

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, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2010 through 05 31 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 06 17 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 2-10: Empty boxes. Column 11: 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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

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 .....	298990.83									
(c) Total Receipts (from Line 19) .....	43914.88	173409.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	342905.71	436620.41								
7. Total Disbursements (from Line 31) .....	55215.48	148930.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	287690.23	287690.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	36193.09	139821.77
(ii) Unitemized .....	7057.06	31058.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43250.15	170880.07
(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) .....	43250.15	170880.07
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1864.43
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	664.73	664.73
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)) .....	43914.88	173409.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43914.88	173409.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	715.48	2980.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	715.48	2980.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	145500.00
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))..	55215.48	148930.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55215.48	148930.18

**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) .....	43250.15	170880.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43250.15	170430.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	715.48	2980.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1864.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	715.48	1115.75

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 53  
(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)  
Stephen Carl Albrecht, MD

Mailing Address 5909 Swayne Dr NE

City Olympia State WA Zip Code 98516-9547

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

Name of Employer Capital Physicians LLC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2010

Transaction ID: C917691

Amount of Each Receipt this Period 270.00

**B.** Full Name (Last, First, Middle Initial)  
Nader Aziz, MD

Mailing Address 129 Cranberry Ct

City Barrington State IL Zip Code 60010-7801

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 07 / 2010

Transaction ID: C916174

Amount of Each Receipt this Period 240.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Bacani McKenney, MD

Mailing Address 1222 Parkview St

City Fredonia State KS Zip Code 66736-2009

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

Name of Employer Wichita Center for Graduate Medical Ed Occupation Resident

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 04 / 2010

Transaction ID: C913755

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 53  
(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)  
Charles Albert Ball, MD  
Mailing Address 1305 Sunnyside Dr  
City Columbia State TN Zip Code 38401-5228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Maury Regional Hospital Occupation Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 05 / 19 / 2010  
Transaction ID: C917698  
Amount of Each Receipt this Period 265.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Elizabeth Barinaga, MD  
Mailing Address 21651 S Lakeview Dr  
City Worley State ID Zip Code 83876-7615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coeur d' Alene Tribe/Bene-wah Medical C Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 23 / 2010  
Transaction ID: C922457  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Joane Goforth Baumer, MD  
Mailing Address 1500 S Main St  
City Fort Worth State TX Zip Code 76104-4917  
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 ▼ 1040.00  
Date of Receipt 05 / 13 / 2010  
Transaction ID: C917771  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 723.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 53  
(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)  
D Michael Baxter, MD

Mailing Address 301 S 7Th Ave Ste 2120

City State Zip Code  
West Reading PA 19611-1493

FEC ID number of contributing federal political committee. C

Name of Employer: Reading Hospital & Medical Center  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
05 / 12 / 2010

**Transaction ID:** C917705

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Lorenzo D Berlanga, MD

Mailing Address 2721 E Wheeler St

City State Zip Code  
Midland MI 48642-3179

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  
05 / 12 / 2010

**Transaction ID:** C917708

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City State Zip Code  
Kingsport TN 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 ▼  
500.00

Date of Receipt  
05 / 27 / 2010

**Transaction ID:** C925268

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 53  
(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)  
Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City State Zip Code  
Colton CA 92324-3905

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

Name of Employer Occupation  
Beaver Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.17

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C926155

Amount of Each Receipt this Period  
30.42

**B.** Full Name (Last, First, Middle Initial)  
Srinivas R Bramhadevi, MD

Mailing Address 301 Medical Dr Ste 503

City State Zip Code  
Lagrange GA 30240-4144

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

Name of Employer Occupation  
Wisconsin Avenue Medical Clinic S.C. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** C913767

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Tony William Butruille, MD

Mailing Address 12692 Ranger Rd

City State Zip Code  
Leavenworth WA 98826-9174

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

Name of Employer Occupation  
Cascade Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** C918716

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **645.42**

**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 10 / 53  
(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)  
Judith Chamberlain, MD

