

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	334696.02	
(c) Total Receipts (from Line 19)	31494.30	287023.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	366190.32	689110.49
7. Total Disbursements (from Line 31).....	20397.41	343317.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	345792.91	345792.91
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

FEC Form 3X (Rev. 06/2004)

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).....	16814.01	192132.46
(ii) Unitemized	14390.00	84527.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31204.01	276660.02
(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)	31204.01	276660.02
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).....	290.29	2863.25
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
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))..... ▶	31494.30	287023.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31494.30	287023.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	397.41	4099.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	397.41	4099.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	338500.00
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	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20397.41	343317.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20397.41	343317.58

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)	31204.01	276660.02
34. Total Contribution Refunds (from Line 28(d))	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31204.01	275941.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	397.41	4099.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	290.29	2863.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	107.12	1236.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amended October 20 2013 report - amended to capture changes reported in second amendment to August 20 2013 report

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 41
(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. Stoney A Abercrombie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Graylyn Dr
 City Anderson State SC Zip Code 29621-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Family Medicine 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
 09 / 16 / 2013
Transaction ID : C2426559
 Amount of Each Receipt this Period
 150.00

B. Luz M Acevedo Vargas
 Full Name (Last, First, Middle Initial)
 Mailing Address 265A Calle 20
 City Guaynabo State PR Zip Code 00969-4447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : C2419634
 Amount of Each Receipt this Period
 250.00

C. Patricia Park Ahlen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Spyglass Dr
 City Eugene State OR Zip Code 97401-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : C2436922
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<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. John W Aldis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 River Rd
 City Shepherdstown State WV Zip Code 25443-5066
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430435
 Amount of Each Receipt this Period
 250.00

B. James Douglas Aldstadt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4202 Southridge Ct Ste 300
 City Englewood State OH Zip Code 45322-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested
 Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426550
 Amount of Each Receipt this Period
 500.00

C. Patrick Norbert Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1990 Marywood Ln
 City Saint Paul State MN Zip Code 55118-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437513
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 41
	<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. Justin V Bartos MD		Date of Receipt MM / DD / YYYY 09 / 23 / 2013 Transaction ID : C2433260
Mailing Address 4300 Cagle Dr Ste 200		Amount of Each Receipt this Period 42.00
City North Richland Hills	State Zip Code TX 76180-8380	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 378.00
Name of Employer North Hills Family Medicine	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joane Goforth Baumer MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 Transaction ID : C2426489
Mailing Address 910 Houston St Apt 701		Amount of Each Receipt this Period 80.00
City Fort Worth	State Zip Code TX 76102-6224	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Janalynn Fish Beste MD		Date of Receipt MM / DD / YYYY 09 / 18 / 2013 Transaction ID : C2429399
Mailing Address 1212 Vanderhorst Pl		Amount of Each Receipt this Period 365.00
City Wilmington	State Zip Code NC 28405-5327	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer University of North Carolina	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	487.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<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. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 City Kingsport State TN Zip Code 37664-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETSU Occupation Professor, Family Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : C2423743
 Amount of Each Receipt this Period
 100.00

B. Mott Parks Blair MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 E Westbrook St
 City Wallace State NC Zip Code 28466-1514
 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 ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437388
 Amount of Each Receipt this Period
 41.00

C. Julia Lett Boothe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14670 Bel Aire Est
 City Coker State AL Zip Code 35452-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pickens Co Med Center Occupation Clinic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : C2432958
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	641.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1538 Dwight St
 City Redlands State CA Zip Code 92373-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2013
Transaction ID : C2426577
 Amount of Each Receipt this Period
30.42

B. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1538 Dwight St
 City Redlands State CA Zip Code 92373-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : C2437414
 Amount of Each Receipt this Period
30.42

C. John R Bucholtz DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6378 Cape Cod Dr
 City Columbus State GA Zip Code 31904-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus Regional Healthcare System
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2013
Transaction ID : C2433741
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	310.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<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. Angela Caffaratti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Delegate Dr
 City Columbus State OH Zip Code 43235-1470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MT CARMEL MEDICAL GROUP 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
 09 / 03 / 2013
Transaction ID : C2417322
 Amount of Each Receipt this Period
 50.00

B. Mary F Campagnolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Route 38 Ste 6
 City Lumberton State NJ Zip Code 08048-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : C2433261
 Amount of Each Receipt this Period
 100.00

C. Lee Marvin Carter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 506
 City Huntingdon State TN Zip Code 38344-0506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437389
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 41
	<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. Po-Shen Chang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Monticello Dr
 City Longview State WA Zip Code 98632-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Permanente Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437495
 Amount of Each Receipt this Period
 750.00

B. Susan Archer Chiarito MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Mission 66
 City Vicksburg State MS Zip Code 39180-3711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Primary Care Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426487
 Amount of Each Receipt this Period
 41.00

