

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	198099.56									
(c) Total Receipts (from Line 19)	17953.01	229414.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216052.57	461325.98								
7. Total Disbursements (from Line 31)	25346.36	270619.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	190706.21	190706.21								
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:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	14007.03	167270.48
(ii) Unitemized	3881.57	52088.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17888.60	219358.89
(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)	17888.60	219358.89
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)	64.41	4055.82
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
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 Transfer (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))	17953.01	229414.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17953.01	229414.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	346.36	4219.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	346.36	4219.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	265500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	500.00
(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	500.00
29. Other Disbursements.....	0.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	25346.36	270619.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25346.36	270619.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17888.60	219358.89
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17888.60	218858.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	346.36	4219.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	64.41	4055.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	281.95	163.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

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

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)

Andrea Allen, MD

Mailing Address 8236 Deer Dr

City State Zip Code
Harrisburg NC 28075-9682

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

Name of Employer
Hospice & Palliative Care
of Cabarrus C

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2009

Transaction ID: C778640

Amount of Each Receipt this Period

395.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City State Zip Code
Tallmadge OH 44278-2311

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

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

228.10

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2009

Transaction ID: C780488

Amount of Each Receipt this Period

45.62

C.

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City State Zip Code
Holden MA 01520-1410

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

Name of Employer
UMMHC

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2009

Transaction ID: C778294

Amount of Each Receipt this Period

40.56

SUBTOTAL of Receipts This Page (optional)

481.18

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: PAGE 7 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hill TX 76180-7319

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

Name of Employer Occupation
North Hills Family Medicine Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 279.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2009

Transaction ID: C780442

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)
Shannon Mary Brodersen, MD

Mailing Address 16 Maples St NW

City State Zip Code
Fort Walton Beach FL 32548-4816

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

Name of Employer Occupation
United States Air Force Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2009

Transaction ID: C783054

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Richard David Chen, MD

Mailing Address 516 Blue Hill Ave

City State Zip Code
Milton MA 02186-1340

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

Name of Employer Occupation
Harvard Vanguard Medical Associates Family Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: C782540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

531.00

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 8 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Edmund Claxton, MD

Mailing Address 76 High St

City Lewiston State ME Zip Code 04240-7649

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

Name of Employer: Central Maine Medical Center
Occupation: Residency program director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 12 / 2009
Transaction ID: C778503
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Steven A Crawford, MD

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: C782532
Amount of Each Receipt this Period: 150.00

C.

Full Name (Last, First, Middle Initial)
Mary Margaret Crestani, MD

Mailing Address 300 Governors Dr Sw
301 Governors Dr SW

City Huntsville State AL Zip Code 35801-5122

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

Name of Employer: Univ. of AL Sch of Med - Huntsville Re
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: C782474
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ► 245.00

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 9 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jose M David, MD

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Prime Care Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 09 / 21 / 2009

Transaction ID: C780484

Amount of Each Receipt this Period 625.00

B.

Full Name (Last, First, Middle Initial)
Tamarah L Duperval, MD

Mailing Address 2150 W Irving Park Rd Unit F

City Chicago State IL Zip Code 60618-3941

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

Name of Employer University of Illinois Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 09 / 23 / 2009

Transaction ID: C782323

Amount of Each Receipt this Period 83.00

C.

Full Name (Last, First, Middle Initial)
Jay S Erickson, MD

Mailing Address 108 Park Knoll Ln

City Whitefish State MT Zip Code 59937-8263

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

Name of Employer University of Washington Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt 09 / 15 / 2009

Transaction ID: C778846

Amount of Each Receipt this Period 366.00

SUBTOTAL of Receipts This Page (optional) ► 1074.00

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 10 / 35
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City Dyersburg State TN Zip Code 38024-7344

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

Name of Employer Family Care, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 23 / 2009
Transaction ID: C782324
Amount of Each Receipt this Period 30.42

B. Full Name (Last, First, Middle Initial)
Nancy Wells Finnerty, MD

Mailing Address 38107 Market Square Dr.

City Zephyrhills State FL Zip Code 33542

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

Name of Employer Florida Medical Clinic Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2009
Transaction ID: C779660
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael O Fleming, MD

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 N/A Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2009
Transaction ID: C781807
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 530.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35
(check only one)

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

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

A.

