

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)

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 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 04 20 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		231911.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	263107.83									
(c) Total Receipts (from Line 19)	22763.06	54710.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	285870.89	286621.78								
7. Total Disbursements (from Line 31)	61136.04	61886.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	224734.85	224734.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13052.00	37646.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4217.78	9690.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17269.78	47336.98
(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)	17269.78	47336.98
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)	493.28	1373.53
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22763.06	54710.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22763.06	54710.51

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.....	236.04	986.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	236.04	986.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	60500.00
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.....	400.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61136.04	61886.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61136.04	61886.93

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)	17269.78	47336.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17269.78	47336.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	236.04	986.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	493.28	1373.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-257.24	-386.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dennon W Davis, MD

Mailing Address 502 W Saint Louis St

City State Zip Code
West Frankfort IL 62896-1968

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

Name of Employer Occupation
Logan Primary Care Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C687473

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Christine C Donnelly, MD

Mailing Address 630 N Alvernon Way
Ste 251

City State Zip Code
Tucson AZ 85711-1879

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

Name of Employer Occupation
carondelet medical group physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686170

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
David C Eitheim, MD

Mailing Address Medical Center Inc
2321 Stout Rd

City State Zip Code
Menomonie WI 54751-7003

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

Name of Employer Occupation
Red Cedar Medical Center - Mayo Health Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 9

Transaction ID: C698442

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael O Fleming, MD
Mailing Address 556 Dunmoreland Dr
City State Zip Code
Shreveport LA 71106-6125
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 22 / 2009
Transaction ID: C691002
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Michael O Fleming, MD
Mailing Address 556 Dunmoreland Dr
City State Zip Code
Shreveport LA 71106-6125
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 22 / 2009
Transaction ID: C691003
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James M Gill, MD
Mailing Address 17 Henderson Hill Rd
City State Zip Code
Newark DE 19711-5958
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medicine at Greenhill Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 25 / 2009
Transaction ID: C691714
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 34
(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)
Roland Adolph Goertz, MD, MBA

Mailing Address 209 Woodfall Dr

City State Zip Code
Waco TX 76712-7604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Family Practice Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1251.00

Date of Receipt MM / DD / YYYY
03 / 19 / 2009

Transaction ID: C689863

Amount of Each Receipt this Period 417.00

B. Full Name (Last, First, Middle Initial)
Mary Nolan Hall, MD

Mailing Address Dept Fam Med
PO Box 32861

City State Zip Code
Charlotte NC 28232-2861

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Carolina Healthcare System Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 29 / 2009

Transaction ID: C698439

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Scotland Memorial Hospital Hospitalist physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
03 / 16 / 2009

Transaction ID: C687511

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1417.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C687094

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carol Ann Johnson, MD

Mailing Address 5303 E 46th St N

City State Zip Code
Wichita KS 67220-1400

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

Name of Employer Occupation
Emergency Services of Kansas Physician

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

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C686978

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Samuel M Jones, MD

Mailing Address 10145 Community Ln

City State Zip Code
Fairfax Station VA 22039-2530

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

Name of Employer Occupation
VCU-Fairfax Family Practice Center Family Physician

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

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: C691392

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 34

(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)

Amr Sabry Kamhawy, MD

Mailing Address # 101

6000 University Ave

City

West Des Moines

State

IA

Zip Code

50266-8203

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 ▼

375.00

Date of Receipt

MM / DD / YYYY
03 / 04 / 2009

Transaction ID: C685688

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Vincent D Keenan, CAE

Mailing Address Exec Vice President - IL AFP

4756 Main St

City

Lisle

State

IL

Zip Code

60532-1724

FEC ID number of contributing federal political committee.

C

Name of Employer
Illinois Academy of Family Physicians

Occupation
Association Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
03 / 09 / 2009

Transaction ID: C686297

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1456 High School Rd

City

Selmer

State

TN

Zip Code

38375-2342

FEC ID number of contributing federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C687061

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34

(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)
Kimberly T Krohn, MD

Mailing Address Center for Family Medicine
1201 11th Ave SW

City State Zip Code
Minot ND 58701-4207

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

Name of Employer Occupation
University of North Dakota Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2009

Transaction ID: C691335

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Richard F Madden, MD

Mailing Address 609 Christopher Dr

City State Zip Code
Belen NM 87002-2601

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

Name of Employer Occupation
Presbyterian Healthcare Services Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2009

Transaction ID: C698443

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Terry Lee Mills, MD

Mailing Address Wichita Clinic
720 Medical Center Dr

City State Zip Code
Newton KS 67114-8778

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

Name of Employer Occupation
Wichita Clinic, PA Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2009