C. David J Cleveland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 NE Idlewood St
 City Prineville State OR Zip Code 97754-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : C2434312
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1041.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 NE 10th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3977.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : C2433217
 Amount of Each Receipt this Period
 340.92

B. Jose M David MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Huntington Ct
 City Albany State NY Zip Code 12203-6015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Peters Health Partners Medical Asso Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : C2434885
 Amount of Each Receipt this Period
 416.67

C. Kisha Nicole Davis Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 12342 Fellowship Ln
 City North Potomac State MD Zip Code 20878-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casey Health Institute Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : C2430906
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	787.59
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 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elisabeth K Farnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Hyland Ave
 City East Greenwich State RI Zip Code 02818-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : C2436168
 Amount of Each Receipt this Period
300.00

B. Carol J Featherstone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4732 Utah Ave N
 City New Hope State MN Zip Code 55428-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Nicollet Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437528
 Amount of Each Receipt this Period
370.00

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 Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2013
Transaction ID : C2417235
 Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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. Seth Yawki Flagg MD
Full Name (Last, First, Middle Initial)

Mailing Address 9129 Bradford Rd

City Silver Spring State MD Zip Code 20901-4917

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

Name of Employer USN Occupation Physcain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2013
Transaction ID : C2419174

Amount of Each Receipt this Period
 35.00

B. Myron Arthur Fribush MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 510

City Klawock State AK Zip Code 99925-0510

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

Name of Employer Kitka Hospital 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
 09 / 23 / 2013
Transaction ID : C2433734

Amount of Each Receipt this Period
 150.00

c. Ophelia Eugenia Garmon-Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1918 Randolph Rd

City Charlotte State NC Zip Code 28207-1100

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : C2429423

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00

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 41
	<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) A. James M Gill MD			Date of Receipt		
Mailing Address 17 Henderson Hill Rd			M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2013		
City State Zip Code Newark DE 19711-5958			Transaction ID : C2433737		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 370.00		
Name of Employer Family Medicine at Greenhill		Occupation Family Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00			

Full Name (Last, First, Middle Initial) B. Olivia M Graves MD			Date of Receipt		
Mailing Address 14150 Old Cutler Ro			M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013		
City State Zip Code Palmetto Bay FL 33158-1345			Transaction ID : C2437506		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 187.50		
Name of Employer Self		Occupation Family Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

Full Name (Last, First, Middle Initial) C. Jeffrey Scott Grove MD			Date of Receipt		
Mailing Address 11 Baymont St Apt 1002			M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2013		
City State Zip Code Clearwater FL 33767-1720			Transaction ID : C2417208		
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 ▼ 750.00			

SUBTOTAL of Receipts This Page (optional).....▶	807.50
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 18 OF 41
	<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. Tanya Lila Hamilton			Date of Receipt MM / DD / YYYY 09 / 18 / 2013 Transaction ID : C2429415
Mailing Address 1109 Cortez Ave			Amount of Each Receipt this Period 250.00
City Billings	State MT	Zip Code 59105-5432	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel J Heinemann MD			Date of Receipt MM / DD / YYYY 09 / 04 / 2013 Transaction ID : C2417977
Mailing Address 1305 W 18th St			Amount of Each Receipt this Period 100.00
City Sioux Falls	State SD	Zip Code 57105-0401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 950.00	
Name of Employer Sioux Valley Health Systems		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ernesto Herfter Herfter-Bueno MD			Date of Receipt MM / DD / YYYY 09 / 18 / 2013 Transaction ID : C2429468
Mailing Address 7315 Golden Glow Way NE			Amount of Each Receipt this Period 200.00
City Albuquerque	State NM	Zip Code 87113-1329	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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. Ernesto Herfter Herfter-Bueno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7315 Golden Glow Way NE
 City Albuquerque State NM Zip Code 87113-1329
 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 **09 / 30 / 2013**
Transaction ID : C2437737
 Amount of Each Receipt this Period **100.00**

B. Thu Nguyen Howell Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **09 / 22 / 2013**
Transaction ID : C2433163
 Amount of Each Receipt this Period **60.00**

C. Elvin C Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **725.50**

Date of Receipt **09 / 08 / 2013**
Transaction ID : C2444908
 Amount of Each Receipt this Period **91.50**

SUBTOTAL of Receipts This Page (optional).....	251.50
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 21 OF 41
	<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. Jason L Knudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 N 10Th St
 City Spearfish State SD Zip Code 57783-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Health Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426557
 Amount of Each Receipt this Period
 370.00

B. Jon David Larson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Memory Ln
 City Detroit Lakes State MN Zip Code 56501-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merit Care Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437529
 Amount of Each Receipt this Period
 600.00

