



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	224734.85									
(c) Total Receipts (from Line 19) .....	27065.77	81776.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	251800.62	313687.55								
7. Total Disbursements (from Line 31) .....	50439.48	112326.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201361.14	201361.14								
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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22082.00	59728.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4532.43	14223.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26614.43	73951.41
(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) .....	26614.43	73951.41
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) .....	451.34	1824.87
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27065.77	81776.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27065.77	81776.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	439.48	1426.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	439.48	1426.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	50000.00	110500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50439.48	112326.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50439.48	112326.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	26614.43	73951.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26614.43	73951.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	439.48	1426.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	451.34	1824.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-11.86	-398.46

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

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

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

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

**A.**

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

Mailing Address WWAMI Idaho  
777 N Raymond St

City State Zip Code  
Boise ID 83704-9251

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2009

**Transaction ID:** C706181

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
David W Avery, MD

Mailing Address 3702 1st Ave

City State Zip Code  
Vienna WV 26105-1610

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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2009

**Transaction ID:** C714192

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd Lee Bailey, MD

Mailing Address 1023 Medical Center Pkwy

City State Zip Code  
Selma AL 36701-6780

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 / D D / Y Y Y Y  
04 / 24 / 2009

**Transaction ID:** C713800

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3365.00

**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 7 / 32  
(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)  
Reid B Blackwelder, MD  
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 East Tennessee State University Occupation Professor, Family Medicine  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 14 / 2009  
Transaction ID: C709490  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Terence Patrick Cahill, MD  
Mailing Address 525 N Moore St  
City Blue Earth State MN Zip Code 56013-1819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UHD Clinics Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C714082  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Yushu Jack Chou, MD  
Mailing Address 1011 Baldwin Park Blvd Apt A  
City Baldwin Park State CA Zip Code 91706-5806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southern California Permanente Medical Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 24 / 2009  
Transaction ID: C713798  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 8 / 32  
(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)  
Joseph Osfield Cooney, MD  
Mailing Address 1 Lewis Ave

City State Zip Code  
Great Barrington MA 01230-1713

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C714054

Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
David Alan Ellington, MD  
Mailing Address 108 White St

City State Zip Code  
Lexington VA 24450-1944

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C714063

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael O Fleming, MD  
Mailing Address 556 Dunmoreland Dr

City State Zip Code  
Shreveport LA 71106-6125

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

Name of Employer N/A Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C712350

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 32  
(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)  
Conrad Lloyd Flick, MD

Mailing Address 103 Greenway Overlook

City State Zip Code  
Cary NC 27518-9053

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

Name of Employer: Family Medical Associates of Raleigh  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C714101  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Ann Foland, MD

Mailing Address 14300 Hancock Ln

City State Zip Code  
Anchorage AK 99515-3962

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

Name of Employer: Primary Care Associates  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C714181  
Amount of Each Receipt this Period: 365.00

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

Mailing Address UMN DFMCH  
717 Delaware St SE Rm 454

City State Zip Code  
Minneapolis MN 55414-2959

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

Name of Employer: University of Minnesota  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt: 04 / 12 / 2009  
Transaction ID: C708800  
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

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

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

**A.**

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

Mailing Address 209 Woodfall Dr

City State Zip Code  
Waco TX 76712-7604

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

Name of Employer Occupation  
Family Practice Center Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1668.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C711467

Amount of Each Receipt this Period  
417.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Allen Harwood, MD

Mailing Address PO Box 125  
187 West Main Street

City State Zip Code  
New London OH 44851-0125

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714195

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code  
Vass NC 28394-8952

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

Name of Employer Occupation  
Scotland Memorial Hospital Hospitalist physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C709893

Amount of Each Receipt this Period  
500.00

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

1282.00

**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 / 32  
(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)  
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St  
PO Box 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 9

