

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 2021 Massachusetts Avenue, NW Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 10 20 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 9: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		263211.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	206512.89									
(c) Total Receipts (from Line 19)	19838.28	251620.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	226351.17	514831.85								
7. Total Disbursements (from Line 31)	31401.18	319881.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	194949.99	194949.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17189.28	199211.43
(ii) Unitemized	2254.26	47373.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19443.54	246584.59
(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)	19443.54	246584.59
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)	394.74	4536.08
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
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))	19838.28	251620.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19838.28	251620.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	401.18	4931.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	401.18	4931.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	314500.00
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	450.00
(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	450.00
29. Other Disbursements.....	0.00	0.00
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))..	31401.18	319881.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31401.18	319881.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19443.54	246584.59
34. Total Contribution Refunds (from Line 28(d))	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19443.54	246134.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	401.18	4931.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	394.74	4536.08
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6.44	395.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 46

(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)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City State Zip Code
Tallmadge OH 44278-2311

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

Name of Employer Occupation
Bachtel & Associates Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2010

Transaction ID: C979149

Amount of Each Receipt this Period
46.00

B.

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City State Zip Code
Holden MA 01520-1410

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

Name of Employer Occupation
UMMHC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 349.12

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: C985789

Amount of Each Receipt this Period
43.64

C.

Full Name (Last, First, Middle Initial)

Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

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

Name of Employer Occupation
North Hills Family Medicine Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: C986711

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional)

120.64

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 / 46

(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) Joane Goforth Baumer, MD		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 1500 S Main St		Transaction ID: C984004		
	City Fort Worth	State TX	Zip Code 76104-4917	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Physician		Aggregate Year-to-Date ▼ 1872.00	

B.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 800 Brook Rd		Transaction ID: C1099070		
	City Wadsworth	State OH	Zip Code 44281-8854	Amount of Each Receipt this Period 36.50	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Akron General Medical Center		Occupation Physician		Aggregate Year-to-Date ▼ 255.50	

C.	Full Name (Last, First, Middle Initial) Janice L Benson, MD		Date of Receipt MM / DD / YYYY 09 / 12 / 2010		
	Mailing Address 500 East 51st Street 7th floor, Dept of Fam and Comm Me		Transaction ID: C983999		
	City Chicago	State IL	Zip Code 60615	Amount of Each Receipt this Period 45.62	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Provident Hospital		Occupation Physician		Aggregate Year-to-Date ▼ 228.10	

SUBTOTAL of Receipts This Page (optional) ▶

290.12

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 / 46
(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)
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 Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2010

Transaction ID: C1095779

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City Colton State CA Zip Code 92324-3905

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 ▼ 331.85

Date of Receipt 09 / 28 / 2010

Transaction ID: C1095782

Amount of Each Receipt this Period 30.42

C.

Full Name (Last, First, Middle Initial)
June G Bredin, MD

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 Wa DSHS/Rainier School Occupation family physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2010

Transaction ID: C984001

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 160.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 46
(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)
Neil Hurst Brooks, MD

Mailing Address 36 Duncaster Ln

City State Zip Code
Vernon Rockville CT 06066-4830

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

Name of Employer Occupation
Vernon Manor Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: C986919

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey M Byrne, MD

Mailing Address PO BOX 248
10 Adams St

City State Zip Code
N Chelmsford MA 01863-0248

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

Name of Employer Occupation
CHELMSFORD FAMILY PRACTIC-
E, PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1096405

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mary F Campagnolo, MD

Mailing Address 1561 Route 38 Ste 6

City State Zip Code
Lumberton NJ 08048-2939

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

Name of Employer Occupation
Lumberton Family Physicia-
ns, LLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1102455

