

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 11 25 2008 through 12 31 2008

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 01 29 2009

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, labeled 'Office Use Only' in the first column.

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		235731.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	202183.00									
(c) Total Receipts (from Line 19)	30076.89	449411.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	232259.89	685143.57								
7. Total Disbursements (from Line 31)	348.62	453232.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	231911.27	231911.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	20342.84	270905.47
(i) Itemized (use Schedule A)	9161.50	171998.97
(ii) Unitemized	29504.34	442904.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29504.34	442904.44
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)	572.55	6507.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	30076.89	449411.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30076.89	449411.61

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	348.62	6790.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	348.62	6790.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	446000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	441.93
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))..	348.62	453232.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	348.62	453232.30

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29504.34	442904.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29504.34	442904.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	348.62	6790.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	572.55	6507.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-223.93	283.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38

(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)
Denise E Aamodt, MD

Mailing Address 1004 Fox Hollow PI NW

City State Zip Code
Albuquerque NM 87114-1833

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 ▼ 316.25

Date of Receipt M M / D D / Y Y Y Y
12 / 02 / 2008

Transaction ID: C595348

Amount of Each Receipt this Period 75.00

B.

Full Name (Last, First, Middle Initial)
Denise E Aamodt, MD

Mailing Address 1004 Fox Hollow PI NW

City State Zip Code
Albuquerque NM 87114-1833

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 ▼ 316.25

Date of Receipt M M / D D / Y Y Y Y
12 / 30 / 2008

Transaction ID: C604800

Amount of Each Receipt this Period 75.00

C.

Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

FEC ID number of contributing federal political committee. C

Name of Employer North Hills Family Medicine Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt M M / D D / Y Y Y Y
12 / 12 / 2008

Transaction ID: C601515

Amount of Each Receipt this Period 56.00

SUBTOTAL of Receipts This Page (optional) 206.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38
(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)
Justin V Bartos, MD
 Mailing Address 4351 Booth Calloway Rd Ste 101
 City State Zip Code
 North Richland Hil TX 76180-7319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Hills Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00
 Date of Receipt 12 / 20 / 2008
Transaction ID: C604804
 Amount of Each Receipt this Period 31.00

B. Full Name (Last, First, Middle Initial)
Mark Harris Belfer, DO
 Mailing Address Partners Physician Group
 3428 W Market St Ste 103
 City State Zip Code
 Fairlawn OH 44333-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron General Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00
 Date of Receipt 12 / 12 / 2008
Transaction ID: C601516
 Amount of Each Receipt this Period 33.20

C. Full Name (Last, First, Middle Initial)
Catherine A Bishop, MD
 Mailing Address 26 Applewood Dr
 City State Zip Code
 Chillicothe OH 45601-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adena Regional Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 11 / 26 / 2008
Transaction ID: C593842
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 564.20
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 / 38

(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)
Robert C M Bourne, MD

Mailing Address Beaver Med Cln Inc
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 ▼
365.00

Date of Receipt

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

Transaction ID: C601520

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)
Emily Dickinson Briggs, MD

Mailing Address 6934 Painter Way

City State Zip Code
San Antonio TX 78240-3143

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

Name of Employer Occupation
Christus Santa Rosa FMRP Resident

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

Date of Receipt

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

Transaction ID: C601522

Amount of Each Receipt this Period

182.50

C.

Full Name (Last, First, Middle Initial)
David B Cespedes, DO

Mailing Address 624 Waterfall Ln

City State Zip Code
Elgin IL 60123-6882

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602096

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

571.50

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38
(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)
Maria F Ciminelli, MD
Mailing Address 20 Deborah Dr
City Somerset State NJ Zip Code 08873-4615
FEC ID number of contributing federal political committee. **C**
Name of Employer UMDMJ Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 281.25
Date of Receipt 12 / 10 / 2008
Transaction ID: C601215
Amount of Each Receipt this Period 90.00