**Transaction ID:** C708794

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
David Elwood Hess, MD

Mailing Address 215 W Main St

City State Zip Code  
Bridgeport WV 26330-1748

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C714059

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
David J Hoelting, MD

Mailing Address 100 ValleyView Dr

City State Zip Code  
Pender NE 68047

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

Name of Employer Occupation  
Mercy Medical Clinic Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C712229

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey J Hoffmann, DO

Mailing Address 1223 Acre St

City State Zip Code  
Guttenberg IA 52052-9574

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

Name of Employer Family Medicine Associates 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  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C713802

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Beulette Y Hooks, MD

Mailing Address 7286 E Wynfield Loop

City State Zip Code  
Midland GA 31820-3925

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

Name of Employer DOD 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  
0 4 / 2 5 / 2 0 0 9

**Transaction ID:** C713872

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
George T Kappos, MD

Mailing Address 3716 SW Court Ave

City State Zip Code  
Ankeny IA 50023-9215

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

Name of Employer Iowa Health Physicians 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  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C713803

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1095.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christina Marie Kelly, MD

Mailing Address 6502 62nd Street Ct W

City State Zip Code  
University Place WA 98467-4954

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

Name of Employer Occupation  
Multicare Resident Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

Transaction ID: C714166

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 1456 High School Rd

City State Zip Code  
Selmer TN 38375-2342

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

Name of Employer Occupation  
Primecare Medical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

Transaction ID: C708996

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 8923 Avenue A

City State Zip Code  
Brooklyn NY 11236-1206

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

Name of Employer Occupation  
Mark Krotowski, MD Family Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2009

Transaction ID: C708787

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Carol A La Croix, MD		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
Mailing Address 6623 Glenwood Rd		<b>Transaction ID:</b> C712236
City Omaha	State NE	Zip Code 68132-1123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer UNMC Physicians	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**B.**

Full Name (Last, First, Middle Initial) Bruce M Le Clair, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 5088 Windmill Lake Dr		<b>Transaction ID:</b> C714093
City Evans	State GA	Zip Code 30809-6612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Medicl College of Georgia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**C.**

Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 2316 Lakeview Dr		<b>Transaction ID:</b> C714062
City Fergus Falls	State MN	Zip Code 56537-3905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Fergus Falls Medical Group, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1230.00</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: PAGE 15 / 32  
(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)  
Chris P Lupold, MD  
Mailing Address 96 Silver Birch Dr  
City Lancaster State PA Zip Code 17602-7014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Medicine of Charlottesville Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C714165  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Michael L Madden, MD  
Mailing Address 4907 Windermere Blvd  
City Alexandria State LA Zip Code 71303-2459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer L.S. U. HSC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 14 / 2009  
Transaction ID: C709189  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Constance Magoulias, MD  
Mailing Address 13605 Shaker Blvd Apt 3A  
City Cleveland State OH Zip Code 44120-1503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MetroHealth Hospital System Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 26 / 2009  
Transaction ID: C713878  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00  
**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 16 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Jason E Marker, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 63606 Dogwood Rd PO Box 90		Transaction ID: C714197
City Mishawaka	State Zip Code IN 46544-9757	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Renee L Markovich, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address Center for Family Medicine 400 Wabash Ave		Transaction ID: C714194
City Akron	State Zip Code OH 44307-2433	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Akron General Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Kevin P Mikus, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 9422 Briarwick Ln		Transaction ID: C714068
City Charlotte	State Zip Code NC 28277-1673	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Carolinas Healthcare System	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	990.00
<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: PAGE 17 / 32  
(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)  
Anne M Montgomery, MD

Mailing Address Family Medicine Spokane  
104 W 5th Ave Ste 200W

City State Zip Code  
Spokane WA 99204-4803

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

Name of Employer Inland Empire Hospital Services Associ  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

**Transaction ID:** C712348

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John Franklin Mueller, MD

Mailing Address 69 Snipatuit Rd

City State Zip Code  
Rochester MA 02770-1504

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

Name of Employer Self-Employed  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