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 46
(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)
Cory D Carroll, MD
 Mailing Address 1040 E Elizabeth St Ste 2
 City State Zip Code
 Fort Collins CO 80524-3952
 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) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 17 / 2010
Transaction ID: C985790
 Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Deborah S Clements, MD
 Mailing Address 10529 Walmer St
 City State Zip Code
 Overland Park KS 66212-1886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Kansas Medical Center Program Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2010
Transaction ID: C986959
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Cecilia Ann Collins, MD
 Mailing Address 383 Roscoe Blvd N
 City State Zip Code
 Ponte Vedra Beach FL 32082-2145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cecilia A Collins MD PA Family Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 356.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2010
Transaction ID: C1094725
 Amount of Each Receipt this Period
 356.00

SUBTOTAL of Receipts This Page (optional) ► 656.00
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 / 46
(check only one)

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

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

A.

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

Mailing Address 900 Ne 10Th St

City State Zip Code
Oklahoma City OK 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 ▼ 1840.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2010

Transaction ID: C979148

Amount of Each Receipt this Period
230.00

B.

Full Name (Last, First, Middle Initial)
Manuel O Crespo, DO

Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 73034-8139

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

Name of Employer Vital Inpatient Physician Services 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
09 / 05 / 2010

Transaction ID: C979152

Amount of Each Receipt this Period
46.00

C.

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

Mailing Address 301 Governors Dr Sw

City State Zip Code
Huntsville AL 35801-5122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: C1094734

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **321.00**

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 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Janice E Daugherty, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address Brody 4N78 600 MOYE BLVD		Transaction ID: C1094857
City Greenville	State NC	Zip Code 27834-4300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer East Carolina University	Occupation 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) Jose M David, MD		Date of Receipt MM / DD / YYYY 09 / 19 / 2010
Mailing Address 804 Huntington Ct		Transaction ID: C986311
City Albany	State NY	Zip Code 12203-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prime Care Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

C.

Full Name (Last, First, Middle Initial) Mark A Dickens		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 2164 Commons Pkwy		Transaction ID: C983884
City Okemos	State MI	Zip Code 48864-3986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Michigan Academy of Family Physicians	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	▶	925.00
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 / 46
(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) Michael J Doyle, MD		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 3436 State Route 66		Transaction ID: C985786
City Neptune	State NJ	Zip Code 07753-2708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Tamarah L Duperval-Brownlee, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 2150 W Irving Park Rd Unit F		Transaction ID: C984315
City Chicago	State IL	Zip Code 60618-3941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer University of Illinois	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Sheridan Scott Evans, MD		Date of Receipt MM / DD / YYYY 09 / 18 / 2010
Mailing Address 417 Shumate Dr		Transaction ID: C986301
City Mckinney	State TX	Zip Code 75071-7851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.50
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 ▼ 283.50	

SUBTOTAL of Receipts This Page (optional)	306.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46

(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)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City York State PA Zip Code 17403-3623

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

Name of Employer Strategic Health Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3150.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2010

Transaction ID: C983993

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City Silver Spring State MD Zip Code 20901-4917

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

Name of Employer USN Occupation Doctor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: C979131

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City Shreveport State LA Zip Code 71106-6125

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

Name of Employer Amedisys, Inc. Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: C1096990

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 46

(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)

Walter F Fletcher, MD

Mailing Address PO BOX 486

City State Zip Code
Martin TN 38237-0486

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2010

Transaction ID: C986312

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Lee Giffin, MD

Mailing Address 1901 Mission 66

City State Zip Code
Vicksburg MS 39180-3711

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

Name of Employer Mission Primary Care Clinic Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: C986896

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City State Zip Code
Waco TX 76707-2261

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

Name of Employer Family Practice Center Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3753.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2010

Transaction ID: C983996

Amount of Each Receipt this Period
417.00

SUBTOTAL of Receipts This Page (optional)

1917.00

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 / 46

(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)

Gregory K Griggs

Mailing Address NC AFP - Exec Vice Pres
PO Box 10278

City Raleigh State NC Zip Code 27605-0278

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

Name of Employer NC AFP Occupation NC AFP - Exec Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.10

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: C984317

Amount of Each Receipt this Period
45.62

B.

