

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	380384.84	
(c) Total Receipts (from Line 19)	22326.85	468468.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	402711.69	805835.18
7. Total Disbursements (from Line 31).....	549.47	403672.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	402162.22	402162.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10736.33	318117.11
(ii) Unitemized	11103.00	141779.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21839.33	459896.97
(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)	21839.33	459896.97
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).....	487.52	8572.02
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22326.85	468468.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22326.85	468468.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	549.47	7691.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	549.47	7691.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	390500.00
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	4660.00
(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	4660.00
29. Other Disbursements	0.00	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	549.47	403672.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	549.47	403672.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21839.33	459896.97
34. Total Contribution Refunds (from Line 28(d))	0.00	4660.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21839.33	455236.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	549.47	7691.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	487.52	8572.02
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61.95	-880.56

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<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. Kelly Alberda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Gorham St
 City Austin State TX Zip Code 78758-3760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Family of Doctors Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : C1887980
 Amount of Each Receipt this Period
 30.00

B. Janet R Albers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 Woodbridge Rd
 City Springfield State IL Zip Code 62711-5666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIU Family Medicine Ctr Occupation 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
 12 / 04 / 2012
Transaction ID : C1881112
 Amount of Each Receipt this Period
 20.00

C. Frederic Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mark Cir
 City Holden State MA Zip Code 01520-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMMHC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1888064
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Reid B Blackwelder MD		Date of Receipt 12 / 10 / 2012 Transaction ID : C1885761
Mailing Address 4407 Leedy Rd 201 Cassel Dr		Amount of Each Receipt this Period 100.00
City Kingsport	State TN Zip Code 37664-2117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
Name of Employer Quillen College of Medicine	Occupation Professor, Family Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Edward Asher Blumen MD		Date of Receipt 12 / 06 / 2012 Transaction ID : C1884160
Mailing Address 1720 Maple Ave Apt 2010		Amount of Each Receipt this Period 250.00
City Evanston	State IL Zip Code 60201-3143	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer North Shore University/University of C	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert C M Bourne MD		Date of Receipt 12 / 06 / 2012 Transaction ID : C1879201
Mailing Address 1538 Dwight St		Amount of Each Receipt this Period 30.42
City Redlands	State CA Zip Code 92373-7013	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.04
Name of Employer Beaver Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	380.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1538 Dwight St
 City Redlands State CA Zip Code 92373-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaver Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1892049
 Amount of Each Receipt this Period
30.42

B. June G Bredin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4924 153Rd PI Sw
 City Edmonds State WA Zip Code 98026-4435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sate of Washington DSHS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : C1888101
 Amount of Each Receipt this Period
40.00

C. Ellen Sandra Brull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Arbor Ln
 City Glenview State IL Zip Code 60025-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : C1885255
 Amount of Each Receipt this Period
83.40

SUBTOTAL of Receipts This Page (optional)..... **153.82**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Angela Caffaratti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Delegate Dr
 City Columbus State OH Zip Code 43235-1470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Carmel Health Providers/ Trinity Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.30**

Date of Receipt **11 / 28 / 2012**
Transaction ID : C1888062
 Amount of Each Receipt this Period **333.30**

B. Angela Caffaratti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Delegate Dr
 City Columbus State OH Zip Code 43235-1470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Carmel Health Providers/ Trinity Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.30**

Date of Receipt **12 / 28 / 2012**
Transaction ID : C1898434
 Amount of Each Receipt this Period **333.30**

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, Marlton NJ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2012**
Transaction ID : C1888115
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **166.66**
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 39
	<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. Cory D Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 E Elizabeth St Ste 2
 City Fort Collins State CO Zip Code 80524-3952
 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 ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2012
Transaction ID : C1888067
 Amount of Each Receipt this Period
 200.00

B. 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 Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1875072
 Amount of Each Receipt this Period
 100.00

c. Sharon Marie Colton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 39
 City Evarts State KY Zip Code 40828-0039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clover Park Clinic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1878113
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 11 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Sharon Marie Colton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 39
 City Evarts State KY Zip Code 40828-0039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clover Park Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : C1889935
 Amount of Each Receipt this Period
 300.00

B. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address OU Physicians Family Medicine Cent
 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 ▼ 4000.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1888066
 Amount of Each Receipt this Period
 333.34

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 Kent Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1888166
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	393.34
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 39
	<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. Doreen E Feldhouse MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : C1885239
 Amount of Each Receipt this Period
 300.00

B. Patricia Fontaine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Angelo Dr
 City Golden Valley State MN Zip Code 55422-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Partners Research Foundation Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012
Transaction ID : C1890706
 Amount of Each Receipt this Period
 50.00

C. Edward M Friedler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4905 Tarheel Way
 City Annandale State VA Zip Code 22003-4460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Annandale Family Medicine, PC 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
 12 / 21 / 2012
Transaction ID : C1888082
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	580.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<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. Armand V Gallanosa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3113 Broadway St
 City Anderson State IN Zip Code 46012-1261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Medical Management Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **830.00**

Date of Receipt **12 / 17 / 2012**
Transaction ID : C1886938
 Amount of Each Receipt this Period **100.00**

B. Marjorie Gillespy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12515 7Th Ave Nw
 City Seattle State WA Zip Code 98177-4424
 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 **12 / 03 / 2012**
Transaction ID : C1878151
 Amount of Each Receipt this Period **50.00**

C. Marjorie Gillespy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12515 7Th Ave Nw
 City Seattle State WA Zip Code 98177-4424
 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 **12 / 24 / 2012**
Transaction ID : C1890718
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marin Catherine Granholm MD			Date of Receipt
Mailing Address 13621 Sunset View St			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1878152
Anchorage	AK	99515-4102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Anchorage Neighborhood Health Center	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="465.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Marin Catherine Granholm MD			Date of Receipt
Mailing Address 13621 Sunset View St			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1897327
Anchorage	AK	99515-4102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Anchorage Neighborhood Health Center	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="465.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Melinda Jeannie Gruber MD			Date of Receipt
Mailing Address 19516 North County Road 6000 East			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1897293
Dale	IN	47523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
Memorial Hospital	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Boyde Jerome Harrison MD		Date of Receipt
Mailing Address 904 26th St		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Haleyville	AL	35565-1719
FEC ID number of contributing federal political committee.		Transaction ID : C1886328
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lori J Heim MD		Date of Receipt
Mailing Address 250 Hollybrook Farm Ln		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Vass	NC	28394-8952
FEC ID number of contributing federal political committee.		Transaction ID : C1878114
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="112.00"/>
Name of Employer	Occupation	
Scotland Memorial Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="896.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wayne K Hoffman MD		Date of Receipt
Mailing Address 408 Rock Springs Rd Ne		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Atlanta	GA	30324-5102
FEC ID number of contributing federal political committee.		Transaction ID : C1897331
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="462.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<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. Leonard Marc Horowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Federal St
 City Danvers State MA Zip Code 01923-3668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : C1885262
 Amount of Each Receipt this Period
365.00

B. Matthew Scott Horsfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1647 Bonnie Brae St
 City Houston State TX Zip Code 77006-5218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1897308
 Amount of Each Receipt this Period
20.00

C. Janet L Hurley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1209
 1930 Golden Bay
 City Whitehouse State TX Zip Code 75791-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012
Transaction ID : C1888129
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<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. James D Johns MD
Full Name (Last, First, Middle Initial)

Mailing Address 211 15Th St Nw

City Canton	State OH	Zip Code 44703-1704
----------------	-------------	------------------------

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

Name of Employer Little Flower Family Practice	Occupation MD, President
---------------------------------------------------	-----------------------------

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
12	/	11	/	2012

Transaction ID : C1886226

Amount of Each Receipt this Period
250.00

B. David Andrew Johnson MD
Full Name (Last, First, Middle Initial)

Mailing Address 1286 Santa Fe Ct

City Minden	State NV	Zip Code 89423-8899
----------------	-------------	------------------------

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

Name of Employer Carson Tahoe Physicians Clinic	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
12	/	18	/	2012

