

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 07 01 2005 through 12 31 2005

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 02 23 2006

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	5									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>44751.00</td></tr></table>	44751.00										
44751.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>110260.00</td></tr></table>	110260.00	<table border="1" style="width: 100%;"><tr><td>155011.00</td></tr></table>	155011.00								
110260.00												
155011.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>155011.00</td></tr></table>	155011.00	<table border="1" style="width: 100%;"><tr><td>155011.00</td></tr></table>	155011.00								
155011.00												
155011.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>14759.25</td></tr></table>	14759.25	<table border="1" style="width: 100%;"><tr><td>14759.25</td></tr></table>	14759.25								
14759.25												
14759.25												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>140251.75</td></tr></table>	140251.75	<table border="1" style="width: 100%;"><tr><td>140251.75</td></tr></table>	140251.75								
140251.75												
140251.75												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	74350.00	117350.00
(i) Itemized (use Schedule A) .....	35910.00	37661.00
(ii) Unitemized .....	110260.00	155011.00
(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) .....	110260.00	155011.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
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)) .....	110260.00	155011.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	110260.00	155011.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	1759.25	1759.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1759.25	1759.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
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	0.00
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))..	14759.25	14759.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14759.25	14759.25

**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) .....	110260.00	155011.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	110260.00	155011.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1759.25	1759.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1759.25	1759.25

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Stoney A Abercrombie, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address Center for Family Med 600 N Fant St		Transaction ID: C157837
City Anderson State SC Zip Code 29621-5704	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AnMed Health Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Herman I Abromowitz, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address West Medical Plaza 1 Franciscan Way		Transaction ID: C157787
City Dayton State OH Zip Code 45408-1445	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pamela E Ahearn, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 2 Hospital Dr RR3		Transaction ID: C172588
City Madill State OK Zip Code 73446	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Integris Family Medicine of Southern O Occupation Family Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Carl Albrecht, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 5	
Mailing Address 3622A Ensign Rd NE		<b>Transaction ID: C160365</b>	
City Olympia	State WA	Zip Code 98506-5025	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Timothy J Alford, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 1152 Woodbriar Ln		<b>Transaction ID: C159039</b>	
City Kosciusko	State MS	Zip Code 39090-9095	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Charles T Allred, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 5	
Mailing Address 501 S Santa Fe Ave Ste 200		<b>Transaction ID: C157896</b>	
City Salina	State KS	Zip Code 67401-4189	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Salina Health Education Foundation	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen Mary Ankers, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 3234 N Gouverneur St		Transaction ID: C173106	
City Wichita	State KS	Zip Code 67226-2210	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer US Air Force	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jonathan F Arnold, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5	
Mailing Address 2649 Clearview Heights Rd		Transaction ID: C148736	
City Fort Madison	State IA	Zip Code 52627-9537	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Infinity Medical Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David W Avery, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5	
Mailing Address 3702 River Road		Transaction ID: C148808	
City Vienna	State WV	Zip Code 26105-1610	Amount of Each Receipt this Period 250.00
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) David W Avery, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 3702 River Road		<b>Transaction ID:</b> C156393	
City Vienna	State WV	Zip Code 26105-1610	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) David W Avery, MD		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2005	
Mailing Address 3702 River Road		<b>Transaction ID:</b> C159010	
City Vienna	State WV	Zip Code 26105-1610	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) David W Avery, MD		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2005	
Mailing Address 3702 River Road		<b>Transaction ID:</b> C160266	
City Vienna	State WV	Zip Code 26105-1610	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 91
	<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)  
Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City Tallmadge State OH Zip Code 44278-2311

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

Name of Employer Bachtel & Associates 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  
 08 / 18 / 2005

**Transaction ID: C148756**

Amount of Each Receipt this Period  
 125.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City Tallmadge State OH Zip Code 44278-2311

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

Name of Employer Bachtel & Associates 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  
 09 / 19 / 2005

**Transaction ID: C156394**

Amount of Each Receipt this Period  
 125.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City Tallmadge State OH Zip Code 44278-2311

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

Name of Employer Bachtel & Associates 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  
 10 / 27 / 2005

**Transaction ID: C159011**

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 91
	<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)  
Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City State Zip Code  
Tallmadge OH 44278-2311

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

Name of Employer Occupation  
Bachtel & Associates Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 17 / 2005

**Transaction ID: C160267**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald P Bangasser, MD

Mailing Address 12724 Valley View Ln

City State Zip Code  
Redlands CA 92373-7632

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

Name of Employer Occupation  
Beaver Medical Group, LP Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 29 / 2005

**Transaction ID: C173102**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Douglas Benold, MD

Mailing Address 105 Tanksley Cir

City State Zip Code  
Georgetown TX 78628-5320

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

Name of Employer Occupation  
Williamson County Texas Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2005

**Transaction ID: C158808**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Robert Bertka, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005	
Mailing Address 8533 Castle Oaks PI		<b>Transaction ID: C148761</b>	
City Holland	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 43528-9231		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Mersy Health Partners	Occupation Family Physician	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) <b>B. Vicki M Bertka, MD</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2005	
Mailing Address 8533 Castle Oaks PI		<b>Transaction ID: C157807</b>	
City Holland	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 43528-9231		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Hospice of Northwest Ohio	Occupation Physician	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) <b>C. Catherine A Bishop, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2005	
Mailing Address 26 Applewood Dr		<b>Transaction ID: C148757</b>	
City Chillicothe	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45601-1903		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Adena Regional Medical Center	Occupation Physician	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 250.00	

