

# 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 11 07 2006 in the State of KS

5. Covering Period 10 19 2006 through 11 27 2006

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 03 30 2007

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

**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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140251.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	195090.64									
(c) Total Receipts (from Line 19) .....	15611.41	232171.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	210702.05	372423.15								
7. Total Disbursements (from Line 31) .....	15591.34	177312.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	195110.71	195110.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	10089.26	177729.37
(i) Itemized (use Schedule A) .....	5129.42	50223.01
(ii) Unitemized .....	15218.68	227952.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15218.68	227952.38
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) .....	392.73	4219.02
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)) .....	15611.41	232171.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15611.41	232171.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	591.34	3865.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	591.34	3865.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	171500.00
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	1946.76
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))..	15591.34	177312.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15591.34	177312.44

**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) .....	15218.68	227952.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15218.68	227952.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	591.34	3865.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	392.73	4219.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	198.61	-353.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 35
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey D Bachtel, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 182 East Ave		<b>Transaction ID: C239001</b>	
City State Zip Code Tallmadge OH 44278-2311		Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bachtel & Associates		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.00	

Full Name (Last, First, Middle Initial) <b>B. Catherine A Bishop, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 26 Applewood Drive		<b>Transaction ID: C239003</b>	
City State Zip Code Chillicothe OH 45601-1903		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adena Regional Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Catherine A Bishop, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 26 Applewood Drive		<b>Transaction ID: C247138</b>	
City State Zip Code Chillicothe OH 45601-1903		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adena Regional Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Larry W Blackburn, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address Red Bird Family Clinic 3107 W Camp Wisdom Rd Ste 115		Transaction ID: C245945
City Dallas State TX Zip Code 75237-2600	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Edge Healthcare Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Steven F Brezny, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 4339 Village Club Dr		Transaction ID: C239004
City Powell State OH Zip Code 43065-7324	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Family Physicians at Wedgwood Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Steven F Brezny, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 4339 Village Club Dr		Transaction ID: C247139
City Powell State OH Zip Code 43065-7324	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Family Physicians at Wedgwood Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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)  
Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd  
941 Park Dr

City Middletown State PA Zip Code 17057-3548

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

Name of Employer Penn State College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: C239005

Amount of Each Receipt this Period  
65.00

**B.** Full Name (Last, First, Middle Initial)  
Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd  
941 Park Dr

City Middletown State PA Zip Code 17057-3548

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

Name of Employer Penn State College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

Transaction ID: C247140

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
Richard L Corson, MD

Mailing Address 5 Arlene Ct

City Hillsborough State NJ Zip Code 08844-3004

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 ▼ 243.34

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

Transaction ID: C247141

Amount of Each Receipt this Period  
121.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	251.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Steven A Crawford, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address Dep Of Fam And Prev Med 900 NE 10th St		Transaction ID: C239007
City Oklahoma City	State OK	Zip Code 73104-5495
Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.65	

Full Name (Last, First, Middle Initial) <b>B.</b> Steven A Crawford, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address Dep Of Fam And Prev Med 900 NE 10th St		Transaction ID: C247163
City Oklahoma City	State OK	Zip Code 73104-5495
Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.65	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Margaret Crestani, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2745 Bob Wallace Ave SW Ste D Ste 245		Transaction ID: C239006
City Huntsville	State AL	Zip Code 35805-4177
Amount of Each Receipt this Period 45.63		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Crestani Family Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	212.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<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)  
Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D  
Ste 245

City State Zip Code  
Huntsville AL 35805-4177

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

Name of Employer Occupation  
Crestani Family Medicine Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.37

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

Transaction ID: C247142

Amount of Each Receipt this Period  
45.63

**B.** Full Name (Last, First, Middle Initial)  
Jorge Duchicela, MD

Mailing Address 402 Youens Dr

City State Zip Code  
Weimar TX 78962-3680

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

Name of Employer Occupation  
Youens & Duchicela Clinic Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: C247323

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Doreen E Feldhouse, MD

Mailing Address PO Box 688

City State Zip Code  
Dyersburg TN 38025-0688

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

Name of Employer Occupation  
Family Care, PC Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: C239008

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1145.63
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A. Doreen E Feldhouse, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address PO Box 688		<b>Transaction ID: C247164</b>	
City State Zip Code Dyersburg TN 38025-0688		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Family Care, PC Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. John Anthony Gabis, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address Adena Health System 272 Hospital Rd		<b>Transaction ID: C239009</b>	
City State Zip Code Chillicothe OH 45601-9031		Amount of Each Receipt this Period 73.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Adena Health System Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.00	

