

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2021 Massachusetts Avenue, NW Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Randell K. Wexler, MD Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 03 30 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140251.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	195110.71									
(c) Total Receipts (from Line 19)	12610.91	244782.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	207721.62	385034.06								
7. Total Disbursements (from Line 31)	5185.26	182497.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	202536.36	202536.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9162.80	186892.17
(i) Itemized (use Schedule A)	2911.00	53134.01
(ii) Unitemized	12073.80	240026.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	12073.80	240026.18
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)	537.11	4756.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12610.91	244782.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12610.91	244782.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	185.26	4050.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	185.26	4050.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	176500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1946.76
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5185.26	182497.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5185.26	182497.70

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12073.80	240026.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12073.80	240026.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	185.26	4050.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	537.11	4756.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-351.85	-705.19

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 25
	(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"/> 15
<input type="checkbox"/> 12	<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. Stephen Carl Albrecht, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 3622A Ensign Rd NE		Transaction ID: C248305	
City Olympia	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98506-5025			
FEC ID number of contributing federal political committee. C			
Name of Employer Olympia Family Medicine		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Neil B Baum, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 890 N Whitmore Road		Transaction ID: C248414	
City N Hintingdon	State PA	Amount of Each Receipt this Period 365.00	
Zip Code 15642			
FEC ID number of contributing federal political committee. C			
Name of Employer WEMS PC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Mary Bean, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address Ste 201-202 632 Morrison Springs Rd		Transaction ID: C260024	
City Chattanooga	State TN	Amount of Each Receipt this Period 100.00	
Zip Code 37415-3416			
FEC ID number of contributing federal political committee. C			
Name of Employer Erlanger Hospital		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 26 Applewood Drive		Transaction ID: C260072	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Denis E Chagnon, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 383 Vly Rd		Transaction ID: C259257	
City State Zip Code Schenectady NY 12309-1922	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Community Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Jane A Corson, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 3100 Schoolhouse Rd 941 Park Dr		Transaction ID: C259201	
City State Zip Code Middletown PA 17057-3548	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Penn State College of Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5 Arlene Ct

City Hillsborough State NJ Zip Code 08844-3004

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2006

Transaction ID: C259203

Amount of Each Receipt this Period
121.66

B. Full Name (Last, First, Middle Initial)
Steven A Crawford, MD

Mailing Address Dep Of Fam And Prev Med
900 NE 10th St

City Oklahoma City State OK Zip Code 73104-5495

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

Name of Employer University of Oklahoma Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2006

Transaction ID: C259202

Amount of Each Receipt this Period
83.35

C. Full Name (Last, First, Middle Initial)
Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City Huntsville State AL Zip Code 35805-4177

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

Name of Employer Crestani Family Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2006

Transaction ID: C259204

Amount of Each Receipt this Period
45.63

SUBTOTAL of Receipts This Page (optional)	▶	250.64
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Max A Crocker, MD

Mailing Address 1260 Colonial Drive

City Lexington State KY Zip Code 40504-2025

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C248453

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 688

City Dyersburg State TN Zip Code 38025-0688

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

Name of Employer Family Care, PC 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
 1 2 / 2 0 / 2 0 0 6

Transaction ID: C259205

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Edward M Friedler, MD

Mailing Address 4905 Tarheel Way

City Annandale State VA Zip Code 22003-4460

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

Name of Employer Annandale Family Medicine PC 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
 1 2 / 3 1 / 2 0 0 6

Transaction ID: C260023

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Anthony Gabis, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address Adena Health System 272 Hospital Rd		Transaction ID: C259206	
City Chillicothe State OH Zip Code 45601-9031	Amount of Each Receipt this Period 73.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adena Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Linda Harris Gilliam, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 1809 Faison Rd		Transaction ID: C248434	
City Durham State NC Zip Code 27705-2438	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Gina Gora, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 3347 Wormer Dr		Transaction ID: C260026	
City Waterford State MI Zip Code 48329-2569	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	803.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Douglas W Harley, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 311 Kenilworth Ave NE		Transaction ID: C259207	
City State Zip Code Warren OH 44483-5412	Amount of Each Receipt this Period 36.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio Northeast Health Systems, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Joel E Hornung, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 604 N Washington St		Transaction ID: C259208	
City State Zip Code Council Grove KS 66846-1422	Amount of Each Receipt this Period 333.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 402 May St		Transaction ID: C259209	
City State Zip Code Sweetwater TN 37874-2712	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	409.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) Elvin C Irvin, MD Mailing Address 350 Pensacola Beach Rd City State Zip Code Gulf Breeze FL 32561-4882 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: C259211 Amount of Each Receipt this Period 100.00
Name of Employer Occupation Gulf Coast Physician Partners Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) James D Johns, MD Mailing Address 211 15th St NW City State Zip Code Canton OH 44703-1704 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: C259212 Amount of Each Receipt this Period 121.66
Name of Employer Occupation Little Flower Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 365.00		

C. Full Name (Last, First, Middle Initial) Mark S Keating, MD Mailing Address 801 20th Ave E City State Zip Code Jasper AL 35501-4070 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 Transaction ID: C248437 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Family Health Associates PC Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	721.66
TOTAL This Period (last page this line number only)	