Full Name (Last, First, Middle Initial)

Hal Louis Grotke, MD

Mailing Address 2350 Buhne St Ste A

City Eureka State CA Zip Code 95501-3205

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

Name of Employer Valley Medical Group 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
09 / 30 / 2010

Transaction ID: C1102451

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)

Boyde Jerome Harrison, MD

Mailing Address 904 26th Street

City Haleyville State AL Zip Code 35565-0655

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1095778

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.62

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46

(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)

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 Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.03

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: C983882

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: C986791

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City State Zip Code
Florence SC 29506-2617

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

Name of Employer Occupation
Baptist Health Care Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: C985710

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

966.67

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 / 46

(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) Melody Ann Jordahl, MD		Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 2650 E. Show Low Lake Road Suite 1		Transaction ID: C979150
	City Show Low	State AZ	Zip Code 85901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.00
	Name of Employer DHHS	Occupation Resident Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Barbara A Keber, MD		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 101 Saint Andrews Ln		Transaction ID: C1094723
	City Glen Cove	State NY	Zip Code 11542-2254
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer NSLIJ Healthy System Glen Cove Hsopita	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 6502 62Nd Street Ct W		Transaction ID: C1096991
	City University Place	State WA	Zip Code 98467-4954
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Multicare Health System	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶

346.00

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 / 46
(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)
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City Selmer State TN Zip Code 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt MM / DD / YYYY 09 / 01 / 2010

Transaction ID: C978948

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Sandra F King, RN

Mailing Address 1452 High School Rd

City Selmer State TN Zip Code 38375-2342

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

Name of Employer Unemployed Occupation Registered Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 09 / 01 / 2010

Transaction ID: C978947

Amount of Each Receipt this Period 50.00

C.

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

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 Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt MM / DD / YYYY 09 / 18 / 2010

Transaction ID: C986302

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 675.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 46
(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)
Russell Wade Kohl, MD
Mailing Address 113 Park Ter
City Vinita State OK Zip Code 74301-2717
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 09 / 26 / 2010
Transaction ID: C1095774
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Robert A Koshnick, Jr
Mailing Address 1862 Brainard Cir
City Detroit Lakes State MN Zip Code 56501-7999
FEC ID number of contributing federal political committee. **C**
Name of Employer Innovis Health Occupation Family Practice - Medicine
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 30 / 2010
Transaction ID: C1102486
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Michael J Krzyzkowski, MD
Mailing Address 1121 Se Townsend Ave
City Arcadia State FL Zip Code 34266-7657
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospice Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 09 / 28 / 2010
Transaction ID: C1097067
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 880.00
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 / 46

(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)
Marianne C LaBarbera, MD

Mailing Address 1776 Richmond Rd

City State Zip Code
Staten Island NY 10306-2581

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) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2010

Transaction ID: C979146

Amount of Each Receipt this Period

46.00

B.

Full Name (Last, First, Middle Initial)
Paul Alan Lazar, MD

Mailing Address G3230 Beecher Rd Ste 1

City State Zip Code
Flint MI 48532-3604

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

Name of Employer Occupation
McLaren Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 228.10

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: C984318

Amount of Each Receipt this Period

45.62

C.

Full Name (Last, First, Middle Initial)
Robert A Lee, MD

Mailing Address 5501 Nw 86Th St Ste 300

City State Zip Code
Johnston IA 50131-1810

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

Name of Employer Occupation
lee and ruisch physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: C1095869

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

456.62

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46
(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)
Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City State Zip Code
Selmer TN 38375-1864

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

Name of Employer Occupation
Primecare Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2010

Transaction ID: C979144

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carolyn C Lopez, MD

Mailing Address 2906 W Wilson Ave

City State Zip Code
Chicago IL 60625-3727

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

Name of Employer Occupation
Near North Health Service Corporation Physician/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: C1095763