B. Full Name (Last, First, Middle Initial)
Edmund Claxton, MD
Mailing Address CMMC Fam Med Res 76 High St
City Lewiston State ME Zip Code 04240-7649
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Maine Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 12 / 12 / 2008
Transaction ID: C601523
Amount of Each Receipt this Period 45.59

C. Full Name (Last, First, Middle Initial)
James Charles Craig, MD
Mailing Address 31 Longcreek Dr
City Burnt Hills State NY Zip Code 12027-9577
FEC ID number of contributing federal political committee. **C**
Name of Employer Extension Health Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 10 / 2008
Transaction ID: C601220
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 185.59
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38
(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)
Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer Occupation
University of Oklahoma Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: C601524

Amount of Each Receipt this Period
100.00

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

Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 73034-8139

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

Name of Employer Occupation
Vital Inpatient Physician Services Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2008

Transaction ID: C594260

Amount of Each Receipt this Period
45.63

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

Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 73034-8139

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

Name of Employer Occupation
Vital Inpatient Physician Services Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: C601525

Amount of Each Receipt this Period
45.59

SUBTOTAL of Receipts This Page (optional) ► 191.22

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 / 38

(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)
Mary Margaret Crestani, MD

Mailing Address UAB Regional Medical Campus
301 Governors Dr SW

City State Zip Code
Huntsville AL 35801-5123

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

Name of Employer Occupation
Univ. of AL Sch of Med - Huntsville Re 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
1 2 / 1 2 / 2 0 0 8

Transaction ID: C601526

Amount of Each Receipt this Period

45.61

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 Occupation
Prime Care Physicians Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: C601527

Amount of Each Receipt this Period

625.00

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) ▼ 5000.00

Date of Receipt

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

Transaction ID: C595359

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1920.61

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38
(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)
Wanda D Filer, MD
Mailing Address 510 Aqua Ct
City York State PA Zip Code 17403-3623
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Health Institute Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 12 / 15 / 2008
Transaction ID: C602064
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Seth Yawki Flagg, MD
Mailing Address 70 Wayside St
City Springfield State MA Zip Code 01118-1236
FEC ID number of contributing federal political committee. **C**
Name of Employer US Navy Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 12 / 12 / 2008
Transaction ID: C601958
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Brian K Fleming, MD
Mailing Address 1202 Buckland Dr
City Fayetteville State NC Zip Code 28301-8236
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 30 / 2008
Transaction ID: C604872
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1525.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38
(check only one)

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

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

A.

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

Mailing Address 1600 Providence Dr

City State Zip Code
Waco TX 76707-2261

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

Name of Employer Occupation
Family Practice Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: C601961

Amount of Each Receipt this Period
1025.00

B.

Full Name (Last, First, Middle Initial)
Hal Louis Grotke, MD

Mailing Address Redwood Family Practice
2350 Buhne St Ste A

City State Zip Code
Eureka CA 95501-3205

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

Name of Employer Occupation
Valley Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: C601962

Amount of Each Receipt this Period
74.44

C.

Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: C601964

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1599.44**

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 / 38

(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)

Leonard Marc Horowitz, MD

Mailing Address 7 Federal St

City State Zip Code
Danvers MA 01923-3620

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

Name of Employer Self-Employed Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: C596311