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

Mailing Address PO Box 510
Klawock-Hollis Hwy

City Klawock State AK Zip Code 99925-0510

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

Name of Employer SEARHC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2009

Transaction ID: C778473

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Christopher H Gaynor, MD

Mailing Address 6300 9th Ave NE
Ste 300

City Seattle State WA Zip Code 98115-8516

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

Name of Employer Self Occupation Family Physician!

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: C778614

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City Waco State TX Zip Code 76707-2261

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

Name of Employer Family Practice Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3753.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2009

Transaction ID: C780406

Amount of Each Receipt this Period
417.00

SUBTOTAL of Receipts This Page (optional) ▶ **932.00**

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 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Deborah Gene Haynes, MD

Mailing Address 3009 N Cypress St

City State Zip Code
Wichita KS 67226-4003

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

Name of Employer Occupation
Via Christi Reg. Med. Ctr. 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
09 / 07 / 2009

Transaction ID: C776713

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

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

Name of Employer Occupation
Scotland Memorial Hospital Hospitalist physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2009

Transaction ID: C778874

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Susan Hinrichs

Mailing Address Director of Operations
OK Academy of Family Physicians

City State Zip Code
Edmond OK 73013-5267

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

Name of Employer Occupation
OK Academy of Family Physicians Director of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: C783097

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

1545.63

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 13 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Diana M King, MD

Mailing Address 4410 S 272nd St

City State Zip Code
Kent WA 98032-7215

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

Name of Employer Occupation
Multicare Health System 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
09 / 13 / 2009

Transaction ID: C778514

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City State Zip Code
Selmer TN 38375-1864

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

Name of Employer Occupation
Primecare Medical Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2009

Transaction ID: C778529

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City State Zip Code
Walpole MA 02081-2290

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: C785547

Amount of Each Receipt this Period
100.00

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: PAGE 14 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jason L Knudson, MD

Mailing Address 1420 N 10Th St

City State Zip Code
Spearfish SD 57783-1532

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 ▼ 252.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: C782475

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code
Fergus Falls MN 56537-2756

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

Name of Employer Fergus Falls Medical Group, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: C789933

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Corazon B Loteyro Wason, MD

Mailing Address 4285 Windsong Pl

City State Zip Code
Plover WI 54467-9018

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

Name of Employer Great View Health Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: C782477

Amount of Each Receipt this Period
45.50

SUBTOTAL of Receipts This Page (optional) ► **587.50**

TOTAL This Period (last page this line number only) ►

B. Form/Schedule : **SA11AI**
Transaction ID : **C789933**

Final payment was a forced payment on 9/16 because of a failed attempt on 9/15 to process contribution. Verisign transaction confirmation VQCE4ADB660E as verified by donor on 10/7 that it did go through. PLEDGE COMPLETE in the amt. of \$2500.00.

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

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

FOR LINE NUMBER: PAGE 16 / 35
(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)
Leah Raye R Mabry, MD
 Mailing Address 339 S Presa St
 City San Antonio State TX Zip Code 78205-3425
 Date of Receipt 09 / 28 / 2009
Transaction ID: C783099
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Christus Health Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial)
Jennifer Bacani McKenney, MD
 Mailing Address 1222 Parkview St
 City Fredonia State KS Zip Code 66736-2009
 Date of Receipt 09 / 28 / 2009
Transaction ID: C783096
 Amount of Each Receipt this Period 45.63
 FEC ID number of contributing federal political committee. C
 Name of Employer Wichita Center for Graduate Medical Ed Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 273.78

C. Full Name (Last, First, Middle Initial)
John S Meigs, MD
 Mailing Address PO BOX 289
 City Brent State AL Zip Code 35034-0289
 Date of Receipt 09 / 01 / 2009
Transaction ID: C775451
 Amount of Each Receipt this Period 500.00
 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 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 645.63
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 17 / 35
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							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)
Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code
Matthews NC 28105-6614

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

Name of Employer
Carolinas Healthcare System

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2009

Transaction ID: C783065

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer
Inland Empire Hospital Services Associ

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2009

Transaction ID: C781864

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City State Zip Code
Columbia MD 21046-1480

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

Name of Employer
Potomac Physicians, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
MM / DD / YYYY
09 / 21 / 2009

Transaction ID: C780483

Amount of Each Receipt this Period
52.50

SUBTOTAL of Receipts This Page (optional) ► **277.50**

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: PAGE 18 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2009

Transaction ID: C783100

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)

Mary Riley Renard, MD

Mailing Address 2108 Freda Dr

City State Zip Code
Vienna VA 22181-3259

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

Name of Employer Occupation
Fairfax Family Practice Centers, Inc. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2009

