

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Randell K. Wexler, MD [Electronically Filed] Date  /  /

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)

Write or Type Committee Name

**American Academy of Family Physicians Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	380185.62	
(c) Total Receipts (from Line 19) .....	36701.44	379567.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	416887.06	716933.23
7. Total Disbursements (from Line 31).....	51722.77	351768.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	365164.29	365164.29
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22613.94	263111.45
(ii) Unitemized .....	14087.50	109455.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36701.44	372566.69
(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) .....	36701.44	372566.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	7000.35
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 Transfers (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))..... ▶	36701.44	379567.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36701.44	379567.04

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	357.77	6002.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	357.77	6002.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	341700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	365.00	3245.00
(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)).....	365.00	3245.00
29. Other Disbursements .....	0.00	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	51722.77	351768.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51722.77	351768.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	36701.44	372566.69
34. Total Contribution Refunds (from Line 28(d)) .....	365.00	3245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36336.44	369321.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	357.77	6002.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7000.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	357.77	-997.91

**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 6 OF 50
	<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**

**A. Kelly Alberda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Gorham St  
 City Austin State TX Zip Code 78758-3760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seton Family of Doctors Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : C1828931**  
 Amount of Each Receipt this Period  
 300.00

**B. Charles Peter Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1804  
 City San Marcos State TX Zip Code 78667-1804  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : C1829239**  
 Amount of Each Receipt this Period  
 300.00

**C. Bruce A Bagley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11400 Tomahawk Creek Pkwy  
 City Leawood State KS Zip Code 66211-2680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Director - Quality AAFP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827624**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	580.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<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	<input type="checkbox"/> 17

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

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

**A. Frederic Baker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Mark Cir

City Holden State MA Zip Code 01520-1410

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

Name of Employer UMMHC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : C1829467**

Amount of Each Receipt this Period  
 60.00

**B. Rosemary Balderston MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 Watch Island Reach

City Chesapeake State VA Zip Code 23320-9286

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

Name of Employer Hanbury Family Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : C1828347**

Amount of Each Receipt this Period  
 365.00

**C. Tom Banning**  
Full Name (Last, First, Middle Initial)

Mailing Address Exec Vice Pres TX AFP  
 12012 Technology Blvd Ste 200

City Austin State TX Zip Code 78727-6207

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

Name of Employer TX AFP Occupation CEO-EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : C1827608**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 455.00

**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 8 OF 50
	<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**

**A. David Orrin Barbe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 W 16th St  
 City Mountain Grove State MO Zip Code 65711-1039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1821451**  
 Amount of Each Receipt this Period  
 1000.00

**B. Walter Phil Beaver MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21525 Shorevista Ln  
 City Noblesville State IN Zip Code 46062-6793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AHN Indiana Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : C1825022**  
 Amount of Each Receipt this Period  
 300.00

**C. Jeffery Lewis Belden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Arbor Dr  
 City Columbia State MO Zip Code 65201-6548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Missouri Occupation Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2012  
**Transaction ID : C1829458**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<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**

**A. Janice L Benson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4452 N Francisco Ave  
 City Chicago State IL Zip Code 60625-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northshore University Health System Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 12 / 2012**  
**Transaction ID : C1825024**  
 Amount of Each Receipt this Period **500.00**

**B. Janalynn Fish Beste MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Vanderhorst Pl  
 City Wilmington State NC Zip Code 28405-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNC Chapel Hill Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : C1828954**  
 Amount of Each Receipt this Period **250.00**

**C. Catherine M Blackband MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5002 Nw 18Th Pl  
 City Gainesville State FL Zip Code 32605-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shands Medical Group At Magnolia Park Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 18 / 2012**  
**Transaction ID : C1827628**  
 Amount of Each Receipt this Period **365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<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**

**A. Reid B Blackwelder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 Leedy Rd  
 201 Cassel Dr  
 City Kingsport State TN Zip Code 37664-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Quillen College of Medicine Occupation Professor, Family Medicine  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1821227**  
 Amount of Each Receipt this Period  
**100.00**

**B. David Etcyl Blair MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 Old Lantern Dr SE  
 City Caledonia State MI Zip Code 49316-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advantage Health Physician Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1818683**  
 Amount of Each Receipt this Period  
**200.00**

**C. David Etcyl Blair MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 Old Lantern Dr SE  
 City Caledonia State MI Zip Code 49316-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advantage Health Physician Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1821446**  
 Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<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**