Full Name (Last, First, Middle Initial) <b>C. John Anthony Gabis, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address Adena Health System 272 Hospital Rd		<b>Transaction ID: C247165</b>	
City State Zip Code Chillicothe OH 45601-9031		Amount of Each Receipt this Period 73.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Adena Health System Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	246.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 C Graves, MD

Mailing Address 1100 E 3rd St

City State Zip Code  
Chattanooga TN 37403-2201

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

Name of Employer Occupation  
University of Tennessee Physician  
College of Med

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

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

Transaction ID: C247166

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas W Harley, MD

Mailing Address 311 Kenilworth Ave NE

City State Zip Code  
Warren OH 44483-5412

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

Name of Employer Occupation  
Ohio Northeast Health Sys- Physician  
tems, Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 328.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: C239011

Amount of Each Receipt this Period  
36.50

**C.** Full Name (Last, First, Middle Initial)  
Douglas W Harley, MD

Mailing Address 311 Kenilworth Ave NE

City State Zip Code  
Warren OH 44483-5412

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

Name of Employer Occupation  
Ohio Northeast Health Sys- Physician  
tems, Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 328.50

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

Transaction ID: C247167

Amount of Each Receipt this Period  
36.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>323.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<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)  
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St  
PO Box 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

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

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

Transaction ID: C247169

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Chrystal D Henderson, MD

Mailing Address 104 Palmetto Ct

City State Zip Code  
Warner Robins GA 31088-1647

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

Name of Employer Occupation  
United States Air Force Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: C245946

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
David Martin Hoffmann, MD

Mailing Address W7876 County Road O

City State Zip Code  
Mauston WI 53948-9328

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  
1 0 / 3 0 / 2 0 0 6

Transaction ID: C245953

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 15 / 35  
(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)  
Elvin C Irvin, MD

Mailing Address 350 Pensacola Beach Rd

City State Zip Code  
Gulf Breeze FL 32561-4882

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

Name of Employer  
Gulf Coast Physician Partners  
Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

**Transaction ID:** C239019

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Elvin C Irvin, MD

Mailing Address 350 Pensacola Beach Rd

City State Zip Code  
Gulf Breeze FL 32561-4882

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

Name of Employer  
Gulf Coast Physician Partners  
Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

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

**Transaction ID:** C247195

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
James D Johns, MD

Mailing Address 211 15th St NW

City State Zip Code  
Canton OH 44703-1704

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

Name of Employer  
Little Flower Family Practice  
Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.34

Date of Receipt  

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

**Transaction ID:** C247201

Amount of Each Receipt this Period  
121.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **321.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia P King, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address Brevard Va Outpatient Clinic 2900 Veterans Way		<b>Transaction ID:</b> C245949
City Viera State FL Zip Code 32940-8007	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Brevard VAOPC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address Bloomington Lake Cln 1150 Centre Pointe Curv		<b>Transaction ID:</b> C239000
City Saint Paul State MN Zip Code 55120-1280	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bloomington Lake Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James Lackey, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 16505 La Cantera Pkwy Apt 1011 Apt 1011		<b>Transaction ID:</b> C238995
City San Antonio State TX Zip Code 78256-2409	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	830.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<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)  
James G Lenhart, MD

Mailing Address 2410 Fire Mesa St Ste 180

City State Zip Code  
Las Vegas NV 89128-9017

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

Name of Employer University of Nevada Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

**Transaction ID: C239021**

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
James G Lenhart, MD

Mailing Address 2410 Fire Mesa St Ste 180

City State Zip Code  
Las Vegas NV 89128-9017

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

Name of Employer University of Nevada Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

**Transaction ID: C247204**

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Francis R Lonergan, MD

Mailing Address 137A Industrial Ave

City State Zip Code  
Azle TX 76020-2901

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

Name of Employer Health First Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2006

**Transaction ID: C246864**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>485.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 35

(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

Full Name (Last, First, Middle Initial) <b>A.</b> Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 339 S Presa St		<b>Transaction ID:</b> C239023	
City State Zip Code San Antonio TX 78205-3425	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 339 S Presa St		<b>Transaction ID:</b> C247206	
City State Zip Code San Antonio TX 78205-3425	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ayaz T Madraswalla, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 34 Professional Park Rd		<b>Transaction ID:</b> C239038	
City State Zip Code Storrs CT 06268-1667	Amount of Each Receipt this Period 31.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mansfield Family Practice	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<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)  
Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City State Zip Code  
Storrs CT 06268-1667