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

# 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 / 91
	<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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 26 Applewood Dr		<b>Transaction ID:</b> C156395	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2005	
Mailing Address 26 Applewood Dr		<b>Transaction ID:</b> C159012	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Catherine A Bishop, MD		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2005	
Mailing Address 26 Applewood Dr		<b>Transaction ID:</b> C160268	
City State Zip Code Chillicothe OH 45601-1903	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adena Regional Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ross R Black, II		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 3033 State Rd		<b>Transaction ID:</b> C157929	
City Cuyahoga Falls	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 44223-2545		FEC ID number of contributing federal political committee. C	
Name of Employer Mill Pond FP, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Herbert John Blossom, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5	
Mailing Address 708 E Carmen Ave Suite 210		<b>Transaction ID:</b> C148762	
City Fresno	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 93710-7702		FEC ID number of contributing federal political committee. C	
Name of Employer university of california	Occupation family physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Neil Hurst Brooks, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 36 Duncaster Ln		<b>Transaction ID:</b> C157925	
City Vernon Rockville	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06066-4830		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		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Fay Fulton Brown, MHS		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5
Mailing Address Executive Director 3760 LaVista Rd, #100		Transaction ID: C148807
City Tucker State GA Zip Code 30084-5641	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Georgia Academy of Family Physicians Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mark James Butler, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 4501 S 70th St Ste 140 Ste 140		Transaction ID: C157768
City Lincoln State NE Zip Code 68516-4276	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Elizabeth Physician Network Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas B Cariveau, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 621 Demers Ave		Transaction ID: C157899
City East Grand Forks State MN Zip Code 56721-1833	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Marit Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005	
Mailing Address PO Box 506		<b>Transaction ID:</b> C139377	
City Huntingdon	State TN	Amount of Each Receipt this Period 125.00	
Zip Code 38344-0506			
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 ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address PO Box 506		<b>Transaction ID:</b> C156396	
City Huntingdon	State TN	Amount of Each Receipt this Period 125.00	
Zip Code 38344-0506			
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 ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2005	
Mailing Address PO Box 506		<b>Transaction ID:</b> C159013	
City Huntingdon	State TN	Amount of Each Receipt this Period 125.00	
Zip Code 38344-0506			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 17 / 91

(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)  
Lee Marvin Carter, MD

Mailing Address PO Box 506

City State Zip Code  
Huntingdon TN 38344-0506

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

Name of Employer Self-Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

**Transaction ID: C160269**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 74 Baribeau Dr

City State Zip Code  
Brunswick ME 04011-3218

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

Name of Employer Bowdoin Medical Group  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 5

**Transaction ID: C148062**

Amount of Each Receipt this Period  
3000.00

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

Mailing Address Univ Physician Group-Palmyra  
941 Park Dr

City State Zip Code  
Palmyra PA 17078-3445

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

Name of Employer Penn State College of Medicine  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

**Transaction ID: C157785**

Amount of Each Receipt this Period  
250.00

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

3375.00

**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 18 / 91  
(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 J Coulson, MD

Mailing Address 120 Van Ness Ave

City State Zip Code  
Santa Cruz CA 95060-4208

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

**Transaction ID: C158735**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Scott Stephen Counts, MD

Mailing Address 213 Green Valley Rd

City State Zip Code  
Anderson SC 29621-4223

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

Name of Employer Occupation  
AnMed health Family Medicine Residency family physician, faculty member

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 5

**Transaction ID: C172579**

Amount of Each Receipt this Period  
250.00

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

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

City State Zip Code  
Oklahoma City OK 73104-5495

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

Name of Employer Occupation  
UNIVERSITY OF OKLAHOMA PHYSICIAN

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 2 / 2 0 0 5

**Transaction ID: C139374**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 / 91		
	<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

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

**A.** 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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

Transaction ID: C159120

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1346 Tuckerman Street, NW

City Washington State DC Zip Code 20011

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

Name of Employer AAFP Occupation PAC Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 5

Transaction ID: C139330

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1346 Tuckerman Street, NW

City Washington State DC Zip Code 20011

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

Name of Employer AAFP Occupation PAC Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: C160203

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 91		
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Max Aldon Crocker, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1260 Colonial Dr		<b>Transaction ID:</b> C161879	
City Lexington	State KY	Amount of Each Receipt this Period 1000.00	
Zip Code 40504-2025		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer N/A	Occupation Retired	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>B.</b> Telita Crosland, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 2811 Martin St		<b>Transaction ID:</b> C160250	
City Dupont	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98327-8743		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer US Army	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 804 Huntington Ct		<b>Transaction ID:</b> C156113	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Prime Care Physicians	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 91  
(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)  
Nancy L Davis, PhD

Mailing Address Division Director CME  
11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer American Academy of Family Physicians  
Occupation Director, CME

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2005

Transaction ID: C157804

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Kristen G Dillon, MD

Mailing Address Columbia Gorge Fam Medicine  
1108 June St

City State Zip Code  
Hood River OR 97031-1513

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

Name of Employer Columbia Gorge Fam Medicine  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2005

Transaction ID: C159065

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
L Allen Dobson, MD

Mailing Address Cabarrus Family Medicine  
270 Copperfield Blvd NE # 202

City State Zip Code  
Concord NC 28025-2400

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

Name of Employer Cabarrus Family Medicine  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2005

Transaction ID: C148805

Amount of Each Receipt this Period  
500.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 91  
(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)  
Barbara J Doty, MD

Mailing Address 1700 Bogard Rd Ste 100

City State Zip Code  
Wasilla AK 99654-6563

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

Name of Employer Occupation  
Provident Health Care Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 5

**Transaction ID:** C157887

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
William Andrew Eason, MD

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Occupation  
Prime Care Medical Center Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 5

**Transaction ID:** C160263

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ted Dee Epperly, MD

Mailing Address 2180 Ribier Dr

City State Zip Code  
Meridian ID 83642-5130

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

Name of Employer Occupation  
Family Medicine Residency of Ohio Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 5