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code
San Antonio TX 78205-3425

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

Name of Employer Occupation
Christus Health Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: C986893

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **870.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46
(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)
Paula Jean Market, MD
Mailing Address 777 S Main St Ste 100
City Clinton State IN Zip Code 47842-2493
FEC ID number of contributing federal political committee. **C**
Name of Employer Vermillion Park Community Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 09 / 20 / 2010
Transaction ID: C986693
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Amy Kristen McIntyre, MD
Mailing Address 695 E Holly St Apt 302
City Boise State ID Zip Code 83712-7817
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medicine Residency of Idaho Occupation Resident Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 04 / 2010
Transaction ID: C979143
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Howard C McMahan, MD
Mailing Address PO BOX 779
City Ocilla State GA Zip Code 31774-0779
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 ▼ 312.50
Date of Receipt 09 / 14 / 2010
Transaction ID: C984319
Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional) ▶ 477.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 46
(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)
Katherine M Miller, MD

Mailing Address 2325 Elm St

City State Zip Code
Denver CO 80207-3206

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
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: C983878

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer
Inland Empire Hospital Services Associ

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: C979745

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Cynthia Morris, MD

Mailing Address 4750 Hoen Ave

City State Zip Code
Santa Rosa CA 95405-7824

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
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: C1095781

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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 25 / 46
(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 Neller
Mailing Address 1118 Shelter Ln
City State Zip Code
Lansing MI 48912-5026
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MA AFP Government Relations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2010
Transaction ID: C979147
Amount of Each Receipt this Period
46.00

B. Full Name (Last, First, Middle Initial)
Carl Raymond Olden, MD
Mailing Address 311 S 72Nd Ave
City State Zip Code
Yakima WA 98908-1661
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
09 / 20 / 2010
Transaction ID: C986695
Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD
Mailing Address 7442 Weather Worn Way
City State Zip Code
Columbia MD 21046-1480
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Potomac Physicians, PA Physician
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010
Transaction ID: C984316
Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 446.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 University of Illinois Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C984320

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Kenneth M Ripp, MD

Mailing Address 1402 Slate St

City State Zip Code
Cloquet MN 55720-3033

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

Name of Employer Raiter Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1102450

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Jeannine M Rodems, MD

Mailing Address 15 Suncrest Dr

City State Zip Code
Soquel CA 95073-9709

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
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1102461

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 27 / 46

(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)
Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City State Zip Code
Northfield MA 01360-9684

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

Name of Employer Occupation
Gardner Family Medicine Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2010

Transaction ID: C979154

Amount of Each Receipt this Period
46.00

B.

Full Name (Last, First, Middle Initial)
Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City State Zip Code
Hilliard OH 43026-9785

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

Name of Employer Occupation
Grant Medical Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: C1096992

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Maria A Schiaffino, MD

Mailing Address 4413 Paces Battle Nw

City State Zip Code
Atlanta GA 30327-3023

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

Name of Employer Occupation
The Southeast Permanente Medical Grou Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: C984002

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

196.00

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 28 / 46
(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)
Larry A Severa, MD
Mailing Address 61 Calendula Ct
City Billings State MT Zip Code 59105-2379
FEC ID number of contributing federal political committee. **C**
Name of Employer Billings Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 292.00
Date of Receipt 09 / 22 / 2010
Transaction ID: C986892
Amount of Each Receipt this Period 36.50

B. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD
Mailing Address 2301 Slate Dr
City Columbus State GA Zip Code 31906-1443
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizons Diagnostics LLC Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00
Date of Receipt 09 / 11 / 2010
Transaction ID: C983995
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Linda Marie Siy, MD
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 ▼ 463.50
Date of Receipt 09 / 19 / 2010
Transaction ID: C986308
Amount of Each Receipt this Period 36.50