**Transaction ID:** C714057

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Mary S Nguyen Poole, MD

Mailing Address 409 Madrid St  
PO Box 960

City State Zip Code  
Castroville TX 78009-4527

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

Name of Employer Self-Employed  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

**Transaction ID:** C714152

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

**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 18 / 32  
(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)  
Javette C Orgain, MD  
Mailing Address PO Box 806527

City State Zip Code  
Chicago IL 60680-4126

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

Name of Employer Occupation  
University of Illinois Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009  
Transaction ID: C714067  
Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
William E Raduege, MD  
Mailing Address PO Box 1387

City State Zip Code  
Woodruff WI 54568-1387

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

Name of Employer Occupation  
William E Raduege, MD, SC (Corporation) Physician

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

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009  
Transaction ID: C714193  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Preston Clair C Renshaw, MD  
Mailing Address 49574 871st Rd

City State Zip Code  
Oneill NE 68763-4618

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

Name of Employer Occupation  
Avera Health Physician

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

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009  
Transaction ID: C712238  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **815.00**

**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 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Elisabeth L Righter, MD

Mailing Address UW Hth Fox Vly Fam Medicine  
229 S Morrison St

City Appleton State WI Zip Code 54911-5725

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

Transaction ID: C714065

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert R Rodak, DO

Mailing Address 6445 Pepper Ct

City Erie State PA Zip Code 16505-2673

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

Name of Employer Hamot Health Foundation Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

Transaction ID: C710941

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
George L Saunders, MD

Mailing Address Brunswick GeriCare  
PO Box 1589

City Shallotte State NC Zip Code 28459-1589

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

Name of Employer Brunswick GeriCare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

Transaction ID: C712349

Amount of Each Receipt this Period  
100.00

**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: PAGE 20 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan I Schwartzstein, MD

Mailing Address Dean Oregon Clinic  
753 N Main St

City State Zip Code  
Oregon WI 53575-1003

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

Name of Employer Occupation  
Dean Health System Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 9

Transaction ID: C705999

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael D Springer

Mailing Address 14320 Norwood St

City State Zip Code  
Overland Park KS 66224-3912

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

Name of Employer Occupation  
American Academy of Family Physicians Publishing Executive

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714183

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code  
Spokane Valley WA 99216-2167

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

Name of Employer Occupation  
Rockwood Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

Transaction ID: C706861

Amount of Each Receipt this Period

250.00

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

1250.00

**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 21 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Erica Williams Swegler, MD

Mailing Address 816 Keller Pkwy Ste 102  
Ste 102

City State Zip Code  
Keller TX 76248-2405

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714196

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gabrielle A Vencel Olson, MD

Mailing Address A C M C  
101 Willmar Ave SW

City State Zip Code  
Willmar MN 56201-3556

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

Name of Employer Occupation  
Affiliated Community Medi- cal Centers Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C708986

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code  
Bartlett TN 38135-5175

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

Name of Employer Occupation  
St. Francis Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C711480

Amount of Each Receipt this Period  
125.00

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

875.00

**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 22 / 32  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roy Wayne Watkins, MD		Date of Receipt MM / DD / YYYY 04 / 24 / 2009		
	Mailing Address 4105 Lawndale Pl		<b>Transaction ID:</b> C713801		
	City Greensboro	State NC	Zip Code 27455-1637	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 500.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address 6040 Haybury Dr		<b>Transaction ID:</b> C713888		
	City New Albany	State OH	Zip Code 43054-8691	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer The Ohio State University		
Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Kent E Willyard, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address Patrick Henry Family Medicine 12695 Mcmanus Blvd Ste 6A		<b>Transaction ID:</b> C714187		
	City Newport News	State VA	Zip Code 23602-4476	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer TPMG		
Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 365.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</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:		PAGE 23 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Allen Youens, MD, MMM		Date of Receipt																					
	Mailing Address 402 Youens Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	8		2	0	0	9														
	City	State	Zip Code		<b>Transaction ID:</b> C714167																			
Weimar	TX	78962-3680																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Youens, Duchicela & Associates, P.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		<input type="text" value="1000.00"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22082.00"/>