**A. Robert C M Bourne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1538 Dwight St  
 City Redlands State CA Zip Code 92373-7013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaver Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **273.78**

Date of Receipt **09 / 27 / 2012**  
**Transaction ID : C1830970**  
 Amount of Each Receipt this Period **30.42**

**B. June G Bredin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4924 153Rd PI Sw  
 City Edmonds State WA Zip Code 98026-4435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sate of Washington DSHS Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 22 / 2012**  
**Transaction ID : C1829314**  
 Amount of Each Receipt this Period **40.00**

**C. Ellen Sandra Brull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Arbor Ln  
 City Glenview State IL Zip Code 60025-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.80**

Date of Receipt **09 / 09 / 2012**  
**Transaction ID : C1821177**  
 Amount of Each Receipt this Period **83.40**

**SUBTOTAL** of Receipts This Page (optional)..... **153.82**  
**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 12 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Angela Caffaratti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 Delegate Dr  
 City Columbus State OH Zip Code 43235-1470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt Carmel Health Providers/ Trinity Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.31

Date of Receipt 09 / 28 / 2012  
**Transaction ID : C1849279**  
 Amount of Each Receipt this Period 33.33

**B. John R Carroll MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2226 Ashwood Dr  
 City Carroll State IA Zip Code 51401-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McFarland Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : C1824995**  
 Amount of Each Receipt this Period 365.00

**C. Lee Marvin Carter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 506  
 City Huntingdon State TN Zip Code 38344-0506  
 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 ▼ 900.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : C1831211**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	498.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<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**

**A. Robert R Casey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Connors Cr.  
 City State Zip Code  
 Oak Ridge TN 37830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Summit Medical Group Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827631**  
 Amount of Each Receipt this Period  
 365.00

**B. Po-Shen Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Monticello Dr  
 City State Zip Code  
 Longview WA 98632-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Permanente Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827656**  
 Amount of Each Receipt this Period  
 500.00

**c. Sharon Marie Colton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 39  
 City State Zip Code  
 Evarts KY 40828-0039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Clover Park Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : C1831372**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	895.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<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**

**A. Lisa Leigh Corum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11501 Redwood Way  
 City Louisville State KY Zip Code 40223-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BaptistHealthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 09 / 13 / 2012  
**Transaction ID : C1824911**  
 Amount of Each Receipt this Period  
 365.00

**B. Eve Covas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3306 Highway 278 E  
 City Hope State AR Zip Code 71801-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cabun Rural Health Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 13 / 2012  
**Transaction ID : C1824907**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven A Crawford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address OU Physicians Family Medicine Cent  
 900 Ne 10Th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Physician Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.06

Date of Receipt  
 09 / 16 / 2012  
**Transaction ID : C1829469**  
 Amount of Each Receipt this Period  
 333.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<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**

**A. Mary F Dailey-Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2688 Mountain Oaks Ct  
 City Powder Springs State GA Zip Code 30127-6021  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : C1818697**  
 Amount of Each Receipt this Period  
 365.00

**B. Scott R Dunn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1507 Northshore Dr  
 City Sandpoint State ID Zip Code 83864-2714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Health Center Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827633**  
 Amount of Each Receipt this Period  
 365.00

**C. Raymond Louis Ebarb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Main St  
 City West Sayville State NY Zip Code 11796-1800  
 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 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : C1828991**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**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 OF 50
	<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. Wanda D Filer MD</b>			Date of Receipt
Mailing Address 510 Aqua Ct			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1849280</b>
York	PA	17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Strategic Health Institute	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael O Fleming MD</b>			Date of Receipt
Mailing Address 556 Dunmoreland Dr			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1828311</b>
Shreveport	LA	71106-6125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Amedisys, Inc	Chief Medical Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Corrine M Ganske MD</b>			Date of Receipt
Mailing Address 840 E University Ave			<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : C1827629</b>
Des Moines	IA	50316-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Iowa Health Des Moines	Residency Program Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 17 OF 50
	<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**

**A. Patricia H Gibbs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Lochness Ln  
 City San Rafael State CA Zip Code 94901-2425  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : C1824898**  
 Amount of Each Receipt this Period  
**500.00**

**B. Roland Adolph Goertz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Providence Dr  
 City Waco State TX Zip Code 76707-2261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Practice Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **4000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2012  
**Transaction ID : C1817868**  
 Amount of Each Receipt this Period  
**500.00**