Transaction ID : C1887778

Amount of Each Receipt this Period
62.50

C. Jessica Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 38 Hall St

City Newington	State CT	Zip Code 06111-2553
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Medical Student
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2012

Transaction ID : C1886978

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	362.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<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. Carla Lee Kakutani MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Abbey St
 City Winters State CA Zip Code 95694-1837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3100.00**

Date of Receipt **12 / 31 / 2012**
Transaction ID : C1897317
 Amount of Each Receipt this Period **100.00**

B. Laura C Knobel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Freedom Way
 City Walpole State MA Zip Code 02081-2290
 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 **1800.00**

Date of Receipt **12 / 17 / 2012**
Transaction ID : C1887029
 Amount of Each Receipt this Period **150.00**

C. Jason L Knudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 N 10Th St
 City Spearfish State SD Zip Code 57783-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 31 / 2012**
Transaction ID : C1897295
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **615.00**
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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Everett Erland Koehn DO

Mailing Address 101 Nw Englewood Rd

City Gladstone	State MO	Zip Code 64118-4054
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FEC ID number of contributing federal political committee. **C**

Name of Employer Encompass Medical Group	Occupation Physician
---------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : C1886327

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
B. Mark H Krotowski MD

Mailing Address 8923 Avenue A

City Brooklyn	State NY	Zip Code 11236-1206
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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 ▼ **465.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

Transaction ID : C1878206

Amount of Each Receipt this Period

100.00

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

Mailing Address 615 S Mill St

City Fergus Falls	State MN	Zip Code 56537-2756
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Region Medical Group	Occupation Physician
-----------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : C1878115

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patricia Jean Lindholm MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2012 Transaction ID : C1889936
Mailing Address 615 S Mill St		Amount of Each Receipt this Period 375.00
City Fergus Falls	State MN	Zip Code 56537-2756
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Region Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Andrew Lutzkanin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 Transaction ID : C1888128
Mailing Address 1835 Blacklatch Ln		Amount of Each Receipt this Period 36.50
City Middletown	State PA	Zip Code 17057-2984
FEC ID number of contributing federal political committee. C		
Name of Employer Penn State College of Medicine	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.50	

Full Name (Last, First, Middle Initial) c. John S Meigs MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 Transaction ID : C1878020
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

SUBTOTAL of Receipts This Page (optional).....▶	436.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012
Transaction ID : C1886224
 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 Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : C1888074
 Amount of Each Receipt this Period
 25.00

C. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : C1888075
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1892048
Name of Employer Self Employed	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="1275.00"/>	

Full Name (Last, First, Middle Initial) B. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1897485
Name of Employer Self Employed	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="1275.00"/>	

Full Name (Last, First, Middle Initial) C. Johanna Meyer-Mitchell MD		Date of Receipt
Mailing Address 2700 Grant St Ste 200		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Concord	State CA	Zip Code 94520-2270
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1885066
Name of Employer Muir/Diablo Primary Care	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
	<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. F Bradford Bradford Meyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 414
 152 W Garland St
 City Jefferson State WI Zip Code 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockwood Family Health LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1886995
 Amount of Each Receipt this Period
60.00

B. Monique H Morisseau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 Little Park Rd
 City Grand Junction State CO Zip Code 81507-1723
 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
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1892116
 Amount of Each Receipt this Period
300.00

c. Javette C Orgain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 806527
 City Chicago State IL Zip Code 60680-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ILLINOIS COLLEGE OF MED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1875073
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....	485.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<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. James A Ouellette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Jones Hollow Rd
 Ste 1
 City Marlborough State CT Zip Code 06447-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProHealth Physicians 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
 12 / 03 / 2012
Transaction ID : C1878207
 Amount of Each Receipt this Period
 50.00

B. Armando Pacheco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5823 York Blvd Ste 1
 City Los Angeles State CA Zip Code 90042-2634
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1897493
 Amount of Each Receipt this Period
 365.00