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

Name of Employer Occupation  
Mansfield Family Practice Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

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

Transaction ID: C247207

Amount of Each Receipt this Period  
31.00

**B.** Full Name (Last, First, Middle Initial)  
Debra R McClain, MD

Mailing Address Family Practice  
610 N Michigan St Ste 100

City State Zip Code  
South Bend IN 46601-1077

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 ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: C245395

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dale C Moquist, MD

Mailing Address Memorial Family Med Resident  
7737 Southwest Fwy Ste 400

City State Zip Code  
Houston TX 77074-1804

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

Name of Employer Occupation  
MHHS Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C239039

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	496.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address PO Box 806527		<b>Transaction ID:</b> C239041	
City Chicago	State IL	Zip Code 60680-4126	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address PO Box 806527		<b>Transaction ID:</b> C247209	
City Chicago	State IL	Zip Code 60680-4126	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address Indian Ripple Family Hlth Ctr 4428 Indian Ripple Rd		<b>Transaction ID:</b> C239042	
City Beavercreek	State OH	Zip Code 45440-3264	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kettering Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	184.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address Indian Ripple Family Hlth Ctr 4428 Indian Ripple Rd		Transaction ID: C247210	
City Beavercreek	State OH	Zip Code 45440-3264	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kettering Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Edward Sattenspiel, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1800 Millrace Dr		Transaction ID: C245642	
City Eugene	State OR	Zip Code 97403-1992	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Salem Family Physicians, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James W Schouten, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 708 S Coeur D Alene Ln		Transaction ID: C239043	
City Payson	State AZ	Zip Code 85541-5662	Amount of Each Receipt this Period 46.00
FEC ID number of contributing federal political committee. C			
Name of Employer Banner Health	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<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)  
James W Schouten, MD

Mailing Address 708 S Coeur D Alene Ln

City Payson State AZ Zip Code 85541-5662

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

Name of Employer Banner Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

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

**Transaction ID:** C247211

Amount of Each Receipt this Period  
46.00

**B.** Full Name (Last, First, Middle Initial)  
Paula L Schultz, MD

Mailing Address PO Box 729

City Woodville State TX Zip Code 75979-0729

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  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 6

**Transaction ID:** C246867

Amount of Each Receipt this Period  
250.00

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

Mailing Address 106 Enterprise Ct Suite A Ste A

City Columbus State GA Zip Code 31904-3089

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 ▼ 210.00

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

**Transaction ID:** C239045

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>331.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 35  
(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)  
George Wm Shannon, MD

Mailing Address 106 Enterprise Ct Suite A  
Ste A

City Columbus State GA Zip Code 31904-3089

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 ▼  
210.00

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

**Transaction ID:** C247216

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Aaron Burl Shives, MD

Mailing Address Brown Clinic/Rich  
511 14th Ave NE

City Watertown State SD Zip Code 57201-6811

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

Name of Employer Brown Clinic 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  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** C245339

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Aaron Burl Shives, MD

Mailing Address Brown Clinic/Rich  
511 14th Ave NE

City Watertown State SD Zip Code 57201-6811

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

Name of Employer Brown Clinic 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  
1 1 / 2 1 / 2 0 0 6

**Transaction ID:** C247217

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 35
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Robert J Skully, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address Grant Medical Ctr Outpatient 393 E Town St		<b>Transaction ID:</b> C246904
City Columbus State OH Zip Code 43215-4741	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Grant Medical Center Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Christine Stabler, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 825 McGrann Blvd		<b>Transaction ID:</b> C245932
City Lancaster State PA Zip Code 17601-4518	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lancaster General Hospital Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert C Streeter, IV, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address Mercy Medical Center FPRP 315 E 13th St		<b>Transaction ID:</b> C246313
City Merced State CA Zip Code 95340-6211	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Merced Faculty Associates Inc Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Rosemarie Sweeney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5915 Ramsgate Road		<b>Transaction ID:</b> C245340
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Academy of Family Physicians	Occupation Vice President, Public Policy and Prac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rosemarie Sweeney		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 5915 Ramsgate Road		<b>Transaction ID:</b> C247218
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Academy of Family Physicians	Occupation Vice President, Public Policy and Prac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel J Van Durme, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 7023 Dardwood Ln		<b>Transaction ID:</b> C247219
City State Zip Code Tallahassee FL 32304-3556	Amount of Each Receipt this Period 121.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FSU College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	421.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Edward Weigley, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 685 Palm Springs Dr Ste 1A		<b>Transaction ID:</b> C245942	
City State Zip Code Altamonte Springs FL 32701-7853	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Susan S Wilder, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 11640 E Paradise Dr		<b>Transaction ID:</b> C245341	
City State Zip Code Scottsdale AZ 85259-2714	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed @ Life Scape Med	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Susan S Wilder, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 11640 E Paradise Dr		<b>Transaction ID:</b> C247220	
City State Zip Code Scottsdale AZ 85259-2714	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed @ Life Scape Med	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	465.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 35
	<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)  
J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City State Zip Code  
Chattanooga TN 37403-2201