Mailing Address 10 Sea Grass Farm Rd

City Brunswick State ME Zip Code 04011-7841

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

Name of Employer Aetna Occupation Medical Director, Medicaid Business Un

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 15 / 2010

Transaction ID: C918481

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Yushu Jack Chou, MD

Mailing Address 1011 Baldwin Park Blvd Apt A

City Baldwin Park State CA Zip Code 91706-5806

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

Name of Employer Southern California Perma- nente Medical Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2010

Transaction ID: C914881

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 900 Ne 10Th St

City Oklahoma City State OK Zip Code 73104-5420

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

Name of Employer University of Oklahoma Occupation Physician Faculty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 05 / 05 / 2010

Transaction ID: C915241

Amount of Each Receipt this Period 230.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 53  
(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)  
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 ▼  
225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

**Transaction ID:** C922463

Amount of Each Receipt this Period  
45.00

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

Mailing Address 804 Huntington Ct

City State Zip Code  
Albany NY 12203-6015

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

Name of Employer Prime Care Physicians      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

**Transaction ID:** C920277

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J Derksen, MD

Mailing Address 306 Big Horn Ridge PI NE

City State Zip Code  
Albuquerque NM 87122-1446

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

Name of Employer University of New Mexico      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
865.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	0

**Transaction ID:** C917713

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1045.00**

**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 / 53  
(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) Gretchen M Dickson, MD		Date of Receipt MM / DD / YYYY 05 / 09 / 2010
Mailing Address 2310 Crestwyck Cir Apt 2		<b>Transaction ID:</b> C916911
City Mount Joy	State PA	Zip Code 17552-7223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Lancaster General Health	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**B.**

Full Name (Last, First, Middle Initial) Deborah L Edberg, MD		Date of Receipt MM / DD / YYYY 05 / 04 / 2010
Mailing Address 2734 N Southport Ave Apt A		<b>Transaction ID:</b> C914901
City Chicago	State IL	Zip Code 60614-1158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Erie Family Health	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) Tricia C Elliott, MD		Date of Receipt MM / DD / YYYY 05 / 19 / 2010
Mailing Address 2214 Hazard St		<b>Transaction ID:</b> C917716
City Houston	State TX	Zip Code 77019-6514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Kelsey-Seybold Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	980.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 53

(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)

Ted Dee Epperly, MD

Mailing Address 777 N Raymond St

City State Zip Code  
Boise ID 83704-9251

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

Name of Employer Occupation  
Family Medicine Residency of Ohio Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C913737

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

James G Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City State Zip Code  
Portsmouth NH 03801-7111

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: C917721

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City State Zip Code  
York PA 17403-3623

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

Name of Employer Occupation  
Strategic Health Institute Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C917045

Amount of Each Receipt this Period

350.00

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

1815.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 53  
(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 O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code  
Shreveport LA 71106-6125

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

Name of Employer Occupation  
Amedisys, Inc. Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

Transaction ID: C926177

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Heidi Jeanine Foley, MD

Mailing Address 78 Brickyard Rd Ste 2  
Foley Family Practice PC

City State Zip Code  
Athol MA 01331-2051

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

Name of Employer Occupation  
Foley Family Practice, PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2010

Transaction ID: C917731

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn N Gaughan, CAE

Mailing Address E Dir KS AFP Bldg 1046 - C  
7570 W 21st St N 1046C

City State Zip Code  
Wichita KS 67205-1734

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

Name of Employer Occupation  
Kansas Academy of Family Physicians Chapter Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: C915459

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 53  
(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) Valerie J Gilchrist, MD		Date of Receipt MM / DD / YYYY 05 / 12 / 2010
Mailing Address 1100 Delaplaine Court 777 S Mills St		<b>Transaction ID:</b> C917732
City Madison	State WI	Zip Code 53715-1849
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Wisconsin	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dennis Lynn Gingrich, MD		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
Mailing Address 500 University Dr HMC, FAMILY MEDICINE, H154		<b>Transaction ID:</b> C913723
City Hershey	State PA	Zip Code 17033-2360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Penn State University	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) Roland Adolph Goertz, MD		Date of Receipt MM / DD / YYYY 05 / 12 / 2010
Mailing Address 1600 Providence Dr		<b>Transaction ID:</b> C917658
City Waco	State TX	Zip Code 76707-2261
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 417.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2085.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1167.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 53  
(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)  
Lynn S Gray, MD