C. Geoffrey L Loman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 N Brent St Ste 502
 City Ventura State CA Zip Code 93003-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brent Street Family Practice 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
 09 / 23 / 2013
Transaction ID : C2433735
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1220.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janice E Luth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 Rucker Rd
 City Moneta State VA Zip Code 24121-5281
 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 / D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426537
 Amount of Each Receipt this Period
300.00

B. Charles G Marler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 990
 670 Park Ave
 City Shelby State MT Zip Code 59474-0990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426578
 Amount of Each Receipt this Period
500.00

C. Amy Kristen McIntyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 W Diamond St
 City Butte State MT Zip Code 59701-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Butte Community Health Center
 Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **265.44**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2013
Transaction ID : C2419176
 Amount of Each Receipt this Period
33.18

SUBTOTAL of Receipts This Page (optional)..... **833.18**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City State Zip Code
 Brent AL 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : C2426579
 Amount of Each Receipt this Period
 75.00

B. Lloyd Michener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 2914 DUMC
 City State Zip Code
 Durham NC 27710-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke University Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437519
 Amount of Each Receipt this Period
 1000.00

C. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44818 Oro Grande Cir
 City State Zip Code
 Indian Wells CA 92210-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eisenhower Medical Associates Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : C2434751
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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. Dale C Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Lake Walk Ct
 City Missouri City State TX Zip Code 77459-3268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **727.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2013
Transaction ID : C2419175
 Amount of Each Receipt this Period
90.91

B. Susan Murphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Eastbrook Dr
 City Boone State NC Zip Code 28607-3667
 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 M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : C2434326
 Amount of Each Receipt this Period
365.00

c. Mary S Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5727 Welsch Vw
 City San Antonio State TX Zip Code 78249-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medina Valley Family Practice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2013
Transaction ID : C2417236
 Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....	490.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<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. Joseph Scott Nichols		Date of Receipt 09 / 20 / 2013 Transaction ID : C2430908
Mailing Address 313 Scott St		Amount of Each Receipt this Period 33.18
City Baltimore	State MD	Zip Code 21230-2109
FEC ID number of contributing federal political committee. C		
Name of Employer Medstar Franklin Square Med Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.44	

Full Name (Last, First, Middle Initial) B. Jaime Gabriel Oakley MD		Date of Receipt 09 / 30 / 2013 Transaction ID : C2437537
Mailing Address 1225 E Weisgarber Rd Summit Medical Group, PLLC		Amount of Each Receipt this Period 250.00
City Knoxville	State TN	Zip Code 37909-2604
FEC ID number of contributing federal political committee. C		
Name of Employer Summit Medical Group, PLLC	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) c. Javette C Orgain MD		Date of Receipt 09 / 10 / 2013 Transaction ID : C2444909
Mailing Address PO Box 806527		Amount of Each Receipt this Period 125.00
City Chicago	State IL	Zip Code 60680-4126
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional).....▶	408.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<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

A. A Thomas Parsa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2864 E Imperial Hwy
 City Brea State CA Zip Code 92821-6714
 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
 09 / 13 / 2013
Transaction ID : C2425725
 Amount of Each Receipt this Period
 250.00

B. Michelle Quiogue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Pine St
 City Bakersfield State CA Zip Code 93301-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KP-SCPMG Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 265.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : C2430905
 Amount of Each Receipt this Period
 33.18

c. Alberto Ramos Mendez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1076
 City Aguada State PR Zip Code 00602-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 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
 09 / 30 / 2013
Transaction ID : C2437492
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	533.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Chuck Rich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10
 City Bladenboro State NC Zip Code 28320-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **265.44**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : C2430907
 Amount of Each Receipt this Period
33.18

B. Jeannine M Rodems MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Suncrest Dr
 City Soquel State CA Zip Code 95073-9709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palo Alto Medical Foundation Occupation Family 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
 09 / 27 / 2013
Transaction ID : C2436926
 Amount of Each Receipt this Period
365.00

c. Flora F Sadri-Azarbayejani DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : C2434735
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	448.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<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 Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **832.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437390
 Amount of Each Receipt this Period
122.00

B. Richard M Shaw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 White Swan Ct
 City Simi Valley State CA Zip Code 93065-6723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regal Medical Group Occupation Family 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
 09 / 30 / 2013
Transaction ID : C2437510
 Amount of Each Receipt this Period
150.00

C. 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 **255.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : C2417207
 Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional).....	308.50
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 29 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kari R Newquist Sikkink MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1639 Birchwood Dr
 City West Fargo State ND Zip Code 58078-3427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Essentia Health Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 09 / 18 / 2013
Transaction ID : C2429424
 Amount of Each Receipt this Period: 250.00

B. Glen R Stream MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44818 Oro Grande Cir
 City Indian Wells State CA Zip Code 92210-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Eisenhower Medical Center Occupation: Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1750.00