**Transaction ID:** C148060

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 23 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Bradley J Fedderly, MD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 7901 N Mohawk Rd		<b>Transaction ID: C156377</b>	
City State Zip Code Fox Point WI 53217-3125	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Covenant Medical Group	Occupation Family Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Wanda D Filer, MD</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2005	
Mailing Address 510 Aqua Ct		<b>Transaction ID: C157935</b>	
City State Zip Code York PA 17403-3623	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stragetic Health Institute	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Tad Fisher</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2005	
Mailing Address Executive Vice President 6720 Atlantic Blvd		<b>Transaction ID: C148809</b>	
City State Zip Code Jacksonville FL 32211-8730	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Florida Academy of Family Physicians	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 91
	<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)  
Walter F Fletcher, MD

Mailing Address 55 Lizzie Dee Ln

City Lexington State TN Zip Code 38351-2504

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
08 / 02 / 2005

Transaction ID: C139362

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Leonard Michael Fromer, MD

Mailing Address 15525 Hamner Dr

City Los Angeles State CA Zip Code 90077-1804

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 14 / 2005

Transaction ID: C157944

Amount of Each Receipt this Period  
250.00

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

Mailing Address 721 S 13th Highway

City Lexington State MO Zip Code 64067

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

Name of Employer Rodgers-LafayetteCHC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 14 / 2005

Transaction ID: C157947

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 25 / 91

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Robert Lee Giffin, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 1901 Mission 66		<b>Transaction ID: C159041</b>	
City State Zip Code Vicksburg MS 39180-3711	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. William P Gifford, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 1353 Germany Rd		<b>Transaction ID: C158683</b>	
City State Zip Code Williamston MI 48895-9610	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sparrow Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Roland Adolph Goertz, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 1600 Providence Dr		<b>Transaction ID: C157833</b>	
City State Zip Code Waco TX 76707-2261	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Practice Center	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) ..... ► **1800.00**

**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 26 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Edward Grady, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 220 Tillicum Dr		<b>Transaction ID:</b> C157952	
City State Zip Code Silverton OR 97381-1886		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Silverton Hospital Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John C Graves, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5	
Mailing Address 1100 E 3rd St		<b>Transaction ID:</b> C139380	
City State Zip Code Chattanooga TN 37403-2201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation University of Tennessee College of Med 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>C.</b> John C Graves, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 1100 E 3rd St		<b>Transaction ID:</b> C156397	
City State Zip Code Chattanooga TN 37403-2201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation University of Tennessee College of Med Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 91
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> John C Graves, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 1100 E 3rd St		<b>Transaction ID:</b> C159014	
City State Zip Code Chattanooga TN 37403-2201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Tennessee College of Med		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>B.</b> John C Graves, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 1100 E 3rd St		<b>Transaction ID:</b> C160276	
City State Zip Code Chattanooga TN 37403-2201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Tennessee College of Med		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>C.</b> Gary William Grubb, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 1672 W Avenue J #105		<b>Transaction ID:</b> C157831	
City State Zip Code Lancaster CA 93534-2827		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 91
	<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)  
Patrick B Harr, MD

Mailing Address 1027 Victory Ln

City State Zip Code  
Maryville MO 64468-3803

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2005

Transaction ID: C159034

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Boyde Jerome Harrison, MD

Mailing Address PO Box 655  
904 26th St

City State Zip Code  
Haleyville AL 35565-1719

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2005

Transaction ID: C148857

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Boyde Jerome Harrison, MD

Mailing Address PO Box 655  
904 26th St

City State Zip Code  
Haleyville AL 35565-1719

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2005

Transaction ID: C159015

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Boyde Jerome Harrison, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address PO Box 655 904 26th St		<b>Transaction ID:</b> C160279
City State Zip Code Haleyville AL 35565-1719	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Boyde Jerome Harrison, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address PO Box 655 904 26th St		<b>Transaction ID:</b> C172479
City State Zip Code Haleyville AL 35565-1719	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael H Hartsell, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 5
Mailing Address 314 Tusculum Blvd		<b>Transaction ID:</b> C139331
City State Zip Code Greenville TN 37745-3926	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Ridge Physicians Gro- up	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Deborah Gene Haynes, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 3009 N Cypress Dr		<b>Transaction ID: C158684</b>	
City State Zip Code Wichita KS 67226-4003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Via Christi Reg. Med. Ctr.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Daniel J Heinemann, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5	
Mailing Address 1305 W 18th St PO Box 5039		<b>Transaction ID: C148823</b>	
City State Zip Code Sioux Falls SD 57117-5039	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sioux Valley Health Systems	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>C. Daniel J Heinemann, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 1305 W 18th St PO Box 5039		<b>Transaction ID: C157811</b>	
City State Zip Code Sioux Falls SD 57117-5039	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sioux Valley Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 91  
(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)  
Julia A Heng, MD

Mailing Address 6270 N Ridge Rd

City State Zip Code  
Madison OH 44057-2567

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

Name of Employer Primehealth Inc Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 14 / 2005

Transaction ID: C148641

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas E Henley, MD

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 American Academy of Family Physicians Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
08 / 02 / 2005

Transaction ID: C139361

Amount of Each Receipt this Period  
2500.00

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

Mailing Address W7876 County Road O

City State Zip Code  
Mauston WI 53948-9328

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 14 / 2005

Transaction ID: C158741

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Susan Hogeland, CAE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address Executive Vice President 1520 Pacific Ave		<b>Transaction ID: C157773</b>	
City State Zip Code San Francisco CA 94109-2627		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation California Academy of Family Physician Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert E Holland, Jr</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 135 Ford Rd # 301		<b>Transaction ID: C157956</b>	
City State Zip Code John Day OR 97845-2010		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Joel E Hornung, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5	
Mailing Address 604 N Washington St PO Box A		<b>Transaction ID: C157897</b>	
City State Zip Code Council Grove KS 66846-1422		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 91						
	(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

