

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
 Check if different than previously reported. (ACC)
Washington DC 20036

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 04 30 2011

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 20 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Amended to reflect refund of personal contribution to PAC not reported on 2010 Year End report.

Transaction ID :

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		253762.79
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	193046.76									
(c) Total Receipts (from Line 19)	54584.42	127277.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	247631.18	381040.19								
7. Total Disbursements (from Line 31)	7438.20	140847.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240192.98	240192.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41946.67	92140.43
(ii) Unitemized	12230.84	32852.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54177.51	124992.85
(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)	54177.51	124992.85
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)	406.91	2284.55
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))	54584.42	127277.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54584.42	127277.40

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.....	438.20	1847.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	438.20	1847.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	139000.00
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	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))..	7438.20	140847.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7438.20	140847.21

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)	54177.51	124992.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54177.51	124992.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	438.20	1847.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	406.91	2284.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.29	-437.34

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

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

FOR LINE NUMBER: PAGE 7 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Wayne J Altman, MD

Mailing Address 10 Coyne Dr

City State Zip Code
Woburn MA 01801-1946

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

Name of Employer Occupation
Family Practice Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: C1267185

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Charles Albert Ball, MD

Mailing Address 854 W James Campbell Blvd
Medical Plaza Suite 101

City State Zip Code
Columbia TN 38401-4659

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

Name of Employer Occupation
Maury Regional Hospital Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262038

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John L Bender, MD

Mailing Address 4674 Snow Mesa Dr Ste 140

City State Zip Code
Fort Collins CO 80528-8614

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

Name of Employer Occupation
Miramont Family Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: C1272701

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 8 / 45
(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)
Kenneth Robert Bertka, MD

Mailing Address 8533 Castle Oaks PI

City: Holland State: OH Zip Code: 43528-9231

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

Name of Employer: Mercy Health Partners Occupation: Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2011
Transaction ID: C1271987
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Vicki M Bertka, MD

Mailing Address 8533 Castle Oaks PI

City: Holland State: OH Zip Code: 43528-9231

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

Name of Employer: Hospice of Northwest Ohio Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 22 / 2011
Transaction ID: C1271988
Amount of Each Receipt this Period: 500.00

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

Mailing Address 4407 Leedy Rd

City: Kingsport State: TN Zip Code: 37664-2117

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

Name of Employer: East Tennessee State University Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 20 / 2011
Transaction ID: C1272014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 9 / 45
(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)
Tanja Britton, MD
Mailing Address 227 Westcott Ave
City Colorado Springs State CO Zip Code 80906-4724
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 04 / 26 / 2011
Transaction ID: C1272724
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Andrea V Brown, MD
Mailing Address 526 E Pleasant Run Rd Ste 164
City Desoto State TX Zip Code 75115-4002
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 04 / 08 / 2011
Transaction ID: C1267368
Amount of Each Receipt this Period 215.00

C. Full Name (Last, First, Middle Initial)
Ellen Sandra Brull, MD
Mailing Address 830 Arbor Ln
City Glenview State IL Zip Code 60025-3234
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medicine Associates of Lutheran Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 04 / 17 / 2011
Transaction ID: C1269369
Amount of Each Receipt this Period 250.00

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 10 / 45
(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)
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 ▼ 3000.00

Date of Receipt 04 / 26 / 2011

Transaction ID: C1272686

Amount of Each Receipt this Period 3000.00

B.

Full Name (Last, First, Middle Initial)
Barton A Chase, III

Mailing Address PO BOX 99
3856 Hwy 57 West

City Ramer State TN Zip Code 38367-0099

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

Name of Employer Chase Clinic Occupation Owner/Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 04 / 01 / 2011

Transaction ID: C1262033

Amount of Each Receipt this Period 2750.00

C.

Full Name (Last, First, Middle Initial)
Scot R Christiansen, MD

Mailing Address 34782 Littleport Rd

City Edgewood State IA Zip Code 52042-8120

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

Name of Employer Regional Medical Center of NE Iowa Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2011

Transaction ID: C1272706

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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 / 45
(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)
Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer Occupation
University of Oklahoma Physician Faculty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: C1288295

Amount of Each Receipt this Period
333.33

B. Full Name (Last, First, Middle Initial)
Frank B Dibble, MD

Mailing Address PO Box 519

City State Zip Code
Rye Beach NH 03871-0519

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

Name of Employer Occupation
Veterans Administration Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: C1278335

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dennis M Dimitri, MD

Mailing Address 295 Lincoln St Ste 204

City State Zip Code
Worcester MA 01605-3639

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

Name of Employer Occupation
UMass Memorial 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 Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C1269031