**C. Robert Graham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1135 Fort View Pl  
 City Cincinnati State OH Zip Code 45202-1713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George Washington Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1821453**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<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**

**A. Boyde Jerome Harrison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 26th St  
 City State Zip Code  
 Haleyville AL 35565-1719  
 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 ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : C1824582**  
 Amount of Each Receipt this Period  
 250.00

**B. Lori J Heim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Hollybrook Farm Ln  
 City State Zip Code  
 Vass NC 28394-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scotland Memorial Hospital Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : C1831373**  
 Amount of Each Receipt this Period  
 112.00

**C. Daniel J Heinemann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 5039  
 City State Zip Code  
 Sioux Falls SD 57117-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sioux Valley Health Systems Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1829472**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	662.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. Erick B Isaacson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 Goethals Dr Ste 300  
 City Richland State WA Zip Code 99352-3552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : C1825004**  
 Amount of Each Receipt this Period  
**300.00**

**B. Lynnette Sue Jacobsen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1236 N Prairie Creek Rd  
 City Andover State KS Zip Code 67002-8546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Pointe Family Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827658**  
 Amount of Each Receipt this Period  
**365.00**

**C. David Andrew Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Santa Fe Ct  
 City Minden State NV Zip Code 89423-8899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carson Tahoe Physicians Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **312.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827610**  
 Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>727.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<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	<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. Jessica Johnson</b>		Date of Receipt 09 / 17 / 2012 <b>Transaction ID : C1826473</b>
Mailing Address 38 Hall St		Amount of Each Receipt this Period 100.00
City Newington	State CT	Zip Code 06111-2553
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory King MD</b>		Date of Receipt 09 / 02 / 2012 <b>Transaction ID : C1817659</b>
Mailing Address 1120 Vail Rd		Amount of Each Receipt this Period 500.00
City Bennington	State VT	Zip Code 05201-9597
FEC ID number of contributing federal political committee. C		
Name of Employer Primary Care Health Partners dba Mt. A	Occupation Physician Manager	
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. James Darrel King MD</b>		Date of Receipt 09 / 18 / 2012 <b>Transaction ID : C1827671</b>
Mailing Address 270 E Court Ave Ste B		Amount of Each Receipt this Period 250.00
City Selmer	State TN	Zip Code 38375-2304
FEC ID number of contributing federal political committee. C		
Name of Employer Primecare Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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	<input type="checkbox"/> 17

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

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

**A. Laura C Knobel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Freedom Way  
 City Walpole State MA Zip Code 02081-2290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : C1826344**  
 Amount of Each Receipt this Period  
**150.00**

**B. Everett Erland Koehn DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Nw Englewood Rd  
 City Gladstone State MO Zip Code 64118-4054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Encompass Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : C1824581**  
 Amount of Each Receipt this Period  
**100.00**

**c. Marianne C LaBarbera MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Richmond Rd  
 City Staten Island State NY Zip Code 10306-2578  
 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 **228.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2012  
**Transaction ID : C1829407**  
 Amount of Each Receipt this Period  
**45.62**

**SUBTOTAL** of Receipts This Page (optional)..... **295.62**  
**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 22 OF 50
	<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**

**A. Jon David Larson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2111 Memory Ln  
City Detroit Lakes State MN Zip Code 56501-4828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Merit Care Health Systems Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 18 / 2012**  
**Transaction ID : C1827652**  
Amount of Each Receipt this Period **300.00**

**B. Herbert HT Lim MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 Vallombrosa Ave  
City Chico State CA Zip Code 95926-2950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mission Range Primary Care Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 27 / 2012**  
**Transaction ID : C1830955**  
Amount of Each Receipt this Period **300.00**

**C. Patricia Jean Lindholm MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 615 S Mill St  
City Fergus Falls State MN Zip Code 56537-2756  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Region Medical Group Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1875.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : C1831374**  
Amount of Each Receipt this Period **375.00**

**SUBTOTAL** of Receipts This Page (optional)..... **975.00**  
**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 23 OF 50
	<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**

**A. Kern S Low MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 Indiana Ave  
 Ste 120  
 City Pueblo State CO Zip Code 81004-3572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Family Care Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : C1828362**  
 Amount of Each Receipt this Period  
**365.00**

**B. Scott Alfred Luking MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 Birdhaven Trl  
 City Reidsville State NC Zip Code 27320-8070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reidsville Family Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : C1824912**  
 Amount of Each Receipt this Period  
**250.00**

