

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 05 01 2009 through 05 31 2009

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 19 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	201361.14									
(c) Total Receipts (from Line 19)	26248.35	108024.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227609.49	339935.90								
7. Total Disbursements (from Line 31)	50097.48	162423.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	177512.01	177512.01								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22497.00	82225.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3692.79	17916.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26189.79	100141.20
(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)	26189.79	100141.20
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)	58.56	1883.43
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26248.35	108024.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26248.35	108024.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	597.48	2023.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	597.48	2023.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	160000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50097.48	162423.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50097.48	162423.89

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26189.79	100141.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26189.79	100141.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	597.48	2023.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	58.56	1883.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	538.92	140.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36
(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)
Donald W Allen, MD

Mailing Address PO Box 865
142 S 50 E

City Coalville State UT Zip Code 84017-0730

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2009
Transaction ID: C725490

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David Adam Carlyle, MD

Mailing Address 2309 Buchanan Dr

City Ames State IA Zip Code 50010-4370

FEC ID number of contributing federal political committee. C

Name of Employer Family Medicine East Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 11 / 2009
Transaction ID: C720493

Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
Charles E Christianson, MD

Mailing Address UNDSM&HS Dept of Fam Med
501 N Columbia Rd

City Grand Forks State ND Zip Code 58203-2817

FEC ID number of contributing federal political committee. C

Name of Employer University of North Dakota Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2009
Transaction ID: C725483

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 2115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(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)
Douglas W Curran, MD

Mailing Address 8403 Mill Run Rd

City State Zip Code
Athens TX 75751-9057

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

Name of Employer Occupation
Lakeland Medical Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725485

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 804 Huntington Ct

City State Zip Code
Albany NY 12203-6015

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

Name of Employer Occupation
Prime Care Physicians Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: C725413

Amount of Each Receipt this Period
625.00

C.

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

Mailing Address 136 Kingston Rd

City State Zip Code
Exeter NH 03833-4357

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
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725464

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1490.00**

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 / 36
(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)
Dennis M Dimitri, MD

Mailing Address 295 Lincoln St Ste 204

City Worcester State MA Zip Code 01605-3639

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 21 / 2009
Transaction ID: C725347
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Ted Dee Epperly, MD

Mailing Address 777 N Raymond St

City Boise State ID Zip Code 83704-9251

FEC ID number of contributing federal political committee. C

Name of Employer Family Medicine Residency of Ohio Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2009
Transaction ID: C725474
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
James G Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City Portsmouth State NH Zip Code 03801-7111

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2009
Transaction ID: C725469
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 36
(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 O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
Shreveport LA 71106-6125

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 22 / 2009

Transaction ID: C725459

Amount of Each Receipt this Period
250.00

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

Mailing Address 78 Brickyard Rd
Foley Family Practice PC

City State Zip Code
Athol MA 01331-2051

FEC ID number of contributing federal political committee. C

Name of Employer Foley Family Practice, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 21 / 2009

Transaction ID: C725344

Amount of Each Receipt this Period
500.00

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

Mailing Address 209 Woodfall Dr

City State Zip Code
Waco TX 76712-7604

FEC ID number of contributing federal political committee. C

Name of Employer Family Practice Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2085.00

Date of Receipt
05 / 19 / 2009

Transaction ID: C724092

Amount of Each Receipt this Period
417.00

SUBTOTAL of Receipts This Page (optional) 1167.00

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 / 36
(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 Edward Grady, MD

Mailing Address 220 Tillicum Dr

City State Zip Code
Silverton OR 97381-1886

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

Name of Employer
Silverton Hospital

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: C715237

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Joseph W Gravel, MD

Mailing Address CHA Malden FMC
195 Canal St

City State Zip Code
Malden MA 02148-6701

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
MM / DD / YYYY
05 / 18 / 2009

Transaction ID: C724066

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Marcia Lynn Haggerty, MD

Mailing Address PO Box 2827

City State Zip Code
Bethel AK 99559-2827

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

Name of Employer
Yukon Kuskokwim Health Corporation

Occupation
Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725465

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Darren Paul Hee, MD

Mailing Address 1191 E Paseo Pavon
Online Resources Corporation

City Tucson State AZ Zip Code 85718-2809

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
05 / 14 / 2009

Transaction ID: C720823

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
James 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 Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725454

Amount of Each Receipt this Period
500.00

C.