SUBTOTAL of Receipts This Page (optional) ► 273.00
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 29 / 46
(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)
Brent Smith, MD
Mailing Address 285 Normandy Cir
City Madison State MS Zip Code 39110-9057
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Mississippi Medical Cent Occupation House Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 274.50
Date of Receipt 09 / 10 / 2010
Transaction ID: C983883
Amount of Each Receipt this Period 30.50

B. Full Name (Last, First, Middle Initial)
Don A Solberg, MD
Mailing Address 716 E Manitoba Ave
City Ellensburg State WA Zip Code 98926-3842
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 328.50
Date of Receipt 09 / 14 / 2010
Transaction ID: C984314
Amount of Each Receipt this Period 36.50

C. Full Name (Last, First, Middle Initial)
Daniel R Spogen, MD
Mailing Address Brigham Building MS 316
City Reno State NV Zip Code 89557-0046
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Nevada Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 09 / 23 / 2010
Transaction ID: C986930
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ▶ **417.00**
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 30 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Douglas Alan Spotts, MD		Date of Receipt MM / DD / YYYY 09 / 19 / 2010
Mailing Address 45 Forestwood Dr		Transaction ID: C986309
City Lewisburg	State PA	Zip Code 17837-6213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.62
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 ▼ 228.10	

B.

Full Name (Last, First, Middle Initial) Windel A Stracener, MD		Date of Receipt MM / DD / YYYY 09 / 05 / 2010
Mailing Address 1050 Reid Pkwy Ste 210 Ste 210		Transaction ID: C979151
City Richmond	State IN	Zip Code 47374-1160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.45
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 ▼ 632.66	

C.

Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt MM / DD / YYYY 09 / 11 / 2010
Mailing Address 14408 E Sprague Ave		Transaction ID: C983994
City Spokane Valley	State WA	Zip Code 99216-2167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rockwood Clinic	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

SUBTOTAL of Receipts This Page (optional)	668.07
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 31 / 46
(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)
Stacy J Taylor, MD

Mailing Address 173 E Cotton Hill Rd

City State Zip Code
New Hartford CT 06057-3524

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

Name of Employer ProHealth Physicians LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2010

Transaction ID: C979153

Amount of Each Receipt this Period
46.00

B.

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

Mailing Address 180 S 3Rd St Ste 400

City State Zip Code
Belleville IL 62220-1952

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

Name of Employer Saint Louis University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: C984399

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Lloyd P Van Winkle, MD

Mailing Address PO BOX 960

City State Zip Code
Castroville TX 78009-0960

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 ▼
328.50

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C1095780

Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional) ► **124.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 46
(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)
John Michael Watts, MD

Mailing Address 121 Bishop St

City State Zip Code
Corbin KY 40701-1702

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

Name of Employer self Occupation md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C1102460

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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

Name of Employer Hershey Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: C986792

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Lee Carl Whitaker, MD

Mailing Address 1300 Reserve Way
Apartment 207

City State Zip Code
Chattanooga TN 37421

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.10

Date of Receipt
MM / DD / YYYY
09 / 19 / 2010

Transaction ID: C986310

Amount of Each Receipt this Period
45.62

SUBTOTAL of Receipts This Page (optional) ► **1095.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 46

(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)
Gustav C Wilde, MD

Mailing Address 55 Medical Park Dr Ste 104

City State Zip Code
Franklin NC 28734-2653

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2010

Transaction ID: C979809

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
J Mack Worthington, MD

Mailing Address 1100 E 3Rd St

City State Zip Code
Chattanooga TN 37403-2241

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

Name of Employer Occupation
University of Tennessee Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: C979102

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dennis Buford Yelvington, MD

Mailing Address 1609 North Medical Drive

City State Zip Code
Stuttgart AR 72160-1901

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

Name of Employer Occupation
Stuttgart Medical 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
09 / 30 / 2010

Transaction ID: C1102462

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 46
(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 W Zebley, III

Mailing Address 3810 Juniper Rd

City State Zip Code
Baltimore MD 21218-1827

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

Name of Employer Greenspring Medical Associates
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
0	9	/	1	8	/	2	0	1	0