Date of Receipt: 09 / 19 / 2013
Transaction ID : C2430371
 Amount of Each Receipt this Period: 250.00

C. Erica Williams Swegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N Rufe Snow Dr
 City Keller State TX Zip Code 76248-4235
 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 693.17

Date of Receipt: 09 / 20 / 2013
Transaction ID : C2444910
 Amount of Each Receipt this Period: 102.27

SUBTOTAL of Receipts This Page (optional).....▶	602.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<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. Stacy J Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address 173 E Cotton Hill Rd

City New Hartford	State CT	Zip Code 06057-3524
----------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Family Physician
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : C2430909

Amount of Each Receipt this Period

33.18

B. William J Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address 6404 Dry Cliff Cv

City Austin	State TX	Zip Code 78731-3918
----------------	-------------	------------------------

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

Name of Employer Health Care Service Corporation	Occupation Medical Director
---	--------------------------------

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
09	/	09	/	2013

Transaction ID : C2423666

Amount of Each Receipt this Period

365.00

C. Michael P Temporal MD
Full Name (Last, First, Middle Initial)

Mailing Address 180 S 3Rd St Ste 400

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:
 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
09	/	02	/	2013

Transaction ID : C2417237

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	448.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<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. Kimberly L Tjaden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 Riverside Ave N
 City Sartell State MN Zip Code 56377-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : C2426443
 Amount of Each Receipt this Period
 500.00

B. Pamela W Tuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 Atlanta Hwy
 City Montgomery State AL Zip Code 36109-3022
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437387
 Amount of Each Receipt this Period
 50.00

C. Randell K Wexler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 Haybury Dr
 City New Albany State OH Zip Code 43054-8691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : C2433723
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Andre Wherry MD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2013 Transaction ID : C2418227
Mailing Address 59 Tipton Dr		Amount of Each Receipt this Period 250.00
City Dahlonega	State GA	Zip Code 30533-1603
FEC ID number of contributing federal political committee. C		
Name of Employer Chestatee Regional Hospital	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mahrouf Musah Yusif Yusif		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2013 Transaction ID : C2433753
Mailing Address 314 Bern St		Amount of Each Receipt this Period 250.00
City Reading	State PA	Zip Code 19601-1206
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	16814.01

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

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

FOR LINE NUMBER: PAGE 33 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2723.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013

Transaction ID : C2437734

Amount of Each Receipt this Period
 290.29

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).....▶	290.29
TOTAL This Period (last page this line number only).....▶	290.29

**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
09 / 05 / 2013

Transaction ID : D148106

Amount of Each Disbursement this Period

8.13

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
09 / 09 / 2013

Transaction ID : D148107

Amount of Each Disbursement this Period

12.59

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
09 / 12 / 2013

Transaction ID : D148656

Amount of Each Disbursement this Period

2.97

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

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

23.69

**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
09 / 16 / 2013

Transaction ID : D148657

Amount of Each Disbursement this Period

7.31

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
09 / 17 / 2013

Transaction ID : D148658

Amount of Each Disbursement this Period

11.38

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
09 / 19 / 2013

Transaction ID : D148659

Amount of Each Disbursement this Period

16.25

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

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

34.94

**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
09 / 23 / 2013

Transaction ID : D148660

Amount of Each Disbursement this Period

26.49

Category/
Type

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
09 / 27 / 2013

Transaction ID : D148661

Amount of Each Disbursement this Period

6.24

Category/
Type

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
09 / 30 / 2013

Transaction ID : D148662

Amount of Each Disbursement this Period

13.54

Category/
Type

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

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

46.27

**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 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
09 / 30 / 2013

Transaction ID : D148663

Amount of Each Disbursement this Period

7.95

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 fee - returned item

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : D148667

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank fee - returned item

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : D148668

Amount of Each Disbursement this Period

36.00

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

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

118.95

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

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : D148080

Amount of Each Disbursement this Period

173.56

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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) ▼

Category/
Type

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)..... ▶

173.56

397.41

**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. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jim Gerlach

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148094

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148274

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148091

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City State Zip Code
BLACKFOOT ID 83221

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148275

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road
Ste 2000

City State Zip Code
Columbus OH 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : D148405

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City State Zip Code
WASHINGTON DC 20024

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : D148404

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKULSKI FOR SENATE COMMITTEE

Mailing Address PO BOX 13147

City STATE Zip Code
BALTIMORE MD 21203

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Barbara A. Mikulski

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2013

Transaction ID : D148093

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. REED COMMITTEE

Mailing Address PO BOX 8628

City STATE Zip Code
CRANSTON RI 02920

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Jack Reed

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2013

Transaction ID : D148113

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City STATE Zip Code
BANGOR ME 04402

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Susan Collins

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2013

Transaction ID : D148092

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

20000.00