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David Standish Hoskins, MD

Mailing Address PO Box 2200

City State Zip Code
Minden NV 89423-2200

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

Name of Employer Self Employed Occupation
Physician

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

Date of Receipt

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

Transaction ID: C595361

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

David Standish Hoskins, MD

Mailing Address PO Box 2200

City State Zip Code
Minden NV 89423-2200

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

Name of Employer Self Employed Occupation
Physician

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

Date of Receipt

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

Transaction ID: C602063

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

547.50

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 15 / 38

(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) Elvin C Irvin, MD		Date of Receipt
	Mailing Address 1020 Gulf Breeze Pkwy		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gulf Breeze	FL	32561-4838
	FEC ID number of contributing federal political committee. C		Transaction ID: C595362
Name of Employer Baptist Health Care		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD		Date of Receipt
	Mailing Address 1020 Gulf Breeze Pkwy		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gulf Breeze	FL	32561-4838
	FEC ID number of contributing federal political committee. C		Transaction ID: C602065
Name of Employer Baptist Health Care		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Larry E Johnson, MD		Date of Receipt
	Mailing Address 603 3rd Ave NE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Jamestown	ND	58401-3331
	FEC ID number of contributing federal political committee. C		Transaction ID: C601217
Name of Employer Medical Center One		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	<input type="text" value="273.75"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="473.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Melody Ann Jordahl, MD

Mailing Address 4365 S Potter Dr

City State Zip Code
Tempe AZ 85282-6142

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

Name of Employer Occupation
Banner Health of Phoenix Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: C596285

Amount of Each Receipt this Period
136.88

B.

Full Name (Last, First, Middle Initial)
Melody Ann Jordahl, MD

Mailing Address 4365 S Potter Dr

City State Zip Code
Tempe AZ 85282-6142

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

Name of Employer Occupation
Banner Health of Phoenix Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: C602966

Amount of Each Receipt this Period
136.87

C.

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

Mailing Address 6502 62nd Street Ct W

City State Zip Code
University Place WA 98467-4954

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

Name of Employer Occupation
Multicare Resident Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: C602066

Amount of Each Receipt this Period
45.59

SUBTOTAL of Receipts This Page (optional) ► **319.34**

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

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

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

FOR LINE NUMBER: PAGE 17 / 38
(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 A Koshnick, MD

Mailing Address 1862 Brainard Cir

City State Zip Code
Detroit Lakes MN 56501-7999

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

Name of Employer Occupation
Innovis Health Family Practice - medicine

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

Date of Receipt

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

Transaction ID: C598841

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Darlene L Lawrence, MD

Mailing Address Imani Health Care PC
PO Box 29182

City State Zip Code
Washington DC 20017-0182

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

Name of Employer Occupation
Imani Health Care, PC Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	8

Transaction ID: C596284

Amount of Each Receipt this Period
91.25

C. Full Name (Last, First, Middle Initial)
Darlene L Lawrence, MD

Mailing Address Imani Health Care PC
PO Box 29182

City State Zip Code
Washington DC 20017-0182

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

Name of Employer Occupation
Imani Health Care, PC Physician

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

Date of Receipt

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

Transaction ID: C601514

Amount of Each Receipt this Period
91.25

SUBTOTAL of Receipts This Page (optional) ► **332.50**

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 18 / 38
(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)
Bruce M Le Clair, MD

Mailing Address 5088 Windmill Lake Dr

City State Zip Code
Evans GA 30809-6612

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

Name of Employer Occupation
Medicl College of Georgia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: C600388

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 339 S Presa St

City State Zip Code
San Antonio TX 78205-3425

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

Name of Employer Occupation
Christus Health Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602135

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Michele C Marler, MD

Mailing Address 122 10th Ave S
3508 S Lafountain St

City State Zip Code
Shelby MT 59474-2224

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: C604801

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **665.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38

(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)
Robert C Marshall, MD

Mailing Address 8451 Bauer Dr
Apt 33

City State Zip Code
Springfield VA 22152-3904

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

Name of Employer Occupation
US Navy Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: C593557

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 8451 Bauer Dr
Apt 33

City State Zip Code
Springfield VA 22152-3904

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

Name of Employer Occupation
US Navy Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602136

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Earl Melcher, MD

Mailing Address 1008 Atlanta Hwy
PO Box 312

City State Zip Code
Warrenton GA 30828-0312

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

Name of Employer Occupation
Semi-Retired Physician

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

Date of Receipt

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

Transaction ID: C602059

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 38
(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)
Kevin P Mikus, MD

Mailing Address **Matthews Primary Care**
2407 Plantation Center Dr

City **Matthews** State **NC** Zip Code **28105-5418**

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

Name of Employer **Crown Health Care** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: C593602