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 Hospitalist physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2009

Transaction ID: C724058

Amount of Each Receipt this Period
500.00

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 12 / 36

(check only one)

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

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

A.

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

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer
Sioux Valley Health Systems

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C720580

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mark A Josefski, MD

Mailing Address 396 Broadway

City State Zip Code
Kingston NY 12401-4626

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 5 / 2 2 / 2 0 0 9

Transaction ID: C725451

Amount of Each Receipt this Period

365.00

C.

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

Mailing Address 1456 High School Rd

City State Zip Code
Selmer TN 38375-2342

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

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C720494

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anne L Kittendorf, MD

Mailing Address 999 Marshall Lakes Dr

City State Zip Code
Dexter MI 48130-8410

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

Name of Employer Occupation
University of Michigan Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725472

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address Hunterdon Medical Center
2100 Wescott Dr

City State Zip Code
Flemington NJ 08822-4604

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

Name of Employer Occupation
Hunterdon Medical Center Residency Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2009

Transaction ID: C722269

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Timothy Patrick Laird, MD

Mailing Address 721 Palmer Way

City State Zip Code
Melbourne FL 32940-1796

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
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: C725331

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 14 / 36

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 2316 Lakeview Dr

City State Zip Code
Fergus Falls MN 56537-3905

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

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C726244

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Paul K Mayeda, MD

Mailing Address 12710 Totem Lake Blvd NE

City State Zip Code
Kirkland WA 98034-2907

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

Name of Employer
Lakeshore Clinic

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730868

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Martha Cole McGrew, MD

Mailing Address Dept of Fam & Comm. Medicine
MSC/09 5040 I Univ of NM

City State Zip Code
Albuquerque NM 87131-0001

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 5 / 2 2 / 2 0 0 9

Transaction ID: C725480

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 36
(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 R McLeod, MD

Mailing Address 1109 E Broadway St

City Cuero State TX Zip Code 77954-2108

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

Name of Employer Parkside Family Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2009

Transaction ID: C725452

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 500 W Main St

City Livingston State TN Zip Code 38570-1718

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2009

Transaction ID: C725338

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Howard C McMahan, MD

Mailing Address 361 Cargile Rd
PO Box 779

City Ocilla State GA Zip Code 31774-3606

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 05 / 21 / 2009

Transaction ID: C725382

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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: (check only one)	PAGE 16 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin P Mikus, MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2009		
	Mailing Address 9422 Briarwick Ln		Transaction ID: C726243		
	City Charlotte	State NC	Zip Code 28277-1673	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carolinas Healthcare System	Occupation Physician	Aggregate Year-to-Date 375.00		

B.	Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address Family Medicine Spokane 104 W 5th Ave Ste 200W		Transaction ID: C725457		
	City Spokane	State WA	Zip Code 99204-4803	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Inland Empire Hospital Services Associ	Occupation Physician	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Michael Austin Oller, MD		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 4813 E 27th St N		Transaction ID: C725470		
	City Wichita	State KS	Zip Code 67220-2632	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wichita Council on Graduate Medical Ed	Occupation Resident	Aggregate Year-to-Date 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	590.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: C726242
Amount of Each Receipt this Period 85.00

B. Full Name (Last, First, Middle Initial)
Bryan Anthony Picou, MD
Mailing Address 740 Keyser Ave # A

City State Zip Code
Natchitoches LA 71457-6043

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

Name of Employer Occupation
Natchitoches Medical Clinic Physician

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

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725479
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Marguerite B Picou, MD
Mailing Address 740 Keyser Ave # A

City State Zip Code
Natchitoches LA 71457-6043

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
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725478
Amount of Each Receipt this Period 365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36