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

Name of Employer University of Tennessee, College of Me  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: C247221

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Theodore E Wymyslo, MD

Mailing Address 128 E Apple St Room 1820 Rm 1820

City State Zip Code  
Dayton OH 45409-2902

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

Name of Employer Miami Valley Hospital  
Occupation FP Residency Program Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2006

Transaction ID: C245343

Amount of Each Receipt this Period  
73.00

**C.** Full Name (Last, First, Middle Initial)  
Theodore E Wymyslo, MD

Mailing Address 128 E Apple St Room 1820 Rm 1820

City State Zip Code  
Dayton OH 45409-2902

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

Name of Employer Miami Valley Hospital  
Occupation FP Residency Program Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: C247225

Amount of Each Receipt this Period  
73.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	246.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 35
	(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 Allen Youens, MD, MMM

Mailing Address 402 Youens Dr

City State Zip Code  
Weimar TX 78962-3680

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2006

Transaction ID: C245344

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Allen Youens, MD, MMM

Mailing Address 402 Youens Dr

City State Zip Code  
Weimar TX 78962-3680

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: C247230

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	10089.26

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

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

FOR LINE NUMBER: PAGE 29 / 35  
(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 ▼  
4219.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

**Transaction ID:** C245930

Amount of Each Receipt this Period  
366.87

**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 ▼  
4219.02

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

**Transaction ID:** C246953

Amount of Each Receipt this Period  
25.86

**SUBTOTAL** of Receipts This Page (optional) ..... ► **392.73**

**TOTAL** This Period (last page this line number only) ..... ► **392.73**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 35

<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D34747</b> Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 6.32
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D34748</b> Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 11.59
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D34749</b> Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 35

<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D34825 Date of Disbursement 11 / 13 / 2006	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D34918 Date of Disbursement 11 / 27 / 2006	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 33.37	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement Credit card processing fee			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>C. Bank Of America Merchant Services</b>		Transaction ID: D34826 Date of Disbursement 11 / 01 / 2006	
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 494.70	
City Spokane	State WA	Zip Code 99210-2485	Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name			
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>531.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 35

<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

Full Name (Last, First, Middle Initial)

**A.** Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D34827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 35

<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

Full Name (Last, First, Middle Initial) <b>A. WULSIN FOR CONGRESS</b>		Transaction ID: D34613 Date of Disbursement																					
Mailing Address 7440 Montgomery Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	0		2	0	0	6														
City Cincinnati	State OH	Zip Code 45236-4159	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	5000.00																				
Candidate Name Dr. Victoria Wulsin																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 2																						

Full Name (Last, First, Middle Initial) <b>B. GIFFORDS FOR CONGRESS</b>		Transaction ID: D34612 Date of Disbursement																					
Mailing Address PO Box 27565		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	0		2	0	0	6														
City Tucson	State AZ	Zip Code 85726	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	5000.00																				
Candidate Name Rep. Gabrielle Giffords																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AZ	District: 8																						

Full Name (Last, First, Middle Initial) <b>C. ARCURI FOR CONGRESS</b>		Transaction ID: D34730 Date of Disbursement																					
Mailing Address P.O. Box 8508		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	0		2	0	0	6														
City Utica	State NY	Zip Code 13505	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	5000.00																				
Candidate Name Rep. Michael Arcuri																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 24																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00

**Image# 27930390499**

Form/Schedule: **F3XA**      Amendment due to amended prior report.

Transaction ID:

Form/Schedule: **SA15**      Permissible reimbursement from connected organization for bank/credit card processing fees.

Transaction ID: **C245930**

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**Image# 27930390500**

Form/Schedule: **SA15**      Permissible reimbursement from connected organization for bank/credit card processing fees.  
Transaction ID: **C246953**

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