Amount of Each Receipt this Period
90.91

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

Mailing Address **Matthews Primary Care**
2407 Plantation Center Dr

City **Matthews** State **NC** Zip Code **28105-5418**

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

Name of Employer **Crown Health Care** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: C602761

Amount of Each Receipt this Period
90.91

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

Mailing Address **Matthews Primary Care**
2407 Plantation Center Dr

City **Matthews** State **NC** Zip Code **28105-5418**

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

Name of Employer **Crown Health Care** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: C602981

Amount of Each Receipt this Period
181.81

SUBTOTAL of Receipts This Page (optional) ► **363.63**

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 / 38
(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)
Susan Ann Miller, MD

Mailing Address 1003 West Ave

City Richmond State VA Zip Code 23220-3717

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2008

Transaction ID: C604874

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City Columbia State MD Zip Code 21046-1480

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

Name of Employer Potomac Physicians, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 25 / 2008

Transaction ID: C593614

Amount of Each Receipt this Period 36.50

C. Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City Columbia State MD Zip Code 21046-1480

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

Name of Employer Potomac Physicians, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 16 / 2008

Transaction ID: C602174

Amount of Each Receipt this Period 36.50

SUBTOTAL of Receipts This Page (optional) ► 173.00

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 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Javette C Orgain, MD
Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: C593630

Amount of Each Receipt this Period
65.00

B. Full Name (Last, First, Middle Initial)
Javette C Orgain, MD
Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: C602185

Amount of Each Receipt this Period
65.00

C. Full Name (Last, First, Middle Initial)
Roberto G Quizon, MD
Mailing Address 18041 Greenfield Rd

City State Zip Code
Detroit MI 48235-3120

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

Name of Employer Occupation
Green Cross Medical Center Physician

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

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: C593650

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 / 38
(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) Roberto G Quizon, MD		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	6		2	0	0	8													
Mailing Address 18041 Greenfield Rd		Transaction ID: C602200																				
City State Zip Code Detroit MI 48235-3120	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>30.00</td></tr> </table>		30.00																			
30.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C																					
C																						
Name of Employer Green Cross Medical Center	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

B.

Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	1		2	0	0	8													
Mailing Address 1701 S Seminole Rd UW Hth Fox Vly Fam Medicine		Transaction ID: C595360																				
City State Zip Code Appleton WI 54914-4704	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>		250.00																			
250.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C																					
C																						
Name of Employer University of WI School of Med. & Pub.	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

C.

Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	6		2	0	0	8													
Mailing Address 1701 S Seminole Rd UW Hth Fox Vly Fam Medicine		Transaction ID: C602209																				
City State Zip Code Appleton WI 54914-4704	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>		250.00																			
250.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C																					
C																						
Name of Employer University of WI School of Med. & Pub.	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%; text-align: center;"> <tr><td>530.00</td></tr> </table>	530.00
530.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City Eugene State OR Zip Code 97403-1992

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

Name of Employer Salem Family Physicians, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 25 / 2008

Transaction ID: C593669

Amount of Each Receipt this Period 35.00

B.

Full Name (Last, First, Middle Initial)
John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City Eugene State OR Zip Code 97403-1992

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

Name of Employer Salem Family Physicians, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 16 / 2008

Transaction ID: C602221

Amount of Each Receipt this Period 35.00

C.

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

Mailing Address Dean Oregon Clinic
753 N Main St

City Oregon State WI Zip Code 53575-1003

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

Name of Employer Dean Health System Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 12 / 15 / 2008

Transaction ID: C602027

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

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 / 38

(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)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City State Zip Code
Stoneham MA 02180-3417

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

Name of Employer Occupation
Hallmark Health Physician

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

Date of Receipt

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

Transaction ID: C593675

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City State Zip Code
Stoneham MA 02180-3417

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

Name of Employer Occupation
Hallmark Health Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602223

Amount of Each Receipt this Period

45.59

C.