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

Full Name (Last, First, Middle Initial) <b>A.</b> James G Jones, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 111 Coastal Bluffs Ct		<b>Transaction ID:</b> C157786	
City State Zip Code Hampstead NC 28443-8463		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Black River Health Associates		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>B.</b> Warren A Jones, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 115 Cirencester Dr		<b>Transaction ID:</b> C159038	
City State Zip Code Ridgeland MS 39157-9789		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Norman B Kahn, Jr		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address 11400 Tomahawk Creek Pkwy		<b>Transaction ID:</b> C148061	
City State Zip Code Leawood KS 66211-2672		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AAFP		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 91
	<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)  
Bernard Jay Katz, MD

Mailing Address 881 Alma Real Dr Ste 214

City State Zip Code  
Pacific Palisades CA 90272-3731

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

Name of Employer Occupation  
Santa Monica Bay Physicians Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

Transaction ID: C157803

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Occupation  
Primecare Medical Center Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 5

Transaction ID: C97384

Amount of Each Receipt this Period  
416.66

**C.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Occupation  
Primecare Medical Center Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 5

Transaction ID: C98090

Amount of Each Receipt this Period  
500.04

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1416.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2005	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C148640	
City Selmer	State TN	Amount of Each Receipt this Period 416.66	
Zip Code 38375-1864			
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C149867	
City Selmer	State TN	Amount of Each Receipt this Period 416.66	
Zip Code 38375-1864			
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2005	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C158689	
City Selmer	State TN	Amount of Each Receipt this Period 416.66	
Zip Code 38375-1864			
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1249.98
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C160196	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C161876	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Douglas Kirsch, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 63 Crossbow Ln		<b>Transaction ID:</b> C157943	
City State Zip Code Commack NY 11725-1214	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southside Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1333.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 37 / 91  
(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)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

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

Name of Employer Shelby County 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  
 08 / 16 / 2005

**Transaction ID: C148689**

Amount of Each Receipt this Period  
 125.00

**B.** Full Name (Last, First, Middle Initial)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

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

Name of Employer Shelby County 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  
 09 / 19 / 2005

**Transaction ID: C156398**

Amount of Each Receipt this Period  
 125.00

**C.** Full Name (Last, First, Middle Initial)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

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

Name of Employer Shelby County 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  
 10 / 28 / 2005

**Transaction ID: C159016**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 38 / 91
	<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)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

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

Name of Employer Shelby County Health Systems Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2005

**Transaction ID:** C160275

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City Walpole State MA Zip Code 02081-2290

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2005

**Transaction ID:** C158668

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy Scott Komoto, MD

Mailing Address 1150 Centre Pointe Curv

City Mendota Heights State MN Zip Code 55120-1264

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

Name of Employer Bloomington Lake Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2005

**Transaction ID:** C139335

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 91  
(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
							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)  
Shane J Kraus, MD

Mailing Address 6224 New Harvard Ln

City State Zip Code  
Glen Allen VA 23059-5419

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2005

Transaction ID: C148804

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Shane J Kraus, MD

Mailing Address 6224 New Harvard Ln

City State Zip Code  
Glen Allen VA 23059-5419

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2005

Transaction ID: C157748

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Susan E Langbehn, MD

Mailing Address 808 Spencer Dr

City State Zip Code  
Iowa City IA 52246-1820

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

Name of Employer University of Iowa Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2005

Transaction ID: C158782

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

**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 40 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Susan E Langbehn, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 808 Spencer Dr		<b>Transaction ID:</b> C160280	
City State Zip Code Iowa City IA 52246-1820	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Iowa	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan E Langbehn, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 808 Spencer Dr		<b>Transaction ID:</b> C172480	
City State Zip Code Iowa City IA 52246-1820	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Iowa	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Darlene L Lawrence, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 1140 Varnum St NE Ste 205		<b>Transaction ID:</b> C158783	
City State Zip Code Washington DC 20017-2153	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Imani Health Care, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 91  
(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)  
Darlene L Lawrence, MD

Mailing Address 1140 Varnum St NE  
Ste 205

City State Zip Code  
Washington DC 20017-2153

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

Name of Employer Imani Health Care, PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 5

Transaction ID: C160281

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Darlene L Lawrence, MD

Mailing Address 1140 Varnum St NE  
Ste 205

City State Zip Code  
Washington DC 20017-2153

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

Name of Employer Imani Health Care, PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

Transaction ID: C172481

Amount of Each Receipt this Period  
125.00

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

Mailing Address Salud Family Hlth Centers  
1115 2nd St

City State Zip Code  
Fort Lupton CO 80621-1745

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

Name of Employer Salud Family Health Center 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  
0 8 / 0 8 / 2 0 0 5

Transaction ID: C148059

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 42 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy F Linder, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C157761	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Medical Center	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) <b>B.</b> Timothy F Linder, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C160247	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Medical Center	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) <b>C.</b> Patricia Jean Lindholm, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 2316 Lakeview Dr		<b>Transaction ID:</b> C158781	
City State Zip Code Fergus Falls MN 56537-3905	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fergus Falls Medical Group, PA	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 2316 Lakeview Dr City Fergus Falls State MN Zip Code 56537-3905 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5 <b>Transaction ID: C160282</b> Amount of Each Receipt this Period 125.00
Name of Employer Fergus Falls Medical Group, PA Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 2316 Lakeview Dr City Fergus Falls State MN Zip Code 56537-3905 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5 <b>Transaction ID: C172482</b> Amount of Each Receipt this Period 125.00
Name of Employer Fergus Falls Medical Group, PA Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Francis R Lonergan, MD Mailing Address 137A Industrial Ave City Azle State TX Zip Code 76020-2901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5 <b>Transaction ID: C159028</b> Amount of Each Receipt this Period 125.00
Name of Employer Health First Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 91  
(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)  
Francis R Lonergan, MD

Mailing Address 137A Industrial Ave

City State Zip Code  
Azle TX 76020-2901

FEC ID number of contributing federal political committee. C

Name of Employer Health First Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 22 / 2005