**C. Jeffrey S Luther MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 E Spring St Ste 1  
 City Long Beach State CA Zip Code 90806-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Family Medicine Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827636**  
 Amount of Each Receipt this Period  
**365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<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**

**A. Andrew Lutzkanin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Blacklatch Ln

City Middletown State PA Zip Code 17057-2984

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

Name of Employer Penn State College of Medicine Occupation Medical Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.00

Date of Receipt  
09 / 24 / 2012  
Transaction ID : **C1829474**

Amount of Each Receipt this Period  
36.50

**B. Ada Maria Marin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 177109

City San Diego State CA Zip Code 92177-0109

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

Name of Employer Metro Family Physicians Medical Group, Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 18 / 2012  
Transaction ID : **C1827644**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 122 10Th Ave S

City Shelby State MT Zip Code 59474-2224

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 ▼ 1000.00

Date of Receipt  
09 / 27 / 2012  
Transaction ID : **C1830972**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	786.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<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**

**A. David Arthur McClellan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4911 Park Row Pl  
 City Bryan State TX Zip Code 77802-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas A&M Health Science Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2012**  
**Transaction ID : C1828364**  
 Amount of Each Receipt this Period **500.00**

**B. John S Meigs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 289  
 100 Serendipity Dr  
 City Brent State AL Zip Code 35034-0289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **925.00**

Date of Receipt **09 / 10 / 2012**  
**Transaction ID : C1818736**  
 Amount of Each Receipt this Period **25.00**

**c. John S Meigs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 289  
 100 Serendipity Dr  
 City Brent State AL Zip Code 35034-0289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **925.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : C1825013**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<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**

**A. John S Meigs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 289  
 100 Serendipity Dr  
 City State Zip Code  
 Brent AL 35034-0289  
 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 ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827672**  
 Amount of Each Receipt this Period  
 25.00

**B. Michael Wayne Montesi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 E Sunflower Rd  
 Ste 100A  
 City State Zip Code  
 Cleveland MS 38732-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Medical Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : C1830940**  
 Amount of Each Receipt this Period  
 365.00

**C. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 S Martin St  
 City State Zip Code  
 Spokane WA 99203-3751  
 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 ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : C1828932**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<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**

**A. Noreen Ellen O'Shea DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4343 Far Hills Rd  
 City State Zip Code  
 Sioux City IA 51104-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Medical Center & Union County He Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827642**  
 Amount of Each Receipt this Period  
 250.00

**B. Javette C Orgain MD**  
 Full Name (Last, First, Middle Initial)  
 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 COLLEGE OF MED. PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : C1831212**  
 Amount of Each Receipt this Period  
 125.00

**C. Maureen O Padden MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 E St Nw  
 Bureau Of Medicine And Surgery  
 City State Zip Code  
 Washington DC 20372-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Navy Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2012  
**Transaction ID : C1829463**  
 Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**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 28 OF 50
	<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)  
**A. Stacey Jeanne Pappas MD**

Mailing Address 21 Provost Dr  
Apt 1205

City New Windsor State NY Zip Code 12553-5623

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

Name of Employer Self Employment  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**273.78**

Date of Receipt  
**09 / 11 / 2012**

**Transaction ID : C1822014**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**B. Cornell Peters MD**

Mailing Address 1051 Pio Nono Ave Ste A  
Macon Family Health Center

City Macon State GA Zip Code 31204-4016

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

Name of Employer Macon Family Health Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**273.75**

Date of Receipt  
**09 / 10 / 2012**

**Transaction ID : C1818689**

Amount of Each Receipt this Period  
**91.25**

Full Name (Last, First, Middle Initial)  
**c. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City Bakersfield State CA Zip Code 93301-2742

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

Name of Employer KP-SCPMG  
Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**09 / 18 / 2012**

**Transaction ID : C1827609**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>151.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 50  
(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. Jason Dean Ramm MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 Cypress St  
 City Sulphur State LA Zip Code 70663-5052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : C1827663**  
 Amount of Each Receipt this Period  
 365.00

**B. Glenn Sumner Rodriguez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 0235 SW Canby St  
 City Portland State OR Zip Code 97219-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Health Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : C1828360**  
 Amount of Each Receipt this Period  
 500.00

**C. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gardner Family Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : C1827890**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 915.00  
**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 30 OF 50
	<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**