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 Occupation
University of North Texas Health Scien Physician

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

Date of Receipt

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

Transaction ID: C593679

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional) ▶

136.85

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 / 38

(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)
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 Occupation
University of North Texas Physician
Health Scien

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602224

Amount of Each Receipt this Period

45.59

B.

Full Name (Last, First, Middle Initial)
Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842

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

Name of Employer Occupation
Valley 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
1 1 / 2 5 / 2 0 0 8

Transaction ID: C593681

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)
Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842

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

Name of Employer Occupation
Valley 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
1 2 / 1 6 / 2 0 0 8

Transaction ID: C602227

Amount of Each Receipt this Period

45.59

SUBTOTAL of Receipts This Page (optional) ▶

136.81

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 / 38

(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)

Rolf R Stavig, MD

Mailing Address 1114 S Gables Blvd
PO Box 660

City State Zip Code
Wheaton IL 60187-6223

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

Name of Employer
Central Dubade Medical Group

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C602035

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rolf R Stavig, MD

Mailing Address 1114 S Gables Blvd
PO Box 660

City State Zip Code
Wheaton IL 60187-6223

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

Name of Employer
Central Dubade Medical Group

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C602053

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane WA 99216-2167

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

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID: C593692

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

365.00

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 / 38
(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)
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane 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 ▼ 1800.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: C602231

Amount of Each Receipt this Period
165.00

B.

Full Name (Last, First, Middle Initial)
James Gregory Troll, MD

Mailing Address 4545 Twig Ave

City State Zip Code
Sebastopol CA 95472-5700

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

Name of Employer Occupation
Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: C593695

Amount of Each Receipt this Period
121.67

C.

Full Name (Last, First, Middle Initial)
James Gregory Troll, MD

Mailing Address 4545 Twig Ave

City State Zip Code
Sebastopol CA 95472-5700

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

Name of Employer Occupation
Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: C602240

Amount of Each Receipt this Period
121.66

SUBTOTAL of Receipts This Page (optional) ► **408.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 38
(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 P Van Winkle, MD

Mailing Address 409 Madrid
PO Box 960

City State Zip Code
Castroville TX 78009-0960

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

Name of Employer Self Employed Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.82

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: C593701

Amount of Each Receipt this Period
33.18

B.

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

Mailing Address 409 Madrid
PO Box 960

City State Zip Code
Castroville TX 78009-0960

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

Name of Employer Self Employed Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.82

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: C602241

Amount of Each Receipt this Period
33.20

C.

Full Name (Last, First, Middle Initial)
Earl Mark Watts, MD

Mailing Address 415 S Pollard St

City State Zip Code
Vinton VA 24179-2502

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

Name of Employer Cavilier Faculty Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: C593707

Amount of Each Receipt this Period
45.63

SUBTOTAL of Receipts This Page (optional) ► **112.01**

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 / 38
(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)
Earl Mark Watts, MD
Mailing Address 415 S Pollard St
City Vinton State VA Zip Code 24179-2502
FEC ID number of contributing federal political committee. **C**
Name of Employer Cavlier Faculty Medicine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 12 / 16 / 2008
Transaction ID: C602246
Amount of Each Receipt this Period 45.59

B. Full Name (Last, First, Middle Initial)
Dean Angela Weldon, MD
Mailing Address 288 SW Judson Dr
City Oak Harbor State WA Zip Code 98277-5800
FEC ID number of contributing federal political committee. **C**
Name of Employer PhyAmerica and US Navy Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 12 / 02 / 2008
Transaction ID: C595993
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Drive
City New Albany State OH Zip Code 43054-8691
FEC ID number of contributing federal political committee. **C**
Name of Employer The Ohio State University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 11 / 25 / 2008
Transaction ID: C593724
Amount of Each Receipt this Period 984.38