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

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

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

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

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

**A.**

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 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 ▼  
1824.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C707692

Amount of Each Receipt this Period

70.42

**B.**

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 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 ▼  
1824.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714061

Amount of Each Receipt this Period

380.92

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

451.34

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

451.34

**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)

PAGE 25 / 32

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84093 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="10.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84094 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="28.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84095 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="9.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84174 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 11.86
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84567 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 16.25
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84568 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 16.25
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	44.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84569 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84570 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="9.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D84571 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84572</p> <p>Date of Disbursement MM / DD / YYYY 04 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 14.30</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank Of America Merchant Services</p> <p>Mailing Address WA2-505-01-40 PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84092</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 287.14</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address P O Box 52145</p> <p>City Phoenix State AZ Zip Code 85072-2145</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84096</p> <p>Date of Disbursement MM / DD / YYYY 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 34.50</p> <p>Category/Type</p>

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

335.94

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

439.48

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>BLUEGRASS COMMITTEE</b>	<b>Transaction ID:</b> D84081
	Mailing Address 400 N Capitol St NW #585 #585	Date of Disbursement 04 / 09 / 2009
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name BLUEGRASS COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>Democratic Congressional Campaign Committee</b>	<b>Transaction ID:</b> D84085
	Mailing Address 430 S Capitol St SE FI 2	Date of Disbursement 04 / 09 / 2009
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Democratic Congressional Campaign Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>Democratic Senatorial Campaign Committee</b>	<b>Transaction ID:</b> D84088
	Mailing Address 120 Maryland Ave NE	Date of Disbursement 04 / 09 / 2009
	City Washington State DC Zip Code 20002-5610	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Democratic Senatorial Campaign Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>32500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: D84084 Date of Disbursement 04 / 09 / 2009
	Mailing Address 425 2nd St NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002-4914	
	Purpose of Disbursement Campaign contribution Candidate Name National Republican Senatorial Committee Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: D84087 Date of Disbursement 04 / 09 / 2009
	Mailing Address 235 Montgomery Street	Amount of Each Disbursement this Period 2500.00
	City San Francisco State CA Zip Code 94104	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Nancy Pelosi Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	

C.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: D84086 Date of Disbursement 04 / 09 / 2009
	Mailing Address PO BOX 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Parker Griffith Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>LATOURETTE FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> D84082
	Mailing Address 320 Kenarden Dr	Date of Disbursement 04 / 09 / 2009
	City Highland Hgts State OH Zip Code 44143-3710	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Steven C. LaTourette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 14	

B.	Full Name (Last, First, Middle Initial) <b>TIM MURPHY FOR CONGRESS</b>	<b>Transaction ID:</b> D84090
	Mailing Address PO Box 24551	Date of Disbursement 04 / 09 / 2009
	City Pttsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Timothy F. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 18	

C.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ARLEN SPECTER</b>	<b>Transaction ID:</b> D84083
	Mailing Address 3502 PRESTON COURT CARRIAGE HOUSE	Date of Disbursement 04 / 09 / 2009
	City CHEVY CHASE State MD Zip Code 20815	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Arlen Specter	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 32

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

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

A.

Full Name (Last, First, Middle Initial)  
BLUE DOG POLITICAL ACTION COMMITTEE

Transaction ID: D84089

Date of Disbursement

Mailing Address 236 Massachusetts Ave NE  
Ste 508

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

City Washington State DC Zip Code 20002-4980

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name  
BLUE DOG POLITICAL ACTION COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
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TOTAL This Period (last page this line number only) ..... ►

50000.00
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