C. Maureen O Padden MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 E St Nw
 Bureau Of Medicine And Surgery
 City Washington State DC Zip Code 20372-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1888060
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 25 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael S Reeves MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 Transaction ID : C1878116
Mailing Address 10821 Forest Dr		Amount of Each Receipt this Period 350.00
City Anchorage	State AK	Zip Code 99516-1393
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Park Family Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Ellen S Reinheimer MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : C1892923
Mailing Address 20 Earlwoode Dr		Amount of Each Receipt this Period 500.00
City White Plains	State NY	Zip Code 10606-3902
FEC ID number of contributing federal political committee. C		
Name of Employer West Med Medical Group	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) C. Elisabeth L Righter MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2012 Transaction ID : C1888113
Mailing Address 267 Park Dr		Amount of Each Receipt this Period 333.33
City Dayton	State OH	Zip Code 45410-1315
FEC ID number of contributing federal political committee. C		
Name of Employer Wright State University BSM	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.99	

SUBTOTAL of Receipts This Page (optional).....▶	1183.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<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. Michael A Romano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 E Pierce St
 City Council Bluffs State IA Zip Code 51503-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jennie Edmundson Hospital Occupation VP Medical Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2012**
Transaction ID : C1897323
 Amount of Each Receipt this Period **100.00**

B. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 898
 City Callicoon State NY Zip Code 12723-0898
 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 **360.00**

Date of Receipt **12 / 10 / 2012**
Transaction ID : C1885762
 Amount of Each Receipt this Period **40.00**

C. Sarah L Sams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2994 Frazell Rd
 City Hilliard State OH Zip Code 43026-9785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grant Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 20 / 2012**
Transaction ID : C1888068
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **240.00**
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 27 OF 39
	<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. Thomas L Satrom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 647 Wellesley Dr
 City Claremont State CA Zip Code 91711-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1897329
 Amount of Each Receipt this Period
 100.00

B. Maxwell Curtis Scarlett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 330729
 City Fort Worth State TX Zip Code 76163-0729
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012
Transaction ID : C1890708
 Amount of Each Receipt this Period
 365.00

C. Linda Marie Siy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4133 Bilglade Rd
 City Fort Worth State TX Zip Code 76109-5436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Texas Health Scien 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
 11 / 30 / 2012
Transaction ID : C1878112
 Amount of Each Receipt this Period
 36.50

SUBTOTAL of Receipts This Page (optional)..... **501.50**
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 28 OF 39
	<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. Linda Marie Siy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4133 Bilglade Rd
 City Fort Worth State TX Zip Code 76109-5436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Texas Health Scien Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : C1889934
 Amount of Each Receipt this Period
36.50

B. Yvonne May Smikle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Evergreen Avenue
 City Newton State MA Zip Code 02466-1727
 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 **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2012
Transaction ID : C1878016
 Amount of Each Receipt this Period
240.00

C. Patrick Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Bedford Pl
 City Brandon State MS Zip Code 39047-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi School of Me Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.01**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1888061
 Amount of Each Receipt this Period
88.89

SUBTOTAL of Receipts This Page (optional).....	365.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patrick Brent Smith MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2012
Mailing Address 404 Bedford Pl		Transaction ID : C1893106
City Brandon	State MS	Zip Code 39047-4532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.89
Name of Employer University of Mississippi School of Me	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.01	

Full Name (Last, First, Middle Initial) B. Don A Solberg MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 106 W 9th Ave		Transaction ID : C1887030
City Ellensburg	State WA	Zip Code 98926-2908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.84
Name of Employer Kinnetas Valley Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.88	