Mailing Address 9875 Wildberry Ln

City State Zip Code  
Berrien Springs MI 49103-9154

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

Name of Employer EPMG Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2010

**Transaction ID:** C917736

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Nolan Hall, MD

Mailing Address PO BOX 32861

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Carolina Healthcare System Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2010

**Transaction ID:** C917737

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Sharon L Handy, MD

Mailing Address 306 James Ave SE

City State Zip Code  
Grand Rapids MI 49503-4733

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

Name of Employer Cherry Street Health Services Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** C914932

Amount of Each Receipt this Period  
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 53  
(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)  
Boyde Jerome Harrison, MD

Mailing Address PO BOX 655

City State Zip Code  
Haleyville AL 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C925267

Amount of Each Receipt this Period  
50.00

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

Mailing Address PO BOX 125  
187 West Main Street

City State Zip Code  
New London OH 44851-0125

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** C913734

Amount of Each Receipt this Period  
365.00

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

Mailing Address Exec Dir - SD AFP  
3912 Golf Course Rd

City State Zip Code  
Watertown SD 57201-5412

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

Name of Employer SD AFP Occupation Exec Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** C914936

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **780.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 53

(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 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 Retired Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C914941

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code  
Vass NC 28394-8952

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

Name of Employer Scotland Memorial Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2083.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 0

Transaction ID: C916917

Amount of Each Receipt this Period  
416.67

**C.**

Full Name (Last, First, Middle Initial)  
Harry J Heiman, MD

Mailing Address 3 Old Virginia Chase Nw  
2520 Windy Hill Rd SE

City State Zip Code  
Atlanta GA 30327-4261

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

Name of Employer Morehouse School of Medicine 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  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C913748

Amount of Each Receipt this Period  
1000.00

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

1781.67

**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 19 / 53

(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)

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: C922389

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy S Hofeditz, MD

Mailing Address 325 S Teller St  
Ste 250

City State Zip Code  
Lakewood CO 80226-7429

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

Name of Employer Occupation  
Belmar Family Medicine Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 0

Transaction ID: C917947

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Leonard Marc Horowitz, MD

Mailing Address 7 Federal St

City State Zip Code  
Danvers MA 01923-3668

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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 0

Transaction ID: C917946

Amount of Each Receipt this Period  
250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 53  
(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)  
Melissa N Hutchison, MD  
 Mailing Address 210 Route Us 9 S  
 City State Zip Code  
 Marmora NJ 08223-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Care - Family Care  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID: C913741**  
 Amount of Each Receipt this Period 240.00

**B.** Full Name (Last, First, Middle Initial)  
Michelle F Jones, MD  
 Mailing Address 111 Coastal Bluffs Ct  
 City State Zip Code  
 Hampstead NC 28443-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilmington Health Assocs.  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 366.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID: C913733**  
 Amount of Each Receipt this Period 366.00

**C.** Full Name (Last, First, Middle Initial)  
Samuel M Jones, MD  
 Mailing Address 10145 Community Ln  
 City State Zip Code  
 Fairfax Station VA 22039-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VCU-Fairfax Family Practice Center  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 05 / 12 / 2010  
**Transaction ID: C917739**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1106.00  
**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 / 53  
(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)  
Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City State Zip Code  
University Place WA 98467-4954

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

Name of Employer Occupation  
Multicare Health System Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** C926179

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Occupation  
Primecare Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2010

**Transaction ID:** C913383

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1452 High School Rd

City State Zip Code  
Selmer TN 38375-2342

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

Name of Employer Occupation  
Unemployed Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2010

**Transaction ID:** C913384

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 53  
(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)  
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 ▼ 300.00