(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) Karla Graue Pratt	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address Executive Vice Pres - WA AFP 1050 140th Ave NE Ste C	Transaction ID: C722175
	City Bellevue State WA Zip Code 98005-2972	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington Academy of Family Physician	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
B.	Full Name (Last, First, Middle Initial) Soujanya R Pulluru, MD	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 3908 Littlestone Cir	Transaction ID: C725488
	City Naperville State IL Zip Code 60564-5915	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Janice Eileen Ragland, MD	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 13011 Monroe Manor Dr	Transaction ID: C725342
	City Herndon State VA Zip Code 20171-2909	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶

1265.00

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 / 36
(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)
Stephen D Richards, MD
 Mailing Address 1519 S Phillips St
 City State Zip Code
 Algona IA 50511-3649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. Iowa Health System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 05 / 22 / 2009
Transaction ID: C725477
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Elisabeth L Righter, MD
 Mailing Address UW Hth Fox Vly Fam Medicine
 229 S Morrison St
 City State Zip Code
 Appleton WI 54911-5725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of WI School of Med. & Pub. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 05 / 28 / 2009
Transaction ID: C726240
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mark David Robinson, MD
 Mailing Address 812 Rothmoor Dr NE
 City State Zip Code
 Concord NC 28025-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 05 / 22 / 2009
Transaction ID: C725456
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 36
(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)
Dennis F Salisbury, MD

Mailing Address Regional Medical Arts Pavilion
435 S Crystal St

City Butte State MT Zip Code 59701-1506

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

Name of Employer Rocky Mountain Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725481

Amount of Each Receipt this Period
500.00

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 Ohio Health, Grant Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2009

Transaction ID: C725635

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address Brunswick GeriCare
PO Box 1589

City Shallotte State NC Zip Code 28459-1589

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

Name of Employer Brunswick GeriCare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725458

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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 / 36
(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)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City State Zip Code
Columbus GA 31906-1443

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

Name of Employer: Horizons Diagnostics LLC
Occupation: Family Doc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2009

Transaction ID: C725632

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Douglas Alan Spotts, MD

Mailing Address 45 Forestwood Dr

City State Zip Code
Lewisburg PA 17837-6213

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

Name of Employer: Self Employed
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725475

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane Valley WA 99216-2167

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

Name of Employer: Rockwood Clinic
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: C720291

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **690.00**

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 / 36
(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)
Peter D Swann, MD

Mailing Address 3049 Avellano Dr

City State Zip Code
Walnut Creek CA 94598-3808

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: C725489

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Todd A Thames, MD

Mailing Address Christus Santa Rosa
333 N Santa Rosa Ave

City State Zip Code
San Antonio TX 78207-3198

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

Name of Employer Christus Santa Rosa Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: C726241

Amount of Each Receipt this Period
50.00

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

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code
Bartlett TN 38135-5175

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

Name of Employer St. Francis Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: C724856

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 36
(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) Andrew H Weary, MD		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address South Austin Family Practice 4534 W Gate Blvd Ste 108		Transaction ID: C725468
City Austin	State TX	Zip Code 78745-1470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Thomas J Weida, MD		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address University Phys Grp Fishburn 845 Fishburn Rd		Transaction ID: C725466
City Hershey	State PA	Zip Code 17033-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Hershey Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
Mailing Address 6040 Haybury Dr		Transaction ID: C725991
City New Albany	State OH	Zip Code 43054-8691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Ohio State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 36

(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)
Peter A S Winn, MD

Mailing Address Dept Of Family Med
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, College of Med Physician

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

Date of Receipt

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

Transaction ID: C724093

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Joseph W Zebley, MD

Mailing Address 3810 Juniper Rd

City State Zip Code
Baltimore MD 21218-1398

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

Name of Employer Occupation
Greenspring Medical Associates Physician

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

Date of Receipt

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

Transaction ID: C725476

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

22497.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 36
(check only one)

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

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City	State	Zip Code
Leawood	KS	66211-2672

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1883.43

Date of Receipt

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

Transaction ID: C720598

Amount of Each Receipt this Period

58.56

SUBTOTAL of Receipts This Page (optional)	▶	58.56
TOTAL This Period (last page this line number only)	▶	58.56