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1063.33**

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 / 45
(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)
Katerina Canieso Doronila, MD

Mailing Address 4525 Hilltop Dr
1221 E State St

City Loves Park State IL Zip Code 61111-8663

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

Name of Employer OSF Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

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

Transaction ID: C1262580

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Barbara J Doty, MD

Mailing Address 2250 S Woodworth Loop Ste 101
Ste 100

City Palmer State AK Zip Code 99645-7457

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

Name of Employer Providence Matanuska Health care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C1272694

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Scott R Dunn, MD

Mailing Address 1507 Northshore Dr

City Sandpoint State ID Zip Code 83864-2714

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

Name of Employer Family Health Center Occupation 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
0	4	/	2	4	/	2	0	1	1

Transaction ID: C1272033

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 13 / 45
(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)
Gerald Eugene Eliaser, MD

Mailing Address 7483 Kennedy Rd

City State Zip Code
Sebastopol CA 95472-5419

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

Name of Employer Occupation
Sutter Medical Group Redwoods Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C1278327

Amount of Each Receipt this Period
250.00

B. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: C1268609

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
Shreveport LA 71106-6125

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

Name of Employer Occupation
Amedisys, Inc Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C1262171

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 45

(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)

Armand V Gallanosa, MD

Mailing Address 3113 Broadway St

City State Zip Code
Anderson IN 46012-1261

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

Name of Employer Preferred Medical Management
Occupation Physician

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

Date of Receipt

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

Transaction ID: C1271985

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Andrea M Gavin, MD

Mailing Address 2600 Kiley Way

City State Zip Code
Plymouth WI 53073-5020

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

Name of Employer Aurora Health Care
Occupation Physician

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

Date of Receipt

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

Transaction ID: C1278047

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City State Zip Code
Waco TX 76707-2261

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

Name of Employer Family Practice Center
Occupation Physician

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68

Date of Receipt

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

Transaction ID: C1276616

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)

1281.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph W Gravel, Jr

Mailing Address 34 Haverhill Street
195 Canal St

City Lawrence State MA Zip Code 01841

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

Name of Employer Cambridge Health Advance Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 15 / 2011
Transaction ID: C1269358
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Gina Greco-Tartaglia, MD

Mailing Address 1335 Sunny Ridge Rd

City Mohegan Lake State NY Zip Code 10547-1432

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 04 / 29 / 2011
Transaction ID: C1278193
Amount of Each Receipt this Period 250.00

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

Mailing Address 2444 Lincoln Ave

City Samoa State CA Zip Code 95564-9521

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

Name of Employer Redwood Family Practice Occupation family doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 06 / 2011
Transaction ID: C1266269
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 980.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45
(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)
Michael H Hartsell, MD

Mailing Address 1404 Tusculum Blvd
MOB # 3 Suite 2100

City Greenville State TN Zip Code 37745-4329

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

Name of Employer Summit Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2011
Transaction ID: C1262035
Amount of Each Receipt this Period 1000.00

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

Mailing Address 250 Hollybrook Farm Ln

City Vass State NC Zip Code 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 ▼ 1666.68

Date of Receipt 04 / 28 / 2011
Transaction ID: C1273663
Amount of Each Receipt this Period 416.67

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

Mailing Address PO BOX 5039

City Sioux Falls State SD Zip Code 57117-5039

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

Name of Employer Sioux Valley Health Systems Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 11 / 2011
Transaction ID: C1267494
Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ► 1641.67

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

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

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FOR LINE NUMBER: PAGE 17 / 45
(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)
T Michael Helton, MD
 Mailing Address 1020 Caitlin Trl
 City State Zip Code
 Smyrna TN 37167-8373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: MM / DD / YYYY 04 / 01 / 2011
Transaction ID: C1262039
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Shelby Hensley, MD
 Mailing Address 855 Summertown Hwy
 PO Box 383
 City State Zip Code
 Hohenwald TN 38462-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: MM / DD / YYYY 04 / 01 / 2011
Transaction ID: C1262036
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Tracy S Hofeditz, MD
 Mailing Address 7392 S Sourdough Dr
 City State Zip Code
 Morrison CO 80465-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Belmar Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: MM / DD / YYYY 04 / 26 / 2011
Transaction ID: C1272728
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45
(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)
Jeffrey J Hoffmann, DO
Mailing Address PO BOX 370

City State Zip Code
Guttenberg IA 52052-0370

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

Name of Employer Occupation
Family Medicine Associates Physician

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

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: C1269264

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ernest J Jones, MD
Mailing Address PO BOX 155
Ste 200