Date of Receipt 05 / 19 / 2010

Transaction ID: C920222

Amount of Each Receipt this Period 50.00

**B.**

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 ▼ 625.00

Date of Receipt 05 / 18 / 2010

Transaction ID: C918726

Amount of Each Receipt this Period 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Stanley M Kozakowski, MD

Mailing Address 2100 Wescott Dr

City Flemington State NJ Zip Code 08822-4603

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

Name of Employer Hunterdon Medical Center Occupation Residency Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 12 / 2010

Transaction ID: C917740

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **540.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 53  
(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)  
Jerry E Kruse, MD  
 Mailing Address 612 N 11Th St Ste B  
 City State Zip Code  
 Quincy IL 62301-2662  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 1 0  
**Transaction ID:** C917742  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Illinois University  
 Occupation Physician  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

**B.** Full Name (Last, First, Middle Initial)  
Anton J Kuzel, MD  
 Mailing Address PO Box 980251  
 City State Zip Code  
 Richmond VA 23298-0251  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 1 0  
**Transaction ID:** C917743  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University  
 Occupation Physician  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

**C.** Full Name (Last, First, Middle Initial)  
Fredric D Leary, Jr  
 Mailing Address 1135 S Grove Ave  
 City State Zip Code  
 Oak Park IL 60304-1908  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 1 0  
**Transaction ID:** C917745  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1095.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 53  
(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)  
Bruce M LeClair, MD  
 Mailing Address 5088 Windmill Lake Dr  
 City State Zip Code  
 Evans GA 30809-6612  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 1 0  
**Transaction ID:** C917746  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medici College of Georgia Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Keith Jay Lehman, MD  
 Mailing Address Archbold Medical Group Inc  
 121 Westfield Dr  
 City State Zip Code  
 Archbold OH 43502-1056  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 1 0  
**Transaction ID:** C913735  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midwest Community Health Associates Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Gary L LeRoy, MD  
 Mailing Address 761 Kenilworth Ave  
 City State Zip Code  
 Dayton OH 45405-4051  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 1 0  
**Transaction ID:** C914988  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wright State University Associate Dean  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1115.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 53

(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)  
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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C913746

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jesus L Lizarzaburu, MD

Mailing Address 101A York Crossing Rd

City State Zip Code  
Grafton VA 23692-2737

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

Name of Employer Occupation  
TPMG Grafton Family Pract-ice Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915025

Amount of Each Receipt this Period

365.00

**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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 1 0

Transaction ID: C922443

Amount of Each Receipt this Period

120.00

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

985.00

**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 / 53

(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)

Richard F Madden, Jr

Mailing Address 609 Christopher Dr

City State Zip Code  
Belen NM 87002-2615

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

Name of Employer Occupation  
Presbyterian Healthcare Services Family Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: C917749

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jason E Marker, MD

Mailing Address 63606 Dogwood Rd  
PO Box 90

City State Zip Code  
Mishawaka IN 46544-9757

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C913728

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick J McCarville, MD

Mailing Address 62 Ginger Woods Rd

City State Zip Code  
Valley NE 68064-9404

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

Name of Employer Occupation  
Physicians Clinic Valley Family Doctor

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: C917747

Amount of Each Receipt this Period

365.00

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

1365.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 53

(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)  
Sinclair B McCracken, MD

Mailing Address 704 Thimble Shoals Blvd  
Ste 600A

City State Zip Code  
Newport News VA 23606-4558

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

Name of Employer Occupation  
Self employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: C917748

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory P McCue, MD

Mailing Address 216 Rd 6 NS

City State Zip Code  
Cody WY 82414

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

Name of Employer Occupation  
Billings Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 0

Transaction ID: C917000

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Samantha Easterly McLerran, MD

Mailing Address 500 W Main St

City State Zip Code  
Livingston TN 38570-1718

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 0

Transaction ID: C918485

Amount of Each Receipt this Period  
100.00

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

965.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 53

(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)  
Lloyd Michener, MD

Mailing Address Box 2914 DUMC

City State Zip Code  
Durham NC 27710-0001

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

Name of Employer Occupation  
Duke University Medical Ctr Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 1 0

Transaction ID: C926407

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code  
Matthews NC 28105-6614

