



**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.....	357807.62	
(c) Total Receipts (from Line 19) .....	18772.21	241759.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376579.83	643846.60
7. Total Disbursements (from Line 31).....	32279.79	299546.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	344300.04	344300.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14586.81	165255.62
(ii) Unitemized .....	4185.40	66826.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18772.21	232082.18
(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) .....	18772.21	232082.18
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).....	0.00	2177.20
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))..... ▶	18772.21	241759.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18772.21	241759.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	279.79	3328.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	279.79	3328.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	295500.00
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)) ..	32279.79	299546.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32279.79	299546.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18772.21	232082.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18772.21	231363.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	279.79	3328.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2177.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	279.79	1151.03

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

Form/Schedule: F3XA  
Transaction ID :

Second amended August 2013 report - amended to reflect removal of duplicate contribution entry discovered during annual audit

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: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ 500.00

Date of Receipt  
07 / 31 / 2013  
**Transaction ID : C2399123**

Amount of Each Receipt this Period  
250.00

**B. Suzanne M Allen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2889 S Swallowtail Ln

City Boise State ID Zip Code 83706-6139

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

Name of Employer University of Washington School of Med Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 04 / 2013  
**Transaction ID : C2374233**

Amount of Each Receipt this Period  
1000.00

**C. Bruce A Bagley MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2680

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

Name of Employer Medical Director - Quality AAFP Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 31 / 2013  
**Transaction ID : C2398991**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Boyd Lee Bailey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1023 Medical Center Pkwy Ste 200  
 City Selma State AL Zip Code 36701-7739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAB/Selma Family Medicine 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  
 07 / 17 / 2013  
**Transaction ID : C2385109**  
 Amount of Each Receipt this Period  
 365.00

**B. Justin V Bartos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Cagle Dr Ste 200  
 City North Richland Hills State TX Zip Code 76180-8380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Hills Family Medicine Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2013  
**Transaction ID : C2396006**  
 Amount of Each Receipt this Period  
 42.00

**c. Joane Goforth Baumer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Houston St Apt 701  
 City Fort Worth State TX Zip Code 76102-6224  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C2383424**  
 Amount of Each Receipt this Period  
 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<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 ▼ 700.00

Date of Receipt 07 / 10 / 2013  
**Transaction ID : C2377105**  
 Amount of Each Receipt this Period 100.00

**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 ▼ 212.94

Date of Receipt 07 / 31 / 2013  
**Transaction ID : C2399103**  
 Amount of Each Receipt this Period 30.42

**c. 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 ▼ 700.00

Date of Receipt 07 / 23 / 2013  
**Transaction ID : C2396007**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.42  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<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. Mitchell J Carey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 01899 S M 66

City East Jordan State MI Zip Code 49727-9169

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : C2398999**

Amount of Each Receipt this Period 100.00

**B. Kenneth Keith Carrell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 1st Ave S

City Payette State ID Zip Code 83661-2810

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

Name of Employer Valley Family Health Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : C2375052**

Amount of Each Receipt this Period 500.00

**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 ▼ 400.00

Date of Receipt 07 / 30 / 2013  
**Transaction ID : C2397933**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 33
	<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 ▼ 2727.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : C2373323**  
 Amount of Each Receipt this Period  
 454.54

**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 ▼ 1666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : C2396014**  
 Amount of Each Receipt this Period  
 416.67

**C. George P Dempsey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Pantigo PI  
 City East Hampton State NY Zip Code 11937-5920  
 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  
 07 / 17 / 2013  
**Transaction ID : C2385133**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1371.21  
**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 33
	<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 Norman Dorsch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 N Dry Brook Ct  
 City Derby State KS Zip Code 67037-2832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kansas School of Medicin Occupation Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C2377473**  
 Amount of Each Receipt this Period  
 365.00

**B. Gerald Eugene Eliaser MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7483 Kennedy Rd  
 City Sebastopol State CA Zip Code 95472-5419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Medical Group Redwoods 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  
 07 / 05 / 2013  
**Transaction ID : C2375434**  
 Amount of Each Receipt this Period  
 250.00

**C. 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2013  
**Transaction ID : C2396287**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	645.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ **2100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2013**

**Transaction ID : C2370850**

Amount of Each Receipt this Period  
**350.00**

**B. 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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2013**

**Transaction ID : C2375655**

Amount of Each Receipt this Period  
**35.00**

**C. Leslie A Foote MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 16103 Meridian Rd

City Salinas State CA Zip Code 93907-9140

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2013**

**Transaction ID : C2385124**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **635.00**

**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 33
	<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. Carletta Hauck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3912 Golf Course Rd  
City Watertown State SD Zip Code 57201-5412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SD AFP Occupation Exec Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 01 / 2013  
**Transaction ID : C2363297**  
Amount of Each Receipt this Period 125.00