City State Zip Code
Carthage TN 37030-0155

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

Name of Employer Occupation
Carthage Family Healthcare Inc Physician

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

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262032

Amount of Each Receipt this Period
365.00

C. 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 ▼ 3000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2011

Transaction ID: C1279113

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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 / 45

(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)

Larry W Kipe, MD

Mailing Address PO Box 1576

City State Zip Code
Craig CO 81626-1576

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

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

Transaction ID: C1278324

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Harry Clifton Knight, Jr

Mailing Address 1500 N Ritter Ave

City State Zip Code
Indianapolis IN 46219-3027

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

Name of Employer Occupation
CMO Community Health Network Physician

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

Date of Receipt

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

Transaction ID: C1261854

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Steven D Knight, MD

Mailing Address 117 E Clark St

City State Zip Code
Harrisburg IL 62946-2702

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

Name of Employer Occupation
Primary Care Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: C1267364

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45
(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)
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 Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 04 / 17 / 2011
Transaction ID: C1269368
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mark H Krotowski, MD
Mailing Address 8923 Avenue A
City Brooklyn State NY Zip Code 11236-1206
FEC ID number of contributing federal political committee. **C**
Name of Employer Mark Krotowski MD, PC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 23 / 2011
Transaction ID: C1272028
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Ted S Lancaster, MD
Mailing Address 3007 Sloan Cir
City Jonesboro State AR Zip Code 72404-0926
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawrence Co. Family Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 25 / 2011
Transaction ID: C1272569
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 765.00
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 / 45
(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 Joseph Ledwith, Jr

Mailing Address 275 Nichols Rd

City State Zip Code
Fitchburg MA 01420-1919

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

Name of Employer Occupation
UMass Medical School Residency Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: C1267950

Amount of Each Receipt this Period
500.00

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

Mailing Address 5501 Nw 86Th St Ste 300

City State Zip Code
Johnston IA 50131-1810

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

Name of Employer Occupation
Lee and Ruisch Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: C1267234

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
John John Lentini, DO

Mailing Address 382 Grove St

City State Zip Code
Braintree MA 02184-7324

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

Name of Employer Occupation
Braintree Fam Physicians Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: C1272722

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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 / 45
(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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: C1279112

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 615 S Mill St

City State Zip Code
Fergus Falls MN 56537-2756

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

Name of Employer Occupation
Lake Region Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: C1288294

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 339 S Presa St

City State Zip Code
San Antonio TX 78205-3425

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

Name of Employer Occupation
Christus Health Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: C1271915

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45
(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

<p>A. Full Name (Last, First, Middle Initial) Richard F Madden, MD</p> <p>Mailing Address 609 S. Christopher Rd</p> <p>City State Zip Code Belen NM 87002-2615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Presbyterian Healthcare Services Occupation: Family Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: C1267437</p> <p>Amount of Each Receipt this Period 2500.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Marek Marcinkiewicz, MD</p> <p>Mailing Address 476 Farrish Cir Apt 1</p> <p>City State Zip Code Charlottesville VA 22903-5414</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Centra Southside Occupation: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: C1278040</p> <p>Amount of Each Receipt this Period 365.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Kevin B Martin, MD</p> <p>Mailing Address 2903 219th Ave E</p> <p>City State Zip Code Lake Tapps WA 98391-5634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Sound Family Medicine Occupation: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: C1273664</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												

SUBTOTAL of Receipts This Page (optional)	2965.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 45

(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 Allen McAdoo, MD

Mailing Address 6041 Telecom Dr

City State Zip Code
Milan TN 38358-3448

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

Name of Employer Self-Employed (Milan Medical Center) Occupation Physician

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

Date of Receipt

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

Transaction ID: C1262034

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
John S Meigs, MD

Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt

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

Transaction ID: C1262586

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
John S Meigs, MD

Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt

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

Transaction ID: C1267948

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

415.00

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

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

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(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)
John S Meigs, MD
Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

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

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

Transaction ID: C1270131

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
John S Meigs, MD
Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272719

Amount of Each Receipt this Period
25.00

C. 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 Duke University Occupation Family Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1270128

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 26 / 45
(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)
Kathleen J Miller, MD
Mailing Address 9 Oak Ridge Dr
City Decatur State IL Zip Code 62521-4661
FEC ID number of contributing federal political committee. **C**
Name of Employer Wexford Health Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 22 / 2011
Transaction ID: C1272000
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD
Mailing Address 104 W 5Th Ave Ste 200W
City Spokane State WA Zip Code 99204-4803
FEC ID number of contributing federal political committee. **C**
Name of Employer Inland Empire Hospital Services Associ Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 28 / 2011
Transaction ID: C1273662
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dale C Moquist, MD
Mailing Address 14023 Southwest Fwy
City Sugar Land State TX Zip Code 77478-3550
FEC ID number of contributing federal political committee. **C**
Name of Employer Physicians at Sugar Creek Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 17 / 2011
Transaction ID: C1269370
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 715.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 45
(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 Franklin Mueller, MD