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

Name of Employer Occupation  
Carolinas Physician Network Family Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C925270

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew C Mills, MD

Mailing Address 11911 S Memorial Dr

City State Zip Code  
Bixby OK 74008-2030

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

Name of Employer Occupation  
Warren Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915110

Amount of Each Receipt this Period

365.00

**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 29 / 53

(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)

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 Occupation  
Inland Empire Hospital Services Associ Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 1 0

Transaction ID: C916908

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David C Olson, MD

Mailing Address S68w17729 Marybeck Ln

City State Zip Code  
Muskego WI 53150-8508

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

Name of Employer Occupation  
Pro Health Care Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915136

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Tomas P Owens, Jr

Mailing Address 3500 Nw 56Th St Ste 100

City State Zip Code  
Oklahoma City OK 73112-4517

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

Name of Employer Occupation  
Great Plains Family Medicine Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915171

Amount of Each Receipt this Period

365.00

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

830.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 53

(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)

Joseph Lewis Perez, MD

Mailing Address 207 Gardner Ave

City State Zip Code  
New London CT 06320-3017

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

Name of Employer Occupation  
US Public Health Service Family Military Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915185

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)

Soujanya R Pulluru, MD

Mailing Address 3908 Littlestone Cir

City State Zip Code  
Naperville IL 60564-5915

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

Name of Employer Occupation  
DuPage Medical Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915193

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

William E Raduege, MD

Mailing Address PO BOX 1387

City State Zip Code  
Woodruff WI 54568-1387

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C913731

Amount of Each Receipt this Period  
500.00

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

1365.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 53

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Eileen Ragland, MD		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 13011 Monroe Manor Dr		<b>Transaction ID:</b> C915197		
	City Herndon	State VA	Zip Code 20171-2909	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Sterling N Ransone, Jr		Date of Receipt MM / DD / YYYY 05 / 05 / 2010		
	Mailing Address PO BOX 916 16681 General Puller Hwy		<b>Transaction ID:</b> C915239		
	City Deltaville	State VA	Zip Code 23043-0916	Amount of Each Receipt this Period 1100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Riverside Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert E Reneker, Jr		Date of Receipt MM / DD / YYYY 05 / 19 / 2010		
	Mailing Address 2652 Gullmont Dr SW		<b>Transaction ID:</b> C919076		
	City Wyoming	State MI	Zip Code 49418-9302	Amount of Each Receipt this Period 135.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Spectrum Health	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1735.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 53  
(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)  
Sallie H Rixey, MD

Mailing Address 209 Club Rd

City State Zip Code  
Baltimore MD 21210-2211

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

Name of Employer Franklin Square Hospital Center  
Occupation Residency Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** C919077

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Yvette L Rooks, MD

Mailing Address 8317 Birchmere Ter

City State Zip Code  
Ellicott City MD 21043-7926

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

Name of Employer University of Maryland School of Medic  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** C919078

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis F Salisbury, MD

Mailing Address 805 W Diamond St

City State Zip Code  
Butte MT 59701-1526

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

Name of Employer Rocky Mountain Clinic  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** C919079

Amount of Each Receipt this Period  
365.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 53  
(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)  
Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City Hilliard State OH Zip Code 43026-9785

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

Name of Employer Grant Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2010

Transaction ID: C926180

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Madalyn Schaeffgen, MD

Mailing Address 1025 Newgate Dr

City Allentown State PA Zip Code 18103-9263

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

Name of Employer Lehigh Valley Physicians Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 05 / 2010

Transaction ID: C915243

Amount of Each Receipt this Period 365.00

**C.**

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

Mailing Address 4413 Paces Battle Nw

City Atlanta State GA Zip Code 30327-3023

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

Name of Employer The Southeast Permanente Medical Grou Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2010

Transaction ID: C917772

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **515.00**

**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 / 53

(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)  
DEAN A SCHULTZ, Jr

Mailing Address 6409 Bay Hill Dr

City State Zip Code  
Abilene TX 79606-5622

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

Name of Employer Occupation  
APCA Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C926400