**Transaction ID:** C160283

Amount of Each Receipt this Period  
125.00

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

Mailing Address 137A Industrial Ave

City State Zip Code  
Azle TX 76020-2901

FEC ID number of contributing federal political committee. C

Name of Employer Health First Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2005

**Transaction ID:** C172483

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Glenn Allen Loomis, MD

Mailing Address 849 Kellogg Ave

City State Zip Code  
Janesville WI 53546-2808

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Health System 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  
10 / 14 / 2005

**Transaction ID:** C157946

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 45 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Colleen C Lyons, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address Aspen Family Medical 2874 N Carson St Ste 127		<b>Transaction ID: C160295</b>	
City Carson City	State NV	Amount of Each Receipt this Period 500.00	
Zip Code 89706-0177			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed		Occupation Family Medicine Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Leah Raye Raye Mabry, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 5	
Mailing Address 339 S Presa St		<b>Transaction ID: C139381</b>	
City San Antonio	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78205-3425			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Health Care		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Leah Raye Raye Mabry, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 339 S Presa St		<b>Transaction ID: C156399</b>	
City San Antonio	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78205-3425			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Health Care		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 46 / 91  
(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)  
Leah Raye Raye Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code  
San Antonio TX 78205-3425

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

Name of Employer Occupation  
Christus Health Care Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	5

**Transaction ID:** C159017

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 339 S Presa St

City State Zip Code  
San Antonio TX 78205-3425

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

Name of Employer Occupation  
Christus Health Care Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	5

**Transaction ID:** C160284

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 339 S Presa St

City State Zip Code  
San Antonio TX 78205-3425

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

Name of Employer Occupation  
Christus Health Care Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	5

**Transaction ID:** C172484

Amount of Each Receipt this Period  

100.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ► 

300.00
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**TOTAL** This Period (last page this line number only) ..... ► 

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

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

FOR LINE NUMBER: PAGE 47 / 91

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> James Charles Martin, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2005	
Mailing Address 333 N Santa Rosa Ave Ste 4703 Ste 4703		<b>Transaction ID:</b> C139336	
City State Zip Code San Antonio TX 78207-3108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Santa Rosa Health Care	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>B.</b> Terry L McGeeney, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 4000 W 114th St Ste 190		<b>Transaction ID:</b> C148663	
City State Zip Code Leawood KS 66211-2674	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McFarland Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Ralph Mehr, MD		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address M U Fam & Comm Med Ma 306 Medical Science Bldg		<b>Transaction ID:</b> C172573	
City State Zip Code Columbia MO 65212-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Missouri-Co-lumbia	Occupation Professor/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) ..... ► **1500.00**

**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 48 / 91  
(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)  
Kevin P Mikus, MD

Mailing Address Conover Family Practice  
PO Box 1239

City Conover State NC Zip Code 28613-1239

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

Name of Employer Crown Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 5

Transaction ID: C159029

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin P Mikus, MD

Mailing Address Conover Family Practice  
PO Box 1239

City Conover State NC Zip Code 28613-1239

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

Name of Employer Crown Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 5

Transaction ID: C160285

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin P Mikus, MD

Mailing Address Conover Family Practice  
PO Box 1239

City Conover State NC Zip Code 28613-1239

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

Name of Employer Crown Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

Transaction ID: C172485

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 49 / 91
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen J Miller, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address S I U Decatur Fam Ctr 250 W Kenwood Ave		<b>Transaction ID:</b> C158693	
City Decatur	State IL	Zip Code 62526-4371	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SIU	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Albert D Mims, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 200 Dogwood Ln		<b>Transaction ID:</b> C157948	
City Lake City	State SC	Zip Code 29560-4007	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lake City Community Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dale C Moquist, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5	
Mailing Address 4318 Lake Walk Ct		<b>Transaction ID:</b> C158839	
City Missouri City	State TX	Zip Code 77459-3268	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MHHS	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 91  
(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)  
Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr  
2150 Marble Cliff Office Park

City State Zip Code  
Columbus OH 43215-1056

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

Name of Employer Wright State University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2005

Transaction ID: C148749

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr  
2150 Marble Cliff Office Park

City State Zip Code  
Columbus OH 43215-1056

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

Name of Employer Wright State University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2005

Transaction ID: C156400

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr  
2150 Marble Cliff Office Park

City State Zip Code  
Columbus OH 43215-1056

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

Name of Employer Wright State University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2005

Transaction ID: C159018

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**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 51 / 91  
(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)  
Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr  
2150 Marble Cliff Office Park

City Columbus State OH Zip Code 43215-1056

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

Name of Employer Wright State University 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 1 / 1 7 / 2 0 0 5

Transaction ID: C160274

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Julio E Navarro, MD

Mailing Address 21 Knights Bridge Way

City Landenberg State PA Zip Code 19350-9123

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

Name of Employer Glasgow Family Practice 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 0 / 1 3 / 2 0 0 5

Transaction ID: C157913

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Noreen Ellen O'Shea, DO

Mailing Address 4343 Far Hills Rd

City Sioux City State IA Zip Code 51104-1030

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

Name of Employer Marion County Health Foundation Occupation Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: C157766

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1375.00

**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 52 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Allison Ann Odenthal, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 2615 N Starr St		Transaction ID: C158730	
City Tacoma	State WA	Zip Code 98403-2938	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Multicare	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Maureen O Padden, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 5	
Mailing Address 2227 Saint Marys Dr		Transaction ID: C139333	
City Camp Lejeune	State NC	Zip Code 28547-1315	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Navy	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela A Penner, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 2423 Hickory Forest Dr		Transaction ID: C158716	
City Asheboro	State NC	Zip Code 27203-3582	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer White Oak Family Physi- cians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 91
	<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) Marguerite B Picou, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5	
Mailing Address 740 Keyser Ave # A		Transaction ID: C148806	
City State Zip Code Natchitoches LA 71457-6043		Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Deborah R Pillow, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5	
Mailing Address 16 E Main St PO Box 489		Transaction ID: C148752	
City State Zip Code Addyston OH 45001-0489		Amount of Each Receipt this Period 75.00	
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 ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Deborah R Pillow, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 16 E Main St PO Box 489		Transaction ID: C156401	
City State Zip Code Addyston OH 45001-0489		Amount of Each Receipt this Period 75.00	
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 91  
(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)  
Deborah R Pillow, MD

Mailing Address 16 E Main St  
PO Box 489

City Addyston State OH Zip Code 45001-0489

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2005

Transaction ID: C159019

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah R Pillow, MD

Mailing Address 16 E Main St  
PO Box 489

City Addyston State OH Zip Code 45001-0489

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2005

Transaction ID: C160273

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Francis L Pisney, M.D.