Transaction ID: C778843

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address 229 S Morrison St
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
University of WI School of Med. & Pub. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2009

Transaction ID: C783101

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

685.00

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 19 / 35
(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)
Richard Guy Roberts, MD
Mailing Address 777 S Mills St
City Madison State WI Zip Code 53715-1849
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Wisconsin Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2009
Transaction ID: C780216
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Flora F Sadri-Azarbayejani, DO
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 Gardner Family Medicine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.98
Date of Receipt 09 / 09 / 2009
Transaction ID: C778295
Amount of Each Receipt this Period 41.33

C. Full Name (Last, First, Middle Initial)
Sarah L Sams, MD
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 Ohio Health, Grant Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 09 / 24 / 2009
Transaction ID: C782476
Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 666.33
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 35
(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)
Maria A Schiaffino, MD

Mailing Address 4413 Paces Battle Nw
Ste 120

City Atlanta State GA Zip Code 30327-3023

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 ▼ 228.10

Date of Receipt 09 / 21 / 2009
Transaction ID: C780486
Amount of Each Receipt this Period 45.62

B. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer Horizons Diagnostics Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 09 / 13 / 2009
Transaction ID: C778516
Amount of Each Receipt this Period 505.00

C. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer Horizons Diagnostics Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 09 / 24 / 2009
Transaction ID: C782473
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.62

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 21 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address 506 1St Ave Se

City State Zip Code
Watertown SD 57201-4402

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

Name of Employer Occupation
Brown Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.44

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2009

Transaction ID: C778509

Amount of Each Receipt this Period

33.18

B.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City State Zip Code
Fort Worth TX 76109-5436

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

Name of Employer Occupation
University of North Texas Health Scien Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.56

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2009

Transaction ID: C775495

Amount of Each Receipt this Period

52.14

C.

Full Name (Last, First, Middle Initial)

Joseph Douglas Smith, MD

Mailing Address 5722 Gardner Ln

City State Zip Code
Bridgewater VA 22812-3614

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

Name of Employer Occupation
Rockingham Family Physi- ans Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2009

Transaction ID: C782438

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

450.32

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 22 / 35

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Steiner, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2009		
	Mailing Address 3181 Sw Sam Jackson Park Rd		Transaction ID: C778564		
	City Portland	State OR	Zip Code 97239-3011	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oregon Health & Science University	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Keith L Stelter, MD		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 101 Martin Luther King Dr		Transaction ID: C775449		
	City Mankato	State MN	Zip Code 56001-6460	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ISJ/Mayo Health System	Occupation Physician	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt MM / DD / YYYY 09 / 08 / 2009		
	Mailing Address 14408 E Sprague Ave		Transaction ID: C776726		
	City Spokane Valley	State WA	Zip Code 99216-2167	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rockwood Clinic	Occupation Physician	Aggregate Year-to-Date 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: PAGE 23 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven Wayne Strode, MD

Mailing Address 104 Charter Ct

City State Zip Code
Sherwood AR 72120-5049

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

Name of Employer Central AR Veterans Healthcare System
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2009

Transaction ID: C783056

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 180 S 3Rd St Ste 400
Ste 400

City State Zip Code
Belleville IL 62220-1952

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

Name of Employer Saint Louis University
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.12

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: C775494

Amount of Each Receipt this Period
34.28

C.

Full Name (Last, First, Middle Initial)
Todd A Thames, MD

Mailing Address 333 N Santa Rosa Ave
333 N Santa Rosa Ave

City State Zip Code
San Antonio TX 78207-3108

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

Name of Employer Christus Santa Rosa Health Care
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2009

Transaction ID: C783095

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **449.28**

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 24 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tim Joseph Vega, MD

Mailing Address 209 W Columbia Ter

City Peoria State IL Zip Code 61606-1504

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

Name of Employer St. Francis Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2009

Transaction ID: C780487

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City Bartlett State TN Zip Code 38135-5175

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

Name of Employer St. Francis Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 20 / 2009

Transaction ID: C780443

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
E Mark Watts, MD

Mailing Address 415 S Pollard St

City Vinton State VA Zip Code 24179-2502

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

Name of Employer Cavilier Faculty Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.10