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon C Seager, MD

Mailing Address 602 Church St SW

City State Zip Code  
North Canton OH 44720-2904

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

Name of Employer Occupation  
Community Health Care Inc 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 5 / 0 5 / 2 0 1 0

Transaction ID: C915244

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 2301 Slate Dr

City State Zip Code  
Columbus GA 31906-1443

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

Name of Employer Occupation  
Horizons Diagnostics LLC Family Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C917046

Amount of Each Receipt this Period

200.00

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

1000.00

**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 35 / 53  
(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)  
Linda Marie Siy, MD  
Mailing Address 4133 Bilglade Rd  
City State Zip Code  
Fort Worth TX 76109-5436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of North Texas Health Scien Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 317.50  
Date of Receipt 05 / 19 / 2010  
Transaction ID: C919066  
Amount of Each Receipt this Period 36.50

**B.** Full Name (Last, First, Middle Initial)  
Linda Marie Siy, MD  
Mailing Address 4133 Bilglade Rd  
City State Zip Code  
Fort Worth TX 76109-5436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of North Texas Health Scien Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 317.50  
Date of Receipt 05 / 19 / 2010  
Transaction ID: C919080  
Amount of Each Receipt this Period 135.00

**C.** Full Name (Last, First, Middle Initial)  
Michael N Stiffman, MD  
Mailing Address 1384 Ashland Ave  
City State Zip Code  
Saint Paul MN 55104-6704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Partners Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 05 / 19 / 2010  
Transaction ID: C919101  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 536.50  
**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 36 / 53

(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)

Amy Lynn Strain, MD

Mailing Address 548 Evergreen Trl

City State Zip Code  
Portage WI 53901-1453

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

Name of Employer Occupation  
Dean Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: C920248

Amount of Each Receipt this Period  
240.00

**B.**

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code  
Spokane Valley WA 99216-2167

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

Name of Employer Occupation  
Rockwood Clinic physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C917047

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Renee Marie Susko, MD

Mailing Address 8243 Francine St  
Apt 202

City State Zip Code  
Warren MI 48093-2834

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

Name of Employer Occupation  
McLaren Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: C919107

Amount of Each Receipt this Period  
365.00

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

1105.00

**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 37 / 53  
(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 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 Occupation  
Saint Louis University Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** C918482

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick A Tranmer, MD

Mailing Address 1919 W Taylor St # 663

City State Zip Code  
Chicago IL 60612-7246

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

Name of Employer Occupation  
University of Illinois at Chicago Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** C915245

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code  
Bartlett TN 38135-5175

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

Name of Employer Occupation  
Tenet Healthcare Physician/Hospitalist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

**Transaction ID:** C916915

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **792.00**

**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 38 / 53  
(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)  
Jane A Weida, MD

Mailing Address 1011 Handsome PI

City State Zip Code  
Lititz PA 17543-9708

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

Name of Employer  
Reading Hospital Family Medicine Resid

Occupation  
Family Physician/Faculty Associate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: C913749

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City State Zip Code  
New Albany OH 43054-8691

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

Name of Employer  
Ohio State University

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: C914987

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kent E Willyard, MD

Mailing Address 12695 Mcmanus Blvd Bldg 6A

City State Zip Code  
Newport News VA 23602-4476

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

Name of Employer  
TPMG

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: C913751

Amount of Each Receipt this Period  
365.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 53

(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)

Kevin M Wong, MD

Mailing Address 196 Connor Dr

City State Zip Code  
Jeannette PA 15644-1162

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

Name of Employer Occupation  
WPFMA, Ltd 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 5 / 1 9 / 2 0 1 0

Transaction ID: C920219

Amount of Each Receipt this Period  
500.00

**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 ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 0

Transaction ID: C913413

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Lillian Wu, MD

Mailing Address 278 Lind Ave NW

City State Zip Code  
Renton WA 98057-5136

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

Name of Employer Occupation  
Renton Family Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Transaction ID: C915248