Mailing Address 69 Snipatuit Rd

City State Zip Code
Rochester MA 02770-1504

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1271984

Amount of Each Receipt this Period
365.00

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 UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1287468

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Maureen O Padden, MD, MPH

Mailing Address 6000 W Highway 98
COMMAND SUITE

City State Zip Code
Pensacola FL 32512-0001

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

Name of Employer US Navy
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2011

Transaction ID: C1262172

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 28 / 45
(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)
Maureen O Padden, MD, MPH

Mailing Address 6000 W Highway 98
COMMAND SUITE

City Pensacola State FL Zip Code 32512-0001

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

Name of Employer US Navy Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: C1271916
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Philip Ronald Palmer, MD

Mailing Address 12605 Lapis Ln

City Oklahoma City State OK Zip Code 73170-5450

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

Name of Employer Integris Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: C1272568
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Bernard Richard, MD

Mailing Address 1926 Declaration Dr

City Greenfield State IN Zip Code 46140-2762

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

Name of Employer Community Physicians of Indiana Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 27 / 2011
Transaction ID: C1273657
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 / 45
(check only one)

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

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

A.

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

Mailing Address UW Health Fox Valley Family Medici
229 S Morrison St

City Appleton State WI Zip Code 54911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: C1265970

Amount of Each Receipt this Period
100.00

B.

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1273661

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Gregory Larson Sawin, MD

Mailing Address 195 Canal St

City Malden State MA Zip Code 02148-6701

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

Name of Employer Cambridge Health Alliance Occupation Physician, Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1273653

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 45
(check only one)

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

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

A.

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

Mailing Address 753 N Main St
Dean Oregon Clinic

City Oregon State WI Zip Code 53575-1003

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

Name of Employer Dean Clinic Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C1278455

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer Horizons Diagnostics Occupation family physicias

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1273666

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Paul D Spiro, MD

Mailing Address 388 Maple Ave

City Doylestown State PA Zip Code 18901-4467

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

Name of Employer Buckingham Family Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: C1272036

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45
(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)
Gregory J Steinmetz, MD
Mailing Address 150 Bluff Ave
City Cranston State RI Zip Code 02905-3727
FEC ID number of contributing federal political committee. **C**
Name of Employer APCM Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 22 / 2011
Transaction ID: C1271992
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Albert M Sterns, MD
Mailing Address 1021 Drexel Pkwy
City Birmingham State AL Zip Code 35209-6001
FEC ID number of contributing federal political committee. **C**
Name of Employer N.W Ala Emerg Phys Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 04 / 18 / 2011
Transaction ID: C1269385
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Glen R Stream, MD
Mailing Address 14408 E Sprague Ave
City Spokane Valley State WA Zip Code 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 ▼ 2000.00
Date of Receipt 04 / 28 / 2011
Transaction ID: C1273665
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
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 32 / 45
(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)
Hugh M Taylor, MD

Mailing Address 15 Railroad Ave

City South Hamilton State MA Zip Code 01982-2218

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

Name of Employer Family Medicine Associates LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: C1267194

Amount of Each Receipt this Period
2000.00

B.

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

Mailing Address 1919 W Taylor St # 663

City Chicago State IL Zip Code 60612-7246

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

Name of Employer UIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1269315

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Tracie Dalene Updike, MD

Mailing Address 2933 Park Plaza Ln

City Port Arthur State TX Zip Code 77642-5516

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

Name of Employer Self Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1272814

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 / 45

(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 P Vogt, MD

Mailing Address 7685 Calloway Ct

City State Zip Code
Colorado Springs CO 80919-3928

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

Name of Employer Occupation
The Family Practice Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 1 1

Transaction ID: C1269371

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
B Alan Alan Wallstedt, MD

Mailing Address 6323 Canterbury Close

City State Zip Code
Brentwood TN 37027-4870

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
0 4 / 0 1 / 2 0 1 1

Transaction ID: C1262037

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Ty Townsend Webb, MD

Mailing Address 500 Brewington Rd

City State Zip Code
Sparta TN 38583-2734

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

Name of Employer Occupation
Cumberland Family Care, PC Physician

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

Date of Receipt

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

Transaction ID: C1262041

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

980.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 45
(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 Jo Jo Welker, MD

