

# 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="2013"/>		<input type="text" value="402137.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="402137.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16210.50"/>	<input type="text" value="16210.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="418347.72"/>	<input type="text" value="418347.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="498.04"/>	<input type="text" value="498.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="417849.68"/>	<input type="text" value="417849.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	9388.33	9388.33
(ii) Unitemized .....	6283.50	6283.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15671.83	15671.83
(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) .....	15671.83	15671.83
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).....	538.67	538.67
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))..... ▶	16210.50	16210.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16210.50	16210.50

**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 .....	264.71	264.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	264.71	264.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	233.33	233.33
(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)).....	233.33	233.33
29. Other Disbursements .....	0.00	0.00
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)) ..	498.04	498.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	498.04	498.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	15671.83	15671.83
34. Total Contribution Refunds (from Line 28(d)) .....	233.33	233.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15438.50	15438.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	264.71	264.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	538.67	538.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-273.96	-273.96

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(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. Stephen Carl Albrecht MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5909 Swayne Dr NE  
 City Olympia State WA Zip Code 98516-9547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Physicians LLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2013  
**Transaction ID : C1905533**  
 Amount of Each Receipt this Period  
 250.00

**B. Steven C Brandon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Hospital Rd  
 City Starkville State MS Zip Code 39759-2158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leonard H. Brandon, MD, PA 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  
 01 / 16 / 2013  
**Transaction ID : C1905541**  
 Amount of Each Receipt this Period  
 365.00

**C. Joseph W Gravel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Patriot Way  
 City North Reading State MA Zip Code 01864-3225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Lawrence FHC 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  
 01 / 26 / 2013  
**Transaction ID : C1913507**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 980.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Vincent D Keenan CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address Exec Vice President - IL AFP  
4756 Main St

City State Zip Code  
Lisle IL 60532-1724

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

Name of Employer Occupation  
Illinois Academy of Family Physicians Association Exec.

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  
01 / 29 / 2013  
**Transaction ID : C1917628**

Amount of Each Receipt this Period  
500.00

**B. James Joseph Ledwith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Flynn Rd

City State Zip Code  
Franklin MA 02038-2861

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

Name of Employer Occupation  
UMass Medical School Residency Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2013  
**Transaction ID : C1913484**

Amount of Each Receipt this Period  
500.00

**C. Jeffrey F Markuns MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Ipswich Rd

City State Zip Code  
Boxford MA 01921-1505

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

Name of Employer Occupation  
Boston University Family Medicine, Inc 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  
01 / 16 / 2013  
**Transaction ID : C1905637**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: PAGE 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David Arthur McClellan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4911 Park Row Pl  
 City State Zip Code  
 Bryan TX 77802-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas A&M Health Science Center 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  
 01 / 16 / 2013  
**Transaction ID : C1905640**  
 Amount of Each Receipt this Period  
 365.00

**B. Timothy R McCurry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Garden St  
 City State Zip Code  
 Park Ridge IL 60068-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rainbow Hospice 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  
 01 / 16 / 2013  
**Transaction ID : C1905641**  
 Amount of Each Receipt this Period  
 365.00

**C. Kathleen J Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Oak Ridge Dr  
 City State Zip Code  
 Decatur IL 62521-4661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired 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  
 01 / 16 / 2013  
**Transaction ID : C1905642**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1095.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 S Martin St  
 City Spokane State WA Zip Code 99203-3751  
 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2013**  
**Transaction ID : C1912066**  
 Amount of Each Receipt this Period  
**250.00**

**B. Yvette Oquendo Md Oquendo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7442 Weather Worn Way  
 City Columbia State MD Zip Code 21046-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chase Brexton 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  
**01 / 21 / 2013**  
**Transaction ID : C1905700**  
 Amount of Each Receipt this Period  
**500.00**

**C. Sterling N Ransone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Deer Path  
 P O Box 711  
 City Cobbs Creek State VA Zip Code 23035-0711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2013**  
**Transaction ID : C1910814**  
 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).....	

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

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

**A. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright State University BSM Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **01 / 10 / 2013**  
**Transaction ID : C1917858**  
 Amount of Each Receipt this Period **333.33**

**B. Dennis F Salisbury MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 W Diamond St  
 City Butte State MT Zip Code 59701-1526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. James Healthcare Occupation Physician and Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 01 / 2013**  
**Transaction ID : C1889977**  
 Amount of Each Receipt this Period **2500.00**

**C. Suraj P Verma Verma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1595 Robb Drive Suite 2  
 City Reno State NV Zip Code 89523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prime Healthcare Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **01 / 29 / 2013**  
**Transaction ID : C1917738**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3198.33</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 11 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Randell K Wexler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Haybury Dr  
 City State Zip Code  
 New Albany OH 43054-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio State University 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  
 01 / 22 / 2013  
**Transaction ID : C1905776**  
 Amount of Each Receipt this Period  
 500.00

**B. Julian Mack Worthington MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 E 3Rd St  
 City State Zip Code  
 Chattanooga TN 37403-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Tennessee Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : C1918876**  
 Amount of Each Receipt this Period  
 1000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9388.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.67**

Date of Receipt  
**01 / 14 / 2013**

**Transaction ID : C1902194**

Amount of Each Receipt this Period  
**538.67**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>538.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>538.67</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

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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  
01 / 03 / 2013

**Transaction ID : D139986**

Amount of Each Disbursement this Period

12.19

**B. American Express**

Full Name (Last, First, Middle Initial)

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  
01 / 07 / 2013

**Transaction ID : D140037**

Amount of Each Disbursement this Period

81.25

**C. American Express**

Full Name (Last, First, Middle Initial)

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  
01 / 14 / 2013

**Transaction ID : D140265**

Amount of Each Disbursement this Period

3.25

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

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

96.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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  
01 / 28 / 2013

Transaction ID : D140266

Amount of Each Disbursement this Period

1.37

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  
01 / 29 / 2013

Transaction ID : D140267

Amount of Each Disbursement this Period

4.06

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  
01 / 29 / 2013

Transaction ID : D140268

Amount of Each Disbursement this Period

7.95

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

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

13.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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 M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2013

**Transaction ID : D139987**

Amount of Each Disbursement this Period

92.83
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Full Name (Last, First, Middle Initial)

**B. 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 M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2013

**Transaction ID : D139988**

Amount of Each Disbursement this Period

61.81
-------

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

154.64
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264.71
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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City Dayton State OH Zip Code 45410-1315

Purpose of Disbursement  
Partial refund of incorrectly entered donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2013

**Transaction ID : D140223**

Amount of Each Disbursement this Period

233.33

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

233.33

233.33