Amount of Each Receipt this Period  
400.00

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

1000.00

**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 40 / 53
	(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) Kevin Keith Wycoff, MD		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 1021 W 14th St # 968		<b>Transaction ID:</b> C915249
City Hastings	State NE	Zip Code 68901-3046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Family Medical Center of Hastings	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) Herbert Foreman Young, MD		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 10313 Cherokee Ln		<b>Transaction ID:</b> C915250
City Leawood	State KS	Zip Code 66206-2510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 401.50
Name of Employer AAFP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	766.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	36193.09

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 53  
(check only one)

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

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2529.16

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C926153

Amount of Each Receipt this Period  
664.73

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	664.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	664.73

**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: D94595 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="03"/> / <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="11.05"/>
	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: D94596 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="03"/> / <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="1.63"/>
	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: D94597 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="10"/> / <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="149.83"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="162.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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: D94598 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="10"/> / <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="77.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94599 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <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="21.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94977 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="17"/> / <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="84.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94978 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <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="6.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94979 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <input type="text" value="18"/> / <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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94980 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <input type="text" value="19"/> / <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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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: D94981 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 2.49
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94982 Date of Disbursement 05 / 21 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 0.65
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94983 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 27.71
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	30.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
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: D94591

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

308.77

**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: D94592

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

16.07

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

324.84

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

715.48

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: D94221 Date of Disbursement
	Mailing Address 120 Maryland Ave NE	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20002-5610	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="5000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bera for Congress	Transaction ID: D94879 Date of Disbursement
	Mailing Address PO Box 582496	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Elk Grove State CA Zip Code 95758-0042	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="5000.00"/>
	Candidate Name Dr. Ami Bera	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: CA District: 03	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: D94801 Date of Disbursement
	Mailing Address 425 2nd St NE	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20002-4914	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="5000.00"/>
	Candidate Name National Republican Senatorial Committee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
**ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Allyson Y. Schwartz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

**Transaction ID:** D94799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**MARKEY FOR CONGRESS**

Mailing Address PO Box 1333

City State Zip Code  
Fort Collins CO 80521

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Betsy Markey

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

**Transaction ID:** D94798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**DINA TITUS FOR CONGRESS**

Mailing Address P. O. Box 50614

City State Zip Code  
Henderson NV 89016

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Dina Titus

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

**Transaction ID:** D94954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b> Full Name (Last, First, Middle Initial) <b>PETE STARK RE-ELECTION COMMITTEE</b></p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Fortney H. Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p>	<p><b>Transaction ID:</b> D94222</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MCNERNEY FOR CONGRESS</b></p> <p>Mailing Address 6520 Village Parkway</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 11</p>	<p><b>Transaction ID:</b> D94794</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>JESSE JACKSON JR. FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 490286</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Jesse Jackson, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 02</p>	<p><b>Transaction ID:</b> D94793</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Michael C. Burgess

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Transaction ID: D94878

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

**B. MIKE MCMAHON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement  
Caspaign contribution

Candidate Name  
Rep. Mike McMahon

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Transaction ID: D94802

Date of Disbursement

05 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

**C. NANCY PELOSI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 235 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Nancy Pelosi

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 08

Transaction ID: D94247

Date of Disbursement

05 / 05 / 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) NITA LOWEY FOR CONGRESS	Transaction ID: D94795 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 271	
	City White Plains State NY Zip Code 10605	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: D94803 Date of Disbursement 05 / 20 / 2010
	Mailing Address 2021 E Dublin Granville Road Ste 2000	
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Patrick J. Tiberi Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D94800 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 37	
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Sander M. Levin Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: D94804 Date of Disbursement 05 / 20 / 2010
	Mailing Address 500 RED SAIL WAY	Amount of Each Disbursement this Period 2500.00
	City SATELITE BEACH State FL Zip Code 32937	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 00	

B.	Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: D94880 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 15734	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-0734	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Ms. Kirsten E Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District:	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: D94796 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO BOX 76187 Suite 800	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Sen. Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 SHERROD BROWN

Mailing Address PO BOX 76187  
Suite 800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Sen. Sherrrod Brown

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D94797

Date of Disbursement

05 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

54500.00