Mailing Address OSU-Rardin Family Practice Center
2231 N High St

City Columbus State OH Zip Code 43201-1101

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 ▼ 1000.00

Date of Receipt 04 / 29 / 2011
Transaction ID: C1278426
Amount of Each Receipt this Period 1000.00

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

Mailing Address 59 Tipton Dr

City Dahlonega State GA Zip Code 30533-1603

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

Name of Employer Chestatee Regional Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 30 / 2011
Transaction ID: C1279110
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Steven M Williams, MD

Mailing Address 3255 Bridgeford Rd

City Omaha State NE Zip Code 68124-2520

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

Name of Employer Physicians Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2011
Transaction ID: C1267184
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 / 45

(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)
Thomas Joseph Witt, MD

Mailing Address 500 W Grant St

City State Zip Code
Lake City MN 55041-1143

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt

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

Transaction ID: C1272708

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Julie Kristin Wood, MD

Mailing Address 5305 Ne Rainbow Cir

City State Zip Code
Lees Summit MO 64064-2450

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

Name of Employer Research Medical Center Occupation Physician

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

Date of Receipt

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

Transaction ID: C1267440

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
W Michael Michael Woods, MD

Mailing Address PO BOX 420

City State Zip Code
Ramona OK 74061-0420

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

Name of Employer University of Oklahoma Occupation Program Director

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

Date of Receipt

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

Transaction ID: C1267439

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

1095.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 45
	(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) J Mack Worthington, MD		Date of Receipt
Mailing Address 1100 E 3Rd St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 6 / 2 0 1 1
City State Zip Code Chattanooga TN 37403-2241		Transaction ID: C1265977
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer University of Tennessee	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.

Full Name (Last, First, Middle Initial) Kevin Keith Wycoff, MD		Date of Receipt
Mailing Address 1021 W 14Th St # 968		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 1 1
City State Zip Code Hastings NE 68901-3046		Transaction ID: C1272001
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 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 ▼ <input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1365.00
TOTAL This Period (last page this line number only)	<input type="text"/> 41946.67

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

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

FOR LINE NUMBER: PAGE 37 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2284.55

Date of Receipt

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

Transaction ID: C1267920

Amount of Each Receipt this Period
37.28

B.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2284.55

Date of Receipt

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

Transaction ID: C1272717

Amount of Each Receipt this Period
369.63

SUBTOTAL of Receipts This Page (optional)	406.91
TOTAL This Period (last page this line number only)	406.91

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116697 Date of Disbursement: 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 26.54</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116698 Date of Disbursement: 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116699 Date of Disbursement: 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 3.25</p>

SUBTOTAL of Disbursements This Page (optional) ▶

94.79

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: D116700 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>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	1	1												
	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>8</td><td>1</td><td>3</td></tr></table>	8	1	3																
8	1	3																			
	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: D116701 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>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	1	1												
	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>1</td><td>1</td><td>4</td></tr></table>	1	1	4																
1	1	4																			
	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: D116702 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>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
	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>8</td><td>1</td><td>2</td><td>5</td></tr></table>	8	1	2	5															
8	1	2	5																		
	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)	<table border="1"><tr><td>9</td><td>0</td><td>5</td><td>2</td></tr></table>	9	0	5	2
9	0	5	2		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

**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 40 / 45

<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: D116703 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	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="12.36"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116704 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.98"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116705 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.01"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116706 Date of Disbursement: 04 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 12.46</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116707 Date of Disbursement: 04 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 16.25</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116708 Date of Disbursement: 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 3.25</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

31.96

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116709</p> <p>Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 6.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116710</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 15.11</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116711</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 0.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

22.26

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card collection fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116712</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">4.95</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	9	/	2	0	1	1	4.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	9	/	2	0	1	1													
4.95																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America Merchant Services</p> <p>Mailing Address WA2-505-01-40 PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116713</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">179.37</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	1	/	2	0	1	1	179.37
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	1	/	2	0	1	1													
179.37																						

SUBTOTAL of Disbursements This Page (optional) ►

184.32

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

438.20

**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 44 / 45

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

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

<p>A. Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS</p> <p>Mailing Address 8550 United Plaza Blvd.</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Bill Cassidy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116138</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CONGRESS</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116137</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address PO BOX 12567</p> <p>City COLUMBIA State SC Zip Code 29211</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116139</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS

Transaction ID: D116209

Date of Disbursement

Mailing Address 5429 Madison Avenue

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

City State Zip Code
Sacramento CA 95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

--

Category/
Type

Candidate Name
Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7000.00