SUBTOTAL of Receipts This Page (optional) ► 1394.97
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 / 38
(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)
Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City State Zip Code
New Albany OH 43054-8691

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

Name of Employer Occupation
The Ohio State University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: C602760

Amount of Each Receipt this Period
984.37

B. Full Name (Last, First, Middle Initial)
Richard Andre Wherry, MD

Mailing Address 59 Tipton Drive

City State Zip Code
Dahlonega GA 30533

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

Name of Employer Occupation
Dahlonega Family Practice Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: C604085

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
George W Williams, DO

Mailing Address PO Box 2288

City State Zip Code
Deming NM 88031-2288

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: C597589

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **6349.37**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 38
	(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 Ann Williams-Vale, MD		Date of Receipt
Mailing Address 46 Middlesex Ave		<input type="text" value="11"/> <input type="text" value="25"/> <input type="text" value="2008"/>
City	State	Zip Code
Wilmington	MA	01887-2753
FEC ID number of contributing federal political committee.		Transaction ID: C593743
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.63"/>
Name of Employer Winchester Physicians Association	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

B.

Full Name (Last, First, Middle Initial) Jane Ann Williams-Vale, MD		Date of Receipt
Mailing Address 46 Middlesex Ave		<input type="text" value="12"/> <input type="text" value="16"/> <input type="text" value="2008"/>
City	State	Zip Code
Wilmington	MA	01887-2753
FEC ID number of contributing federal political committee.		Transaction ID: C602251
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.59"/>
Name of Employer Winchester Physicians Association	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="91.22"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20342.84"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt MM / DD / YYYY 11 / 26 / 2008
Mailing Address 11400 Tomahawk Creek Pkwy		Transaction ID: C593835
City Leawood	State KS	Zip Code 66211-2672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 279.99
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6507.17	

B.

Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt MM / DD / YYYY 12 / 09 / 2008
Mailing Address 11400 Tomahawk Creek Pkwy		Transaction ID: C600483
City Leawood	State KS	Zip Code 66211-2672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.89
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6507.17	

C.

Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt MM / DD / YYYY 12 / 30 / 2008
Mailing Address 11400 Tomahawk Creek Pkwy		Transaction ID: C604474
City Leawood	State KS	Zip Code 66211-2672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.67
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6507.17	

SUBTOTAL of Receipts This Page (optional)	572.55
TOTAL This Period (last page this line number only)	572.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 38

<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: D74818 Date of Disbursement 11 / 28 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 10.93
	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: D75206 Date of Disbursement 12 / 01 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 6.20
	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: D75207 Date of Disbursement 12 / 05 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 44.68
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	61.81
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: D75208 Date of Disbursement 12 / 15 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 6.20
	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: D75209 Date of Disbursement 12 / 15 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 3.10
	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: D75210 Date of Disbursement 12 / 16 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 6.87
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16.17
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: D75211 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	9		2	0	0	8												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>46.09</td></tr></table>	46.09																		
46.09																					
	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: D75212 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	8												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>3.10</td></tr></table>	3.10																		
3.10																					
	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: D75213 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	0	8												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>0.96</td></tr></table>	0.96																		
0.96																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ▶

50.15

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)

PAGE 37 / 38

<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 <hr/> Mailing Address WA2-505-01-40 PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D75214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 209.69 Category/Type
B. Full Name (Last, First, Middle Initial) Discover Network <hr/> Mailing Address P O Box 52145 <hr/> City Phoenix State AZ Zip Code 85072-2145 <hr/> Purpose of Disbursement Credit card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D75215 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 10.80 Category/Type

SUBTOTAL of Disbursements This Page (optional)	220.49
TOTAL This Period (last page this line number only)	348.62

Image# 29990861428

Form/Schedule: **F3XN**

Amended due to incorrect data entry.

Transaction ID:

Form/Schedule: **SA15**

Check was reissued by AAFP as contributions received by PAC was incorrectly endorsed to AAFP instead of FamMed PAC.

Transaction ID: **C604474**