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 26 / 36

<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: D86616 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 0.98
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D86617 Date of Disbursement 05 / 04 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 80.78
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D86618 Date of Disbursement 05 / 18 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 1.63
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	83.39
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: D86619 Date of Disbursement 05 / 18 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 1.63
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D86620 Date of Disbursement 05 / 20 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 17.88
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D86621 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 90.35
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	109.86
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: D86622 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="33.51"/>
	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: D86623 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.99"/>
	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: D86624 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="2.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="36.94"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D84852

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

345.60

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

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D84853

Date of Disbursement

05 / 04 / 2009

Amount of Each Disbursement this Period

21.69

SUBTOTAL of Disbursements This Page (optional) ►

367.29

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

597.48

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: D84566 Date of Disbursement 05 / 12 / 2009
	Mailing Address 25 East Main Street, Suite 200	Amount of Each Disbursement this Period 2500.00
	City Richmond State VA Zip Code 23219	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: D84458 Date of Disbursement 05 / 04 / 2009
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name National Republican Congressional Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: D84910 Date of Disbursement 05 / 28 / 2009
	Mailing Address 425 2nd St NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002-4914	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name National Republican Senatorial Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: D84459
	Mailing Address PO Box 390	Date of Disbursement MM / DD / YYYY 05 / 04 / 2009
	City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Bruce L. Braley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: IA District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: D84549
	Mailing Address P.O. Box 8331	Date of Disbursement MM / DD / YYYY 05 / 08 / 2009
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement voided check	Category/ Type
	Candidate Name Rep. Fortney H. Stark	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: CA District: 13	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: D84460
	Mailing Address PO BOX 3176	Date of Disbursement MM / DD / YYYY 05 / 04 / 2009
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: NJ District: 06	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

PAGE 32 / 36

<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) SCHAKOWSKY FOR CONGRESS	Transaction ID: D84565
	Mailing Address P.O. BOX 5130	Date of Disbursement 05 / 12 / 2009
	City EVANSTON State IL Zip Code 60204	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Janice D. Schakowsky	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: D84909
	Mailing Address 7908-12 Cincinnati Dayton Road	Date of Disbursement 05 / 28 / 2009
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: D84907
	Mailing Address P.O. Box 1236	Date of Disbursement 05 / 28 / 2009
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John Fleming	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: D84908
	Mailing Address 2021 E Dublin Granville Road Ste 2000	Date of Disbursement 05 / 28 / 2009
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Patrick J. Tiberi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: D84903
	Mailing Address P.O. Box 1512	Date of Disbursement 05 / 28 / 2009
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Paul C. Broun	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: D84564
	Mailing Address PO Box U	Date of Disbursement 05 / 12 / 2009
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Phil Gingrey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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) LATOURETTE FOR CONGRESS COMMITTEE	Transaction ID: D84547 Date of Disbursement 05 / 08 / 2009
	Mailing Address 320 Kenarden Dr	Amount of Each Disbursement this Period -1000.00
	City Highland Hgts State OH Zip Code 44143-3710	
	Purpose of Disbursement voided check	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMMITTEE	Transaction ID: D84548 Date of Disbursement 05 / 08 / 2009
	Mailing Address 320 Kenarden Dr	Amount of Each Disbursement this Period 1000.00
	City Highland Hgts State OH Zip Code 44143-3710	
	Purpose of Disbursement re-issue of voided check	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: D84911 Date of Disbursement 05 / 28 / 2009
	Mailing Address P.O. Box 71	Amount of Each Disbursement this Period 2500.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Campaign contribution	
	Candidate Name Rep. Tom Latham	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 04	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: D84463
	Mailing Address P.O. Box 425	Date of Disbursement 05 / 04 / 2009
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Tom Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 06	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: D84462
	Mailing Address 3502 PRESTON COURT CARRIAGE HOUSE	Date of Disbursement 05 / 04 / 2009
	City CHEVY CHASE State MD Zip Code 20815	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Arlen Specter	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 00	

C.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: D84563
	Mailing Address PO BOX 1000	Date of Disbursement 05 / 12 / 2009
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 00	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address PO BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D84461 Date of Disbursement 05 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD</p> <p>Mailing Address PO BOX 812</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D84560 Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address PO BOX 3498</p> <p>City PORTLAND State OR Zip Code 97208</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D84561 Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	49500.00