Mailing Address Ellsworth Family Medicine  
322 1/2 College Ave

City Iowa Falls State IA Zip Code 50126-2106

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

Name of Employer Ellsworth Municipal Hospital, Iowa Falls Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2005

Transaction ID: C157730

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 91  
(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)  
Donald G Polk, DO

Mailing Address The Waynesboro Clinic PC  
PO Box 778

City State Zip Code  
Waynesboro TN 38485-0778

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

Name of Employer Occupation  
The Waynesboro Clinic, PC Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

Transaction ID: C159128

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
T Allen Polk, MD

Mailing Address 1034 N Highland Ave

City State Zip Code  
Murfreesboro TN 37130-2463

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

Transaction ID: C159126

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Adrian Eric Ramos, MD

Mailing Address Orangeburg Medical Grp  
1448 Florida Ave

City State Zip Code  
Modesto CA 95350-4424

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 5

Transaction ID: C157914

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 56 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Alan Reinking, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 3910 E 51st St		<b>Transaction ID:</b> C157959	
City State Zip Code Tulsa OK 74135-3606	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Springer Clinic, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Alan Reinking, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 3910 E 51st St		<b>Transaction ID:</b> C160286	
City State Zip Code Tulsa OK 74135-3606	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Springer Clinic, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Alan Reinking, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 3910 E 51st St		<b>Transaction ID:</b> C172486	
City State Zip Code Tulsa OK 74135-3606	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Springer Clinic, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 91  
(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)  
Stephen D Richards, MD

Mailing Address 1519 S Phillips St

City State Zip Code  
Algona IA 50511-3649

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

Name of Employer Occupation  
N. Iowa Health System Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2005

Transaction ID: C148822

Amount of Each Receipt this Period  
500.00

**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  
Beaver Creek 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2005

Transaction ID: C148858

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Guy Roberts, MD

Mailing Address Dept Of Fam Medicine  
777 S Mills St

City State Zip Code  
Madison WI 53715-1849

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

Name of Employer Occupation  
University of Wisconsin Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2005

Transaction ID: C158778

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 91
	<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)  
Lonnie S Robinson, MD

Mailing Address 630 Burnett Dr

City State Zip Code  
Mountain Home AR 72653-2941

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 5

Transaction ID: C161878

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Bertha H Safford, MD

Mailing Address PO Box 5005

City State Zip Code  
Ferndale WA 98248-5005

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

Name of Employer Family Care Network Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

Transaction ID: C158760

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 3288

City State Zip Code  
Salem OR 97302-0288

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 5

Transaction ID: C148721

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 59 / 91  
(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)  
John Edward Sattenspiel, MD

Mailing Address PO Box 3288

City State Zip Code  
Salem OR 97302-0288

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2005

**Transaction ID:** C157801

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 3288

City State Zip Code  
Salem OR 97302-0288

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2005

**Transaction ID:** C158806

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 3288

City State Zip Code  
Salem OR 97302-0288

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2005

**Transaction ID:** C160248

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 60 / 91  
(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)  
John Edward Sattenspiel, MD

Mailing Address PO Box 3288

City State Zip Code  
Salem OR 97302-0288

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

Name of Employer Occupation  
Salem Family Physicians, PC Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	5

**Transaction ID:** C172519

Amount of Each Receipt this Period  
100.00

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

Mailing Address 101 E Alexandrine St Rm 227

City State Zip Code  
Detroit MI 48201-2011

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

Name of Employer Occupation  
Wayne State University Associate Professor/Chair/Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	5

**Transaction ID:** C172580

Amount of Each Receipt this Period  
250.00

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

Mailing Address 106 Enterprise Ct Suite A Ste A

City State Zip Code  
Columbus GA 31904-3089

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	5

**Transaction ID:** C157893

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 61 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel R Sherry, MD

Mailing Address 230 W Cairns St

City Ellsworth State WI Zip Code 54011-9085

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

**Transaction ID:** C157762

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Robert William Shreck, MD

Mailing Address 2080 E Flamingo Rd Ste 312

City Las Vegas State NV Zip Code 89119-5181

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

Name of Employer self Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 5

**Transaction ID:** C172569

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City Ellensburg State WA Zip Code 98926-3842