Transaction ID: C986304

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David K Zetterman, MD

Mailing Address PO BOX 1817

City State Zip Code
Seward AK 99664-1817

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

Name of Employer Chugachmint
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

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

Transaction ID: C1099071

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	535.00
TOTAL This Period (last page this line number only)	▶	17189.28

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

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

FOR LINE NUMBER: PAGE 35 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
American Academy of Family Physicians
 Mailing Address 11400 Tomahawk Creek Pkwy
 City State Zip Code
 Leawood KS 66211-2672
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 08 2010
Transaction ID: C979810
 Amount of Each Receipt this Period
 67.48
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4536.08

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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 20 2010
Transaction ID: C986694
 Amount of Each Receipt this Period
 327.26
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4536.08

SUBTOTAL of Receipts This Page (optional) ► **394.74**
TOTAL This Period (last page this line number only) ► **394.74**

**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 36 / 46

<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: D101001 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	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="9.75"/>
	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: D101003 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	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="2.97"/>
	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: D101004 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	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="1.14"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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: D101005 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="16.25"/>
	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: D101006 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="10.47"/>
	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: D101007 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="13.54"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="40.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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: D101008 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D106181 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	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="0.98"/>
	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: D106182 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	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="7.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D106184 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	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="15.36"/>
	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: D106185 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.36"/>
	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: D106186 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	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="16.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="37.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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: D106187 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="17.44"/>
	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: D106188 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	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 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: D106190 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	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="8.78"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="27.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D101009

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

245.14

B.

Full Name (Last, First, Middle Initial)
Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D101010

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

21.50

SUBTOTAL of Disbursements This Page (optional)

266.64

TOTAL This Period (last page this line number only)

401.18

**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. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC) Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Campaign contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101163 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00

B. DONNA CHRISTENSEN CAMPAIGN Mailing Address 417 New Jersey Ave SE City Washington State DC Zip Code 20003-4007 Purpose of Disbursement Campaign contribution Candidate Name Del. Donna M. Christensen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101168 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00

C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC) Mailing Address 25 East Main Street, Suite 200 City Richmond State VA Zip Code 23219 Purpose of Disbursement Campaign contribution Candidate Name Rep. Eric Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D100918 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: D101170
	Mailing Address 424 C St NE Basement Unit	Date of Disbursement 09 / 21 / 2010
	City: Washington State: DC Zip Code: 20002-5818	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE	Transaction ID: D100917
	Mailing Address 607 14th St NW Ste 800	Date of Disbursement 09 / 14 / 2010
	City: Washington State: DC Zip Code: 20005-2005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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) VAN HOLLEN FOR CONGRESS	Transaction ID: D100916
	Mailing Address 10605 Concord St Ste 202	Date of Disbursement 09 / 14 / 2010
	City: Kensington State: MD Zip Code: 20895-2526	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Chris Van Hollen, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D97252
	Mailing Address PO Box 8166	Date of Disbursement 09 / 02 / 2010
	City Savannah State GA Zip Code 31412-8166	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement voided check	Category/ Type
	Candidate Name	
	Office Sought: <input 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: District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D97253
	Mailing Address PO Box 8166	Date of Disbursement 09 / 02 / 2010
	City Savannah State GA Zip Code 31412-8166	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 12	

C.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: D100958
	Mailing Address 607 14th Street N.W.	Date of Disbursement 09 / 14 / 2010
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John D. Dingell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 15	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address P.O. Box 1236</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John Fleming</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101165 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101164 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2021 E Dublin Granville Road Ste 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D100915 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS Mailing Address 80 F St NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Campaign contribution Candidate Name Rep. Tim Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101167 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS Mailing Address PO Box 636 City Annandale State VA Zip Code 22003-0636 Purpose of Disbursement Campaign contribution Candidate Name Rep. Walt Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101169 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

31000.00