**A. Paul David Salzberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 898  
 City Callicoon State NY Zip Code 12723-0898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : C1821228**  
 Amount of Each Receipt this Period  
**400.00**

**B. Sarah L Sams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2994 Frazell Rd  
 City Hilliard State OH Zip Code 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grant Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : C1849278**  
 Amount of Each Receipt this Period  
**100.00**

**c. J Christopher Chris Sartore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6651 Kratzville Rd  
 City Evansville State IN Zip Code 47710-4564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Welborn Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : C1830965**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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. Dennis F Saver MD</b>		Date of Receipt
Mailing Address 1265 36th St Ste A		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Vero Beach	FL	32960-6574
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1828359</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="375.00"/>
Name of Employer	Occupation	
PCTC	family physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dean A Schultz MD</b>		Date of Receipt
Mailing Address 1850 Hickory St Ste 103A		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Abilene	TX	79601-2334
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1827639</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
APCA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. George Wm Shannon MD</b>		Date of Receipt
Mailing Address 2301 Slate Dr		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	GA	31906-1443
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1827891</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Horizons Diagnostics	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="775.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 32 OF 50
	<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**

**A. Aaron Burl Shives MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 28th Ave SE  
 City Watertown State SD Zip Code 57201-8403  
 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 ▼ 365.00

Date of Receipt  
 09 / 23 / 2012  
**Transaction ID : C1829406**  
 Amount of Each Receipt this Period  
 43.00

**B. Linda Marie Siy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4133 Bilglade Rd  
 City Fort Worth State TX Zip Code 76109-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Texas Health Scien Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.50

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : C1831371**  
 Amount of Each Receipt this Period  
 36.50

**C. Brent William Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 Palmer Ct  
 City Dixon State CA Zip Code 95620-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Air Force Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 18 / 2012  
**Transaction ID : C1827645**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 579.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<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**

**A. Patrick Brent Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Bedford Pl  
 City State Zip Code  
 Brandon MS 39047-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Mississippi School of Me Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**733.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2012  
**Transaction ID : C1817662**  
 Amount of Each Receipt this Period  
**88.89**

**B. John William Speckmear MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Ivy Ann Ct  
 City State Zip Code  
 Waco TX 76712-3643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hillcrest Family Health Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : C1830936**  
 Amount of Each Receipt this Period  
**365.00**

**C. Charles Steiner li Md Steiner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2148 Nottingham Dr  
 City State Zip Code  
 Fairbanks AK 99709-6518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tanara Valley Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : C1825021**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>703.89</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<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**

**A. Suellywn Stewart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 689 Cherrington Rd  
 City Westerville State OH Zip Code 43081-3038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LMH Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **465.00**

Date of Receipt **09 / 27 / 2012**  
**Transaction ID : C1830949**  
 Amount of Each Receipt this Period **365.00**

**B. Windel A Stracener MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 Hunters Pointe Dr  
 City Richmond State IN Zip Code 47374-7184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inpatient Management Inc Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **937.50**

Date of Receipt **09 / 08 / 2012**  
**Transaction ID : C1821154**  
 Amount of Each Receipt this Period **187.50**

**C. Stacy J Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 173 E Cotton Hill Rd  
 City New Hartford State CT Zip Code 06057-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Hungerford Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.50**

Date of Receipt **09 / 16 / 2012**  
**Transaction ID : C1826181**  
 Amount of Each Receipt this Period **36.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>589.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<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"/>	<input type="checkbox"/> 17

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

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

**A. Michael P Temporal MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 S 3Rd St Ste 400

City Belleville	State IL	Zip Code 62220-1952
--------------------	-------------	------------------------

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

Name of Employer So. Illinois Healthcare Foundation	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : C1825787**

Amount of Each Receipt this Period  

50.00
-------

**B. Pamela W Tuck MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4135 Atlanta Hwy

City Montgomery	State AL	Zip Code 36109-3022
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2012

**Transaction ID : C1821153**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address PO BOX 960

City Castroville	State TX	Zip Code 78009-0960
---------------------	-------------	------------------------

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.67**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2012

**Transaction ID : C1826160**

Amount of Each Receipt this Period  

365.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<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**

**A. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 960  
 City Castroville State TX Zip Code 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2012  
**Transaction ID : C1826470**  
 Amount of Each Receipt this Period  
 45.63

**B. George Voigtlander MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 446  
 City Pawnee City State NE Zip Code 68420-0446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pawnee County Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : C1826137**  
 Amount of Each Receipt this Period  
 52.14

