code 71106-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amedisys, Inc Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 15 / 2012**
Transaction ID : C1595853
 Amount of Each Receipt this Period **250.00**

C. Richard D Gais MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Bakers Ridge Rd
 City Morgantown State WV Zip Code 26508-1441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wedgewood Family Practice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **01 / 16 / 2012**
Transaction ID : C1580274
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....	965.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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. David J Hagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Meadow Rue Dr
 City Gibson City State IL Zip Code 60936-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson City Clinic, S.C. Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : C1591095
 Amount of Each Receipt this Period
 500.00

B. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5039
 City Sioux Falls State SD Zip Code 57117-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012
Transaction ID : C1581242
 Amount of Each Receipt this Period
 300.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2012
Transaction ID : C1576517
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
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 11 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Rodney D Logan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6281 Chamberlain Rd
 City Silver Springs State NY Zip Code 14530-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Letchworth Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012
Transaction ID : C1587952
 Amount of Each Receipt this Period
365.00

B. John Bradley Madden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 Ashbury Ct
 City Madison State MS Zip Code 39110-5524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HMA Occupation Family Medicine physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2012
Transaction ID : C1539324
 Amount of Each Receipt this Period
500.00

C. Jesus A Manteca MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1832 Weeg Way
 City Park Ridge State IL Zip Code 60068-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012
Transaction ID : C1587949
 Amount of Each Receipt this Period
365.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Jeffrey F Markuns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Ipswich Rd
 City Boxford State MA Zip Code 01921-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University Family Medicine, Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2012
Transaction ID : C1579819
 Amount of Each Receipt this Period
 500.00

B. Jason Micheal McHugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 Fieldbrook PI
 City Suffolk State VA Zip Code 23434-8452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Branch Family Practice Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012
Transaction ID : C1579022
 Amount of Each Receipt this Period
 365.00

C. Katherine Merrill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35798 Dow Ln
 City Astoria State OR Zip Code 97103-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012
Transaction ID : C1580894
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

Full Name (Last, First, Middle Initial) A. Anne M Montgomery MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 20 / 2012
Mailing Address 1708 S Martin St		Transaction ID : C1584022
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Micheal E Schreck MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2012
Mailing Address 301 N 4th Ave		Transaction ID : C1578237
City Eldridge	State IA	Zip Code 52748-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Genesis Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Randell K Wexler MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2012
Mailing Address 6040 Haybury Dr		Transaction ID : C1588120
City New Albany	State OH	Zip Code 43054-8691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ohio State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial) A. Jason Wilbur MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2012 Transaction ID : C1578167
Mailing Address 3427 Ireland Dr		Amount of Each Receipt this Period 365.00
City Iowa City	State IA	Zip Code 52246-2840
FEC ID number of contributing federal political committee. C		
Name of Employer University of Iowa Family	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. Gustav C Wilde MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2012 Transaction ID : C1579822
Mailing Address PO Box 773		Amount of Each Receipt this Period 365.00
City Franklin	State NC	Zip Code 28744-0773
FEC ID number of contributing federal political committee. C		
Name of Employer Franklin Family Ppractice	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Douglas L Wilson MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2012 Transaction ID : C1578853
Mailing Address PO Box 412		Amount of Each Receipt this Period 365.00
City Tonasket	State WA	Zip Code 98855-0412
FEC ID number of contributing federal political committee. C		
Name of Employer Wenatchee Valley Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Julian Mack Worthington MD

Mailing Address 1100 E 3Rd St

City Chattanooga State TN Zip Code 37403-2241

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

Name of Employer University of Tennessee Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C1588752

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	16498.34

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
<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

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

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2672
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.81**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2012

Transaction ID : C1578164

Amount of Each Receipt this Period

920.81

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2672
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.81**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2012

Transaction ID : C1578165

Amount of Each Receipt this Period

565.56

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2672
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.81**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2012

Transaction ID : C1591607

Amount of Each Receipt this Period

324.08

SUBTOTAL of Receipts This Page (optional).....▶	920.81
TOTAL This Period (last page this line number only).....▶	920.81

**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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
01 / 17 / 2012

Transaction ID : D125115

Amount of Each Disbursement this Period

3.25

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
01 / 19 / 2012

Transaction ID : D125116

Amount of Each Disbursement this Period

9.13

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
01 / 20 / 2012

Transaction ID : D125117

Amount of Each Disbursement this Period

12.46

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

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

24.84

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
01 / 23 / 2012

Transaction ID : D125118

Amount of Each Disbursement this Period

3.25

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
01 / 24 / 2012

Transaction ID : D125119

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
01 / 26 / 2012

Transaction ID : D125120

Amount of Each Disbursement this Period

1.30

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

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

5.53

**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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
01 / 27 / 2012

Transaction ID : D125121

Amount of Each Disbursement this Period

11.86

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
01 / 30 / 2012

Transaction ID : D125122

Amount of Each Disbursement this Period

7.95

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
01 / 30 / 2012

Transaction ID : D125123

Amount of Each Disbursement this Period

3.25

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

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

23.06

**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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
01 / 03 / 2012

Transaction ID : D124332

Amount of Each Disbursement this Period

20.37

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
01 / 04 / 2012

Transaction ID : D124333

Amount of Each Disbursement this Period

8.13

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
01 / 09 / 2012

Transaction ID : D124334

Amount of Each Disbursement this Period

11.86

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

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

40.36

**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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D124335

Amount of Each Disbursement this Period

3	.	2	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D124331

Amount of Each Disbursement this Period

2	8	0	.	4	7
---	---	---	---	---	---

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

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

2	8	3	.	7	2
---	---	---	---	---	---

3	7	7	.	5	1
---	---	---	---	---	---