**B. Daniel J Heinemann MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1305 W 18th St  
City Sioux Falls State SD Zip Code 57105-0401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sioux Valley Health Systems Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 04 / 2013  
**Transaction ID : C2374209**  
Amount of Each Receipt this Period 100.00

**C. 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 ▼ 300.00

Date of Receipt 07 / 22 / 2013  
**Transaction ID : C2396013**  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**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 15 OF 33
	<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. 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 **542.50**

Date of Receipt **07 / 08 / 2013**  
**Transaction ID : C2402527**  
 Amount of Each Receipt this Period **91.50**

**B. Mark Richard Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 797  
 City Lexington State NE Zip Code 68850-0797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plum Creek Medical Group, P.C. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **565.00**

Date of Receipt **07 / 17 / 2013**  
**Transaction ID : C2385117**  
 Amount of Each Receipt this Period **565.00**

**C. Gregory King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Vail Rd  
 City Bennington State VT Zip Code 05201-9597  
 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 **300.00**

Date of Receipt **07 / 09 / 2013**  
**Transaction ID : C2375932**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **706.50**  
**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 16 OF 33
	<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. Camille M Leugers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 Patrick Henry St  
 City State Zip Code  
 Bellaire TX 77401-4817  
 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C2398994**  
 Amount of Each Receipt this Period  
 200.00

**B. Daniel Scott Lewis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Earlington Dr  
 City State Zip Code  
 Greeneville TN 37743-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Takoma Medical Associates Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013  
**Transaction ID : C2397931**  
 Amount of Each Receipt this Period  
 100.00

**C. Karen Eileen Lien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 5th St  
 City State Zip Code  
 Havre MT 59501-3925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NMMC 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  
 07 / 17 / 2013  
**Transaction ID : C2385107**  
 Amount of Each Receipt this Period  
 370.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2013

**Transaction ID : C2385114**

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2013

**Transaction ID : C2399003**

Amount of Each Receipt this Period  
75.00

**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 ▼  
1750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2013

**Transaction ID : C2396008**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<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. 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 **545.46**

Date of Receipt **07 / 08 / 2013**  
**Transaction ID : C2375656**  
 Amount of Each Receipt this Period **90.91**

**B. Javette C Orgain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 806527  
 City Chicago State IL Zip Code 60680-4126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 10 / 2013**  
**Transaction ID : C2402529**  
 Amount of Each Receipt this Period **125.00**

**C. Paul Henry Pappas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 941 Clear Creek Dr  
 City Texarkana State TX Zip Code 75503-1143  
 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 **07 / 17 / 2013**  
**Transaction ID : C2385118**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **465.91**  
**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 19 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Paul Henry Pappas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Clear Creek Dr

City Texarkana State TX Zip Code 75503-1143

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 **07 / 31 / 2013**

**Transaction ID : C2399104**

Amount of Each Receipt this Period **250.00**

**B. PuiFun Lila Pappas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Clear Creek Dr

City Texarkana State TX Zip Code 75503-1143

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 **07 / 17 / 2013**

**Transaction ID : C2385119**

Amount of Each Receipt this Period **250.00**

**C. PuiFun Lila Pappas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Clear Creek Dr

City Texarkana State TX Zip Code 75503-1143

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 **07 / 31 / 2013**

**Transaction ID : C2399106**

Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Francis L Pisney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 1/2 College Ave  
 City Iowa Falls State IA Zip Code 50126-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ellsworth Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **865.00**

Date of Receipt **07 / 05 / 2013**  
**Transaction ID : C2375438**  
 Amount of Each Receipt this Period **865.00**

**B. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 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 **700.00**

Date of Receipt **07 / 10 / 2013**  
**Transaction ID : C2402530**  
 Amount of Each Receipt this Period **100.00**

**C. Gerald R Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 399  
 City Castleberry State AL Zip Code 36432-0399  
 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 **500.00**

Date of Receipt **07 / 17 / 2013**  
**Transaction ID : C2385123**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1465.00**  
**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 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert R Rodak DO</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2013 <b>Transaction ID : C2385106</b>		
Mailing Address 6445 Pepper Ct			Amount of Each Receipt this Period 365.00		
City Erie	State PA	Zip Code 16505-2673			
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 ▼ 365.00			