**C. Daniel A Walters MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2304 E County Road 950 N  
 City Seymour State IN Zip Code 47274-8155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caring Family Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : C1824997**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	497.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<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	<input type="checkbox"/> 17

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

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

**A. Thomas J Weida MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 Fishburn Rd  
 City Hershey State PA Zip Code 17033-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hershey Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 10 / 2012**  
**Transaction ID : C1821444**  
 Amount of Each Receipt this Period **500.00**

**B. Richard Andre Wherry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City Dahlonega State GA Zip Code 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chestatee Regional Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **09 / 17 / 2012**  
**Transaction ID : C1826345**  
 Amount of Each Receipt this Period **250.00**

**C. C Jeffrey Zollinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 Green Haven St PO Box 370  
 City Rexburg State ID Zip Code 83440-3830  
 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 **09 / 18 / 2012**  
**Transaction ID : C1827670**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>22613.94</b>

**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

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)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D137187**

Amount of Each Disbursement this Period

12.19

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D137188**

Amount of Each Disbursement this Period

11.38

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D137189**

Amount of Each Disbursement this Period

4.06

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

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

27.63

**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

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)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : D137190**

Amount of Each Disbursement this Period

11.86

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D137191**

Amount of Each Disbursement this Period

4.23

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D137192**

Amount of Each Disbursement this Period

0.98

Category/  
Type

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

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

17.07

**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

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)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D137193**

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D137194**

Amount of Each Disbursement this Period

12.03

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

**Transaction ID : D137195**

Amount of Each Disbursement this Period

1.63

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

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

16.91

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D137196**

Amount of Each Disbursement this Period

8.13

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D137197**

Amount of Each Disbursement this Period

10.83

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : D137198**

Amount of Each Disbursement this Period

17.88

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

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

36.84

**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

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)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : D137199

Amount of Each Disbursement this Period

1.30

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

Transaction ID : D137200

Amount of Each Disbursement this Period

1.48

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Excess Transaction Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : D137201

Amount of Each Disbursement this Period

4.95

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

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

7.73

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**A. 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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : D137186**

Amount of Each Disbursement this Period

251.59

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

251.59

357.77

**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

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)

**A. DONNA CHRISTENSEN CAMPAIGN**

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Del. Donna M.C. Christensen**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : D135964**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE**

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248-6116

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Dr. Raul Ruiz**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D136905**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. LEADERSHIP FOR TODAY AND TOMORROW**

Mailing Address 625 3rd St NE  
Apt 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D136288**

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**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

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)

**A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107-3240

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Michelle Lujan Grisham**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

**Transaction ID : D136292**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. KREITLOW FOR CONGRESS**

Mailing Address 333 E Prairie View Rd

City Chippewa Falls State WI Zip Code 54729-3463

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Patrick Kreitlow**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

**Transaction ID : D136291**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046-0832

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Allyson Y. Schwartz**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

**Transaction ID : D136308**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

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)

**A. BILL CASSIDY FOR CONGRESS**

Mailing Address 8550 United Plaza Blvd.

City State Zip Code  
Baton Rouge LA 70809

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bill Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

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

**Transaction ID : D135961**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

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

**Transaction ID : D135960**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO Box 6545

City State Zip Code  
Visalia CA 93290-6545

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Devin Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

**Transaction ID : D136296**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**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

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)

**A. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Diana DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

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

**Transaction ID : D135963**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DOGGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City State Zip Code  
Austin TX 78763

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Lloyd Doggett**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

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

**Transaction ID : D135962**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

**Transaction ID : D136290**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**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

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)

**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : D135959**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CARMONA FOR ARIZONA**

Mailing Address PO Box 12339

City Tucson State AZ Zip Code 85732-2339

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Dr. Richard Carmona**

Office Sought:  House  
 Senate  
 President  
State: AZ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D136295**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228-0593

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Benjamin L. Cardin**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D136289**

Amount of Each Disbursement this Period

1500.00

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

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

9000.00

**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

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)

**A. FEINSTEIN FOR SENATE**

Mailing Address 1212 S VICTORY BLVD

City State Zip Code  
BURBANK CA 91502

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Dianne Feinstein**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D136287**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tammy Duckworth for Congress**

Mailing Address PO Box 59568

City State Zip Code  
Schaumburg IL 60159-0568

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D136904**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

7500.00

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

51000.00