Date of Receipt 09 / 21 / 2009

Transaction ID: C780485

Amount of Each Receipt this Period 45.62

SUBTOTAL of Receipts This Page (optional) ► 270.62

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35
(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)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr
City State Zip Code
New Albany OH 43054-8691
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Ohio State University Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 09 / 25 / 2009
Transaction ID: C783039
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Richard Andre Wherry, MD
Mailing Address 59 Tipton Dr
City State Zip Code
Dahlonega GA 30533-1603
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Dahlonega Family Practice Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 27 / 2009
Transaction ID: C783059
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Susan S Wilder, MD
Mailing Address 8757 E Bell Rd
City State Zip Code
Scottsdale AZ 85260-1322
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 ▼ 270.00
Date of Receipt 09 / 27 / 2009
Transaction ID: C783057
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 1530.00
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 26 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Lillian Wu, MD		Date of Receipt	
	Mailing Address 278 Lind Ave NW		M M / D D / Y Y Y Y 09 / 15 / 2009	
	City	State	Zip Code	Transaction ID: C778847
	Renton	WA	98057-5136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	400.00
	Name of Employer HealthPoint		Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	400.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	14007.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 35	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt	
	Mailing Address 11400 Tomahawk Creek Pkwy		M M / D D / Y Y Y Y 09 / 14 / 2009	
	City	State	Zip Code	Transaction ID: C778475
	Leawood	KS	66211-2672	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		64.41	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4055.82		

SUBTOTAL of Receipts This Page (optional)	64.41
TOTAL This Period (last page this line number only)	64.41

**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)

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<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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88836 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="9.93"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D88837 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="11.86"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89175 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="4.88"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89176 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="17.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89177 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89178 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="32.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="56.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89179
	Mailing Address PO Box 53852	Date of Disbursement 09 / 21 / 2009
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 16.74
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89180
	Mailing Address PO Box 53852	Date of Disbursement 09 / 24 / 2009
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.01
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89181
	Mailing Address PO Box 53852	Date of Disbursement 09 / 28 / 2009
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 19.13
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	36.88
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D89182 Date of Disbursement 09 / 28 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 8.13
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services	Transaction ID: D88838 Date of Disbursement 09 / 01 / 2009
	Mailing Address WA2-505-01-40 PO Box 2485	Amount of Each Disbursement this Period 206.53
	City Spokane State WA Zip Code 99210-2485	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: D88839 Date of Disbursement 09 / 02 / 2009
	Mailing Address P O Box 52145	Amount of Each Disbursement this Period 11.76
	City Phoenix State AZ Zip Code 85072-2145	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	226.42
TOTAL This Period (last page this line number only)	346.36

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 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

<p>A. Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN</p> <p>Mailing Address 417 New Jersey Ave SE</p> <p>City Washington State DC Zip Code 20003-4007</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Del. Donna M. Christensen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88628 Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003-0636</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Anna Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88800 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) BOB GOODLATTE FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 292</p> <p>City Roanoke State VA Zip Code 24002</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Bob Goodlatte</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88627 Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

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<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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: D88796 Date of Disbursement 09 / 15 / 2009
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1500.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Lois Capps Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNEDY INC.	Transaction ID: D88792 Date of Disbursement 09 / 15 / 2009
	Mailing Address P.O. Box 321 Ste 201	Amount of Each Disbursement this Period 2500.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Patrick J. Kennedy Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: D88797 Date of Disbursement 09 / 15 / 2009
	Mailing Address 2021 E Dublin Granville Road Ste 2000	Amount of Each Disbursement this Period 2500.00
	City Columbus State OH Zip Code 43229	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Patrick J. Tiberi Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

<p>A. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2021 E Dublin Granville Road Ste 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88798</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO</p> <p>Mailing Address 12 TRUMBULL STREET</p> <p>City NEW HAVEN State CT Zip Code 06511</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Rosa DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88795</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 WEST LAWRENCE STREET</p> <p>City APPLETON State WI Zip Code 54911</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88822</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
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

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D88794
	Mailing Address PO Box 636	Date of Disbursement MM / DD / YYYY 09 / 15 / 2009
	City Annandale State VA Zip Code 22003-0636	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Walt Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: D88799
	Mailing Address P O B 13147	Date of Disbursement MM / DD / YYYY 09 / 15 / 2009
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Sen. Barbara A. Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 00	

C.	Full Name (Last, First, Middle Initial) SHORE PAC	Transaction ID: D88791
	Mailing Address PO Box 3157	Date of Disbursement MM / DD / YYYY 09 / 15 / 2009
	City Long Branch State NJ Zip Code 07740-3157	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name SHORE PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	2500.00