Full Name (Last, First, Middle Initial) C. Linda Gonzales Stogner Stogner		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012
Mailing Address PO BOX 807		Transaction ID : C1886231
City Estancia	State NM	Zip Code 87016-0807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pres. Medical Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	619.73
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 30 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Windel A Stracener MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2012
Mailing Address 1333 Hunters Pointe Dr		Transaction ID : C1885238
City Richmond	State IN	Zip Code 47374-7184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.50
Name of Employer Inpatient Management Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Maureen P Strohm MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2012
Mailing Address 3835 Fairmeade Rd		Transaction ID : C1886954
City Pasadena	State CA	Zip Code 91107-2229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Eisenhower Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Stacy J Taylor MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2012
Mailing Address 173 E Cotton Hill Rd		Transaction ID : C1886994
City New Hartford	State CT	Zip Code 06057-3524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.50
Name of Employer Charlotte Hungerford Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael P Temporal MD			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 Transaction ID : C1886886		
Mailing Address 180 S 3Rd St Ste 400			Amount of Each Receipt this Period 50.00		
City Belleville	State IL	Zip Code 62220-1952			
FEC ID number of contributing federal political committee. C					
Name of Employer So. Illinois Healthcare Foundation		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Pamela W Tuck MD			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2012 Transaction ID : C1885237		
Mailing Address 4135 Atlanta Hwy			Amount of Each Receipt this Period 50.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) C. George Voigtlander MD			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 Transaction ID : C1888070		
Mailing Address PO Box 446			Amount of Each Receipt this Period 52.14		
City Pawnee City	State NE	Zip Code 68420-0446			
FEC ID number of contributing federal political committee. C					
Name of Employer Pawnee County Hospital		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.84			

SUBTOTAL of Receipts This Page (optional).....▶	152.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<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. Dana S Ware MD
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1000

City Chester	State CA	Zip Code 96020-1000
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2012

Transaction ID : C1886298

Amount of Each Receipt this Period
500.00

B. Richard Andre Wherry MD
Full Name (Last, First, Middle Initial)
Mailing Address 59 Tipton Dr

City Dahlonega	State GA	Zip Code 30533-1603
-------------------	-------------	------------------------

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

Name of Employer Chestatee Regional Hospital	Occupation Physician
-------------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2012

Transaction ID : C1887031

Amount of Each Receipt this Period
250.00

C. Steven M Williams MD
Full Name (Last, First, Middle Initial)
Mailing Address 3255 Bridgeford Rd

City Omaha	State NE	Zip Code 68124-2520
---------------	-------------	------------------------

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

Name of Employer Physicians Clinic	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2012

Transaction ID : C1890716

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 33 OF 39
(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)
Ashby Jane Wolfe MD

Mailing Address 4378 17th St Apt A

City State Zip Code
 San Francisco CA 94114-1888

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

Name of Employer Occupation
 Kaiser Permanente Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C1897312

Amount of Each Receipt this Period
 50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	10736.33

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

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

FOR LINE NUMBER: PAGE 34 OF 39
(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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 8571.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : C1886960

Amount of Each Receipt this Period
 487.52

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	487.52
TOTAL This Period (last page this line number only).....▶	487.52

**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
11 / 27 / 2012

Transaction ID : D139802

Amount of Each Disbursement this Period

2.85

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
11 / 29 / 2012

Transaction ID : D139803

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
12 / 03 / 2012

Transaction ID : D139806

Amount of Each Disbursement this Period

4.06

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

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

14.86

**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
12 / 04 / 2012

Transaction ID : D139807

Amount of Each Disbursement this Period

12.19

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
12 / 14 / 2012

Transaction ID : D139871

Amount of Each Disbursement this Period

3.25

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
12 / 12 / 2012

Transaction ID : D139872

Amount of Each Disbursement this Period

0.98

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

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

16.42

**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
12 / 11 / 2012

Transaction ID : D139873

Amount of Each Disbursement this Period

3.25

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
12 / 17 / 2012

Transaction ID : D139899

Amount of Each Disbursement this Period

8.13

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
12 / 20 / 2012

Transaction ID : D139919

Amount of Each Disbursement this Period

10.83

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

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

22.21

**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
12 / 24 / 2012

Transaction ID : D139952

Amount of Each Disbursement this Period

0.65

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
12 / 26 / 2012

Transaction ID : D139953

Amount of Each Disbursement this Period

1.30

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
12 / 27 / 2012

Transaction ID : D139954

Amount of Each Disbursement this Period

1.37

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

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

3.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : D139955

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank fee - check reorder

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2012

Transaction ID : D139920

Amount of Each Disbursement this Period

190.00

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank 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
12 / 03 / 2012

Transaction ID : D139808

Amount of Each Disbursement this Period

294.71

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

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

492.66

549.47