Transaction ID: C686615

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer Inland Empire Hospital Services Associ
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
0	3	/	2	2	/	2	0	0	9

Transaction ID: C690998

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Michael Lawrence Munger, MD

Mailing Address 10522 Ballentine St

City State Zip Code
Overland Park KS 66214-3047

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

Name of Employer St Lukes 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
0	3	/	0	9	/	2	0	0	9

Transaction ID: C686266

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Michael Lynn O'Dell, MD

Mailing Address 4570 Pine Cone Ln

City State Zip Code
Belden MS 38826-6004

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

Name of Employer North Mississippi Health Systems
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: C691397

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34
(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)
Javette C Orgain, MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2009

Transaction ID: C698424

Amount of Each Receipt this Period
85.00

B.

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

Mailing Address VP Professional Activities
14547 S Hagan St

City State Zip Code
Olathe KS 66062-9001

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

Name of Employer Occupation
American Academy of Family Physicians Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2009

Transaction ID: C687466

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Maureen O Padden, MD, MPH

Mailing Address 9111 Kirkdale Rd

City State Zip Code
Bethesda MD 20817-3301

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2009

Transaction ID: C698436

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **835.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert R Rauner, MD

Mailing Address Lincoln Family Practice
4600 Valley Rd Ste 210

City State Zip Code
Lincoln NE 68510-4844

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

Name of Employer Occupation
Lincoln Family Practice 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
03 / 25 / 2009

Transaction ID: C691421

Amount of Each Receipt this Period

365.00

B.

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

Mailing Address UW Hth Fox Vly Fam Medicine
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
University of WI School of Med. & Pub. 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
03 / 28 / 2009

Transaction ID: C698422

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Mark David Robinson, MD

Mailing Address 812 Rothmoor Dr NE

City State Zip Code
Concord NC 28025-2582

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

Name of Employer Occupation
Carolinas Healthcare System family 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
03 / 25 / 2009

Transaction ID: C691615

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 34
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) George L Saunders, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 9
Mailing Address Brunswick GeriCare PO Box 1589		Transaction ID: C690999
City Shallotte	State NC	Zip Code 28459-1589
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Brunswick GeriCare	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Paul J Schommer, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 9
Mailing Address 311 W Noble Ave Ste 202		Transaction ID: C691399
City Visalia	State CA	Zip Code 93277-2669
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dean A Schultz, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 9
Mailing Address 1850 Hickory St Ste 103A		Transaction ID: C691721
City Abilene	State TX	Zip Code 79601-2334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer APCA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 16 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ravi P Shah

Mailing Address 839 W Barry Ave
Apt 3B

City Chicago State IL Zip Code 60657-4490

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

Name of Employer Cook County Bureau of Health Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2009
Transaction ID: C687471
 Amount of Each Receipt this Period 250.00

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

Mailing Address 14408 E Sprague Ave

City Spokane Valley State WA Zip Code 99216-2167

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

Name of Employer Rockwood Clinic Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2009
Transaction ID: C686233
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Patrick A Tranmer, MD

Mailing Address 163 Linden Ave

City Oak Park State IL Zip Code 60302-2610

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 ▼ 500.00

Date of Receipt 03 / 24 / 2009
Transaction ID: C691350
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD

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
The Ohio State University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: C698370

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Julie Kristin Wood, MD

Mailing Address 5305 NE Rainbow Cir

City State Zip Code
Lees Summit MO 64064-2450

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

Name of Employer Occupation
Research Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: C691715

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **615.00**

TOTAL This Period (last page this line number only) ► **13052.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

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

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1373.53

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: C684449

Amount of Each Receipt this Period

308.05

B.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1373.53

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: C686263

Amount of Each Receipt this Period

19.61

C.

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 ▼
1373.53

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: C691042

Amount of Each Receipt this Period

165.62

SUBTOTAL of Receipts This Page (optional) ▶

493.28

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

493.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 34
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
UDALL FOR COLORADO

Mailing Address PO BOX 40158

City State Zip Code
DENVER CO 80204

FEC ID number of contributing federal political committee. **C** C00331439

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C687109

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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)

PAGE 20 / 34

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D82533 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D82534 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="2.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D82727 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="12.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83834 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="16.25"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83835 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="16.25"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83836 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.01"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="33.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 34

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83837 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="16.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83838 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D83839 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="18.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D83840 Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	Amount of Each Disbursement this Period 0.98

B. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82531 Date of Disbursement MM / DD / YYYY 03 / 02 / 2009
	Amount of Each Disbursement this Period 123.11