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

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

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

A. Full Name (Last, First, Middle Initial)
Gregory King, MD

Mailing Address 1120 Vail Rd

City Bennington State VT Zip Code 05201-9597

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2006

Transaction ID: C248436

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Jason L Knudson, MD

Mailing Address 1420 N 10th St

City Spearfish State SD Zip Code 57783

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2006

Transaction ID: C248272

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
William Eric Kobler, MD

Mailing Address 6729 Mill Brook Dr

City Rockford State IL Zip Code 61108-4310

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

Name of Employer OSF Healthcare Systems Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2006

Transaction ID: C259098

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 25
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 339 S Presa St

City San Antonio State TX Zip Code 78205-3425

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

Name of Employer Christus Health Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: C259214

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City Storrs State CT Zip Code 06268-1667

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

Name of Employer Mansfield Family Practice Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

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

Transaction ID: C259215

Amount of Each Receipt this Period
31.00

C. Full Name (Last, First, Middle Initial)
Javette C Orgain, MD

Mailing Address PO Box 806527

City Chicago State IL Zip Code 60680-4126

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

Name of Employer University of Illinois Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: C259217

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	181.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
William R Phillips, MD

Mailing Address Dept Family Medicine
PO Box 356390

City State Zip Code
Seattle WA 98195-6390

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

Name of Employer Occupation
University of Washington 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
1 2 / 3 1 / 2 0 0 6

Transaction ID: C260022

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Elisabeth L Righter, MD

Mailing Address Indian Ripple Family Hlth Ctr
4428 Indian Ripple Rd

City State Zip Code
Beavercreek OH 45440-3264

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

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

Transaction ID: C259226

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City State Zip Code
Eugene OR 97403-1992

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

Name of Employer Occupation
Salem Family Physicians, PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: C248247

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	499.00
TOTAL This Period (last page this line number only)	

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

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

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

A. Full Name (Last, First, Middle Initial)
John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City State Zip Code
Eugene OR 97403-1992

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

Name of Employer Salem Family Physicians, PC
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: C259936

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
James W Schouten, MD

Mailing Address 708 S Coeur D Alene Ln

City State Zip Code
Payson AZ 85541-5662

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

Name of Employer Banner Health
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: C259227

Amount of Each Receipt this Period
43.00

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

Mailing Address 106 Enterprise Ct Suite A Ste A

City State Zip Code
Columbus GA 31904-3089

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

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

Transaction ID: C259231

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	128.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
Ellen George Smith, MD

Mailing Address Heritage Family Medicine
3720 Market St

City State Zip Code
Camp Hill PA 17011-4325

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

Name of Employer Occupation
Heritage Medical Group Family Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: C248435

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Rosemarie Sweeney

Mailing Address 5915 Ramsgate Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Academy of Family Physicians Vice President, Public Policy and Prac

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

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

Transaction ID: C259233

Amount of Each Receipt this Period
150.00

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

Mailing Address 7023 Dardwood Ln

City State Zip Code
Tallahassee FL 32304-3556

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

Name of Employer Occupation
FSU College of Medicine Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: C259241

Amount of Each Receipt this Period
121.66

SUBTOTAL of Receipts This Page (optional)	636.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anne H Waldron, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address Ste 202 3599 University Blvd S		Transaction ID: C260021	
City State Zip Code Jacksonville FL 32216-4252		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Family Care Partners, LLC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 540 Woodfield Ct		Transaction ID: C248308	
City State Zip Code Columbus OH 43230-7009		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 540 Woodfield Ct		Transaction ID: C259271	
City State Zip Code Columbus OH 43230-7009		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Susan S Wilder, MD

Mailing Address 11640 E Paradise Dr

City State Zip Code
Scottsdale AZ 85259-2714

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

Name of Employer
Self-Employed @ Life Scape Med

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: C259243

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City State Zip Code
Chattanooga TN 37403-2201

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

Name of Employer
University of Tennessee, College of Me

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C259244

Amount of Each Receipt this Period
100.00

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

Mailing Address 128 E Apple St Room 1820
Rm 1820

City State Zip Code
Dayton OH 45409-2902

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

Name of Employer
Miami Valley Hospital

Occupation
FP Residency Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: C259245

Amount of Each Receipt this Period
73.00

SUBTOTAL of Receipts This Page (optional)	223.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 25	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 402 Youens Dr

City State Zip Code
Weimar TX 78962-3680

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

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

Transaction ID: C259246

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	9162.80

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 25
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4756.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: C248248

Amount of Each Receipt this Period
537.11

SUBTOTAL of Receipts This Page (optional)	▶	537.11
TOTAL This Period (last page this line number only)	▶	537.11

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

<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		Transaction ID: D35153 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit Card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="33.29"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Services		Transaction ID: D35157 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="140.18"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Discover Network		Transaction ID: D35159 Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="11.79"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="185.26"/>
TOTAL This Period (last page this line number only)	<input type="text" value="185.26"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187
Suite 800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Sherrrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 0

Transaction ID: D34924

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

Image# 27930390524

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

Transaction ID:

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

Transaction ID: **C248248**

Image# 27930390525

Form/Schedule: **SB23** For 2006 General Debt Relief
Transaction ID: **D34924**