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

**Transaction ID:** C158795

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Don A Solberg, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 716 E Manitoba Ave		<b>Transaction ID:</b> C160287	
City State Zip Code Ellensburg WA 98926-3842	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Don A Solberg, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 716 E Manitoba Ave		<b>Transaction ID:</b> C172487	
City State Zip Code Ellensburg WA 98926-3842	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Springer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5	
Mailing Address 14320 Norwood		<b>Transaction ID:</b> C139334	
City State Zip Code Leewood KS 66224	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AAFP	Occupation VP Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Christine Stabler, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 825 McGrann Blvd		<b>Transaction ID:</b> C158775	
City State Zip Code Lancaster PA 17601-4518	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lancaster General Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth Steiner, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address Dept of Family Medicine 3181 SW Sam Jackson Park Rd		<b>Transaction ID:</b> C158766	
City State Zip Code Portland OR 97239-3011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon Health & Science University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Keith L Stelter, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 622 Sunrise Dr		<b>Transaction ID:</b> C157919	
City State Zip Code Saint Peter MN 56082-1201	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ISJ/Mayo Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Keith L Stelter, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 622 Sunrise Dr		<b>Transaction ID:</b> C160288	
City State Zip Code Saint Peter MN 56082-1201	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ISJ/Mayo Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Keith L Stelter, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 622 Sunrise Dr		<b>Transaction ID:</b> C172488	
City State Zip Code Saint Peter MN 56082-1201	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ISJ/Mayo Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Larae G Stemmerman, DO		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 5	
Mailing Address Infinity Medical 5409 Avenue O Ste 115		<b>Transaction ID:</b> C148815	
City State Zip Code Fort Madison IA 52627-9602	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Infinity Medical	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 14408 E Sprague Ave		<b>Transaction ID:</b> C158744	
City State Zip Code Spokane WA 99216-2167		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rockwood Clinic		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael S Strekall, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 405 Saddle Dr		<b>Transaction ID:</b> C158702	
City State Zip Code Helena MT 59601-5632		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Helena Health Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donna Lippert Sullivan, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address Ft Collins Fam Med Ctr 1025 Pennock Pl		<b>Transaction ID:</b> C158769	
City State Zip Code Fort Collins CO 80524-3257		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ft. Collins Family Medicine Residency		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Rosemarie Sweeney		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2005	
Mailing Address 5915 Ramsgate Rd		<b>Transaction ID:</b> C157598	
City State Zip Code Bethesda MD 20816-1127	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Academy of Family Physicians	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Erica Williams Swegler, MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2005	
Mailing Address 816 Keller Pkwy Ste 102 Ste 102		<b>Transaction ID:</b> C157774	
City State Zip Code Keller TX 76248-2405	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Hugh M Taylor, MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2005	
Mailing Address Family Medicine Associates 15 Railroad Ave		<b>Transaction ID:</b> C157781	
City State Zip Code Hamilton MA 01982-2218	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Medicine Associates LLC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Sarah B Thomas		Date of Receipt MM / DD / YYYY 08 / 01 / 2005
Mailing Address 8509 Belinder Rd		<b>Transaction ID:</b> C139360
City Leawood	State KS	Zip Code 66206-1409
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Academy of Family Physicians	Occupation Communications Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> David C Thorson, MD		Date of Receipt MM / DD / YYYY 10 / 03 / 2005
Mailing Address Minnhealth 4786 Banning Ave		<b>Transaction ID:</b> C157778
City White Bear Lake	State MN	Zip Code 55110-3264
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Minnhealth PA	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>C.</b> Dennis Duane Tietze, MD		Date of Receipt MM / DD / YYYY 10 / 21 / 2005
Mailing Address 600 SW Jewell Ave		<b>Transaction ID:</b> C158929
City Topeka	State KS	Zip Code 66606-1607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Francis Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> D Ann Travis, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 160 Deer Forest Trl Suite D Ste D		<b>Transaction ID:</b> C157764
City Fayetteville State GA Zip Code 30214-4006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel J Van Durme, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 7023 Dardwood Ln Call Street at Stadium Dr		<b>Transaction ID:</b> C172523
City Tallahassee State FL Zip Code 32304-3556	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FSU College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gabrielle A Vencel Olson, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address A C M C 101 Willmar Ave SW		<b>Transaction ID:</b> C159119
City Willmar State MN Zip Code 56201-3556	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Affiliated Community Medical Centers	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 91						
	(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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Ellen Walker		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005	
Mailing Address 4130 Persimmon Hill Cv		<b>Transaction ID:</b> C139378	
City State Zip Code Bartlett TN 38135	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mary Ellen Walker		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 4130 Persimmon Hill Cv		<b>Transaction ID:</b> C156404	
City State Zip Code Bartlett TN 38135	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Ellen Walker		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2005	
Mailing Address 4130 Persimmon Hill Cv		<b>Transaction ID:</b> C159021	
City State Zip Code Bartlett TN 38135	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Ellen Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 4130 Persimmon Hill Cv		<b>Transaction ID:</b> C160271	
City State Zip Code Bartlett TN 38135		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Raymond R Walker, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 5	
Mailing Address UT St Francis Family Medicine 1301 Primacy Pkwy		<b>Transaction ID:</b> C139379	
City State Zip Code Memphis TN 38119-0213		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Tennessee College of Med Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Raymond R Walker, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address UT St Francis Family Medicine 1301 Primacy Pkwy		<b>Transaction ID:</b> C156403	
City State Zip Code Memphis TN 38119-0213		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Tennessee College of Med Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 91  
(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)  
Raymond R Walker, MD

Mailing Address UT St Francis Family Medicine  
1301 Primacy Pkwy

City State Zip Code  
Memphis TN 38119-0213

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of Tennessee Physician  
College of Med

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 5

**Transaction ID:** C159022

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Raymond R Walker, MD

Mailing Address UT St Francis Family Medicine  
1301 Primacy Pkwy

City State Zip Code  
Memphis TN 38119-0213

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of Tennessee Physician  
College of Med

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

**Transaction ID:** C160270

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce Alan Wallstedt, MD

Mailing Address 6323 Canterbury Close

City State Zip Code  
Brentwood TN 37027-4870

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hospital Corp of America Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

**Transaction ID:** C172521

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional) ..... 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas J Weida, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2005
Mailing Address University Phys Grp Fishburn 845 Fishburn Rd		<b>Transaction ID:</b> C97614
City State Zip Code Hershey PA 17033-2015	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hershey Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2005
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C148758
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSU Family Medicine	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) <b>C.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C156405
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSU Family Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 73 / 91

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C159023	
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSU Family Medicine	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) <b>B.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C160345	
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSU Family Medicine	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) <b>C.</b> Jane Ann Williams-Vale, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address 46 Middlesex Ave		<b>Transaction ID:</b> C160264	
City State Zip Code Wilmington MA 01887-2753	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 74 / 91  
(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)  
Bernd A Wolschlaeger, MD