C. Full Name (Last, First, Middle Initial) Discover Network Mailing Address P O Box 52145 City Phoenix State AZ Zip Code 85072-2145 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82532 Date of Disbursement MM / DD / YYYY 03 / 03 / 2009
	Amount of Each Disbursement this Period 26.58

SUBTOTAL of Disbursements This Page (optional) ▶	150.67
TOTAL This Period (last page this line number only) ▶	236.04

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: D82570 Date of Disbursement 03 / 11 / 2009
	Mailing Address PO Box 5577 Manhattanville Station	Amount of Each Disbursement this Period 2500.00
	City New York	State NY
	Zip Code 10027-5570	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Charles B. Rangel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 15	

B.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC	Transaction ID: D82565 Date of Disbursement 03 / 11 / 2009
	Mailing Address Post Office Box 80126	Amount of Each Disbursement this Period 1000.00
	City Lafayette	State LA
	Zip Code 70598	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Charles W. Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 07	

C.	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: D82991 Date of Disbursement 03 / 25 / 2009
	Mailing Address 525 WASHINGTON ST	Amount of Each Disbursement this Period 2500.00
	City WAUSAU	State WI
	Zip Code 54402	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. David R. Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Diana L. Degette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D82988 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D82571 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D82564 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS <hr/> Mailing Address PO Box 5458 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82569 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82566 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type
C. Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS <hr/> Mailing Address 84-56 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. Joseph Crowley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82562 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: D82568 Date of Disbursement
	Mailing Address 1157 San Bernard	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Austin State TX Zip Code 78702	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. Lloyd Doggett	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 25	

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: D82992 Date of Disbursement
	Mailing Address 235 Montgomery Street	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City San Francisco State CA Zip Code 94104	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Nancy Pelosi	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 08	

C.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: D82393 Date of Disbursement
	Mailing Address PO BOX 902 PO BOX 902	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City GAINESVILLE State GA Zip Code 30503	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Nathan Deal	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: GA District: 09	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Dr Ste 307 City Bowie State MD Zip Code 20716-2643 Purpose of Disbursement Campaign contribution Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82572 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS Mailing Address 8150 W Emerald St Ste 170 City Boise State ID Zip Code 83704-9062 Purpose of Disbursement Campaign contribution Candidate Name Rep. Walt Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82567 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 116 City Hyattsville State MD Zip Code 20781 Purpose of Disbursement Campaign contribution Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82560 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Sara	Transaction ID: D82394 Date of Disbursement 03 / 11 / 2009
	Mailing Address 3023 N Clark St	Amount of Each Disbursement this Period 2500.00
	City Chicago State IL Zip Code 60657-5200	
	Purpose of Disbursement Campaign contribution - primary debt retirement	Category/ Type
	Candidate Name Hon. Sara Feigenholtz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: IL District: 05	Special election, pr

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: D82989 Date of Disbursement 03 / 25 / 2009
	Mailing Address PO BOX 270701	Amount of Each Disbursement this Period 2500.00
	City WEST HARTFORD State CT Zip Code 06127	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Sen. Christopher J. Dodd	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 00	

C.	Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: D82559 Date of Disbursement 03 / 11 / 2009
	Mailing Address PO Box 15734	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-0734	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Ms. Kirsten E Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District:	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

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

<p>A. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO</p> <p>Mailing Address PO BOX 40158</p> <p>City DENVER State CO Zip Code 80204</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Mark Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D82575 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D82392 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE</p> <p>Mailing Address PO BOX 620062</p> <p>City MIDDLETON State WI Zip Code 53562</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Sen. Russ Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D83005 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

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

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

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: D82990 Date of Disbursement 03 / 25 / 2009
	Mailing Address P O BOX 811	Amount of Each Disbursement this Period 2500.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Tom Harkin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: D82563 Date of Disbursement 03 / 11 / 2009
	Mailing Address PO Box 40385	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20016-0385	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name TUESDAY GROUP POLITICAL ACTION COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VINEPAC	Transaction ID: D82561 Date of Disbursement 03 / 11 / 2009
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Hon Mike Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

60500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of payment of operating expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D82450

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2009

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

Image# 29933575537

Form/Schedule: **SA16**
Transaction ID: **C687109**

Refund of improperly re-designated contribution.

Form/Schedule: **SB23**
Transaction ID: **D82394**

Contribution for special election, primary debt retirement.

Image# 29933575538

Form/Schedule: **SB29**
Transaction ID: **D82450**

Refund of mistaken payment for operating expense by parent organization