Full Name (Last, First, Middle Initial) <b>B. Glenn Sumner Rodriguez MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2013 <b>Transaction ID : C2375439</b>		
Mailing Address 0235 SW Canby St			Amount of Each Receipt this Period 500.00		
City Portland	State OR	Zip Code 97219-2947			
FEC ID number of contributing federal political committee. C					
Name of Employer Providence Health Services		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>c. Flora F Sadri-Azarbayejani DO</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2013 <b>Transaction ID : C2396015</b>		
Mailing Address 427 S Mountain Rd			Amount of Each Receipt this Period 50.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<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 ▼ **588.00**

Date of Receipt **07 / 30 / 2013**

**Transaction ID : C2397932**

Amount of Each Receipt this Period **122.00**

**B. Robert J Skully MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Grant Medical Center Outpatient  
393 E Town St

City Columbus State OH Zip Code 43215-4741

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

Name of Employer Grant Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 05 / 2013**

**Transaction ID : C2375047**

Amount of Each Receipt this Period **600.00**

**C. Brent William Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Palmer Ct

City Dixon State CA Zip Code 95620-4103

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

Name of Employer US Air Force Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 31 / 2013**

**Transaction ID : C2398992**

Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1222.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<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. 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 **1250.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : C2387163**  
 Amount of Each Receipt this Period **250.00**

**B. 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 **488.63**

Date of Receipt **07 / 20 / 2013**  
**Transaction ID : C2402531**  
 Amount of Each Receipt this Period **102.27**

**C. 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 **300.00**

Date of Receipt **07 / 30 / 2013**  
**Transaction ID : C2397934**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>402.27</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Tracie Dalene Updike MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2933 Park Plaza Ln  
 City Port Arthur State TX Zip Code 77642-5516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 17 / 2013**  
**Transaction ID : C2385132**  
 Amount of Each Receipt this Period **250.00**

**B. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 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 **620.50**

Date of Receipt **07 / 10 / 2013**  
**Transaction ID : C2377106**  
 Amount of Each Receipt this Period **36.50**

**C. Thomas J Vinton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 S 19th St Apt 3  
 City Omaha State NE Zip Code 68102-3136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alegent Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 31 / 2013**  
**Transaction ID : C2399125**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **786.50**  
**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 25 OF 33  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dana S Ware MD**

Mailing Address PO BOX 1000

City State Zip Code  
Chester CA 96020-1000

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2013

**Transaction ID : C2385115**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**B. 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  
Chestatee Regional Hospital Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2013

**Transaction ID : C2374658**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14586.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2013

**Transaction ID : D146954**

Amount of Each Disbursement this Period

13.54

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2013

**Transaction ID : D146955**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2013

**Transaction ID : D147759**

Amount of Each Disbursement this Period

15.11

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

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

36.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2013

Transaction ID : D147760

Amount of Each Disbursement this Period

1.14

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2013

Transaction ID : D147761

Amount of Each Disbursement this Period

14.77

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2013

Transaction ID : D147762

Amount of Each Disbursement this Period

3.28

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

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

19.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2013

**Transaction ID : D147763**

Amount of Each Disbursement this Period

2.97

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2013

**Transaction ID : D147764**

Amount of Each Disbursement this Period

7.31

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2013

**Transaction ID : D147765**

Amount of Each Disbursement this Period

20.85

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

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

31.13

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2013

**Transaction ID : D147766**

Amount of Each Disbursement this Period

1.37

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2013

**Transaction ID : D147767**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2013

**Transaction ID : D147757**

Amount of Each Disbursement this Period

183.55

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

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

192.87

279.79

**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. D SQUARED D2 VICTORY FUND**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : D147476

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR SENATE**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Frank Pallone**

Office Sought:  House  
 Senate  
 President  
State: NJ District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : D147475

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PROGRESSIVE CHOICES PAC**

Mailing Address P.O. BOX 58

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jan Schakowsky**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : D147474

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Campaign contribution 2010 general election debt retirement

Candidate Name  
**Rep. Ami Bera**

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : D147480**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement Campaign contribution

Candidate Name  
**Rep. Jim Matheson**

Office Sought:  House  
 Senate  
 President  
State: UT District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : D147482**

Amount of Each Disbursement this Period

1000.00

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

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : D147481**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Marsha Blackburn**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : D147485**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City State Zip Code  
PALM DESERT CA 92260

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Raul Ruiz**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : D147483**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City State Zip Code  
RALEIGH NC 27624

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Renee Ellmers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : D147473**

Amount of Each Disbursement this Period

1000.00
---------

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

6000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Mitch McConnell**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : D147472**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Steve Stivers**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : D147471**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

32000.00