Mailing Address 18884 SW 29th Ct

City State Zip Code  
Miramar FL 33029-2403

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

Name of Employer Self Employed      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

**Transaction ID: C160187**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 278 Lind Ave NW

City State Zip Code  
Renton WA 98055-1136

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

Name of Employer Community Health Centers of King Count      Occupation Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 5

**Transaction ID: C157924**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis B Yelvington, MD

Mailing Address PO Box 1901

City State Zip Code  
Stuttgart AR 72160-1901

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

Name of Employer Stuttgart Medical Center      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 5

**Transaction ID: C157828**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **925.00**

**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 75 / 91
	(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)  
Dennis B Yelvington, MD

Mailing Address PO Box 1901

City State Zip Code  
Stuttgart AR 72160-1901

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

Name of Employer Occupation  
Stuttgart Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 5

**Transaction ID: C160289**

Amount of Each Receipt this Period  
125.00

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

Mailing Address PO Box 1901

City State Zip Code  
Stuttgart AR 72160-1901

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

Name of Employer Occupation  
Stuttgart Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

**Transaction ID: C172489**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	74350.00

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D7579</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 14.75
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D7580</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.48
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D7652</b> Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 98.83
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	115.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D7653</b> Date of Disbursement 10 / 17 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 17.70
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D7654</b> Date of Disbursement 10 / 18 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 137.93
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D7655</b> Date of Disbursement 10 / 21 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.54
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	159.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D7656</b> Date of Disbursement 10 / 24 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D7657</b> Date of Disbursement 10 / 31 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D7619</b> Date of Disbursement 10 / 11 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D7675 Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	5														
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fee		Category/ Type	42.05																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D7676 Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	5														
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fee		Category/ Type	7.38																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D7677 Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	1	/	2	0	0	5														
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fee		Category/ Type	3.69																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	53.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D8501</b> Date of Disbursement 12 / 20 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D8502</b> Date of Disbursement 12 / 27 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.38
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D7678</b> Date of Disbursement 11 / 28 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D7679 Date of Disbursement 11 / 29 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.43	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement credit card processing fee			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D7502 Date of Disbursement 08 / 09 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 32.45	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement credit card processing fee			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D7503 Date of Disbursement 08 / 19 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.38	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement credit card processing fee			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	44.26
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D7504</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D7505</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.38
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D7576</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D7577</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 29.50
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D7578</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.69
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America Merchant Services</b>		<b>Transaction ID: D7506</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2005
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 25.00
City Spokane	State WA Zip Code 99210-2485	
Purpose of Disbursement credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	58.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America Merchant Services</b>		<b>Transaction ID: D7574</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="353.38"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America Merchant Services</b>		<b>Transaction ID: D8499</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="145.02"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America Merchant Services</b>		<b>Transaction ID: D7650</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Items Deposited Fee		Amount of Each Disbursement this Period <input type="text" value="4.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="502.40"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America Merchant Services</b>		<b>Transaction ID: D7674</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement credit card processing fee	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	
		Amount of Each Disbursement this Period <input type="text" value="626.95"/>

Full Name (Last, First, Middle Initial) <b>B. Bank Of America Merchant Services</b>		<b>Transaction ID: D7617</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement credit card processing fee	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	
		Amount of Each Disbursement this Period <input type="text" value="110.07"/>

Full Name (Last, First, Middle Initial) <b>C. Discover Network</b>		<b>Transaction ID: D7618</b> Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement credit card processing fee	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	
		Amount of Each Disbursement this Period <input type="text" value="2.78"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="739.80"/>
<b>TOTAL</b> 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

<b>A. Discover Network</b> 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 credit card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<b>Transaction ID: D8500</b> Date of Disbursement 12 / 02 / 2005 Amount of Each Disbursement this Period 7.26 Category/Type
---	--	--

<b>B. Discover Network</b> 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 credit card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<b>Transaction ID: D7680</b> Date of Disbursement 11 / 02 / 2005 Amount of Each Disbursement this Period 35.12 Category/Type
---	--	---

<b>C. Discover Network</b> 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 credit card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<b>Transaction ID: D7575</b> Date of Disbursement 09 / 02 / 2005 Amount of Each Disbursement this Period 5.02 Category/Type
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>47.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1759.25</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO RE-ELECT BOBBY JINDAL</b>		Transaction ID: D7673 Date of Disbursement																					
Mailing Address PO Box 8628		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	5														
City Metairie	State LA	Zip Code 70011-8628	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Rep. Bobby Jindal																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: LA	District: 1																						

Full Name (Last, First, Middle Initial) <b>B. PETE STARK RE-ELECTION COMMITTEE</b>		Transaction ID: D7469 Date of Disbursement																					
Mailing Address P.O. Box 8331		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	6	/	2	0	0	5														
City Fremont	State CA	Zip Code 94537	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Rep. Fortney H. Stark																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 13																						

Full Name (Last, First, Middle Initial) <b>C. Rogers for Congress</b>		Transaction ID: D7597 Date of Disbursement																					
Mailing Address PO Box 2776		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	5														
City Arlington	State VA	Zip Code 22202-0776	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Rep. Michael J. Rogers																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI	District: 8																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Johnson for Congress Campaign</b>		<b>Transaction ID: D7737</b> Date of Disbursement 12 / 15 / 2005	
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00	
City New Britain	State CT		Zip Code 06050
Purpose of Disbursement Contribution			Category/ Type
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 5			

Full Name (Last, First, Middle Initial) <b>B. Friends of Patrick Kennedy</b>		<b>Transaction ID: D7484</b> Date of Disbursement 09 / 21 / 2005	
Mailing Address 400 C St NE Ste 201		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC		Zip Code 20002-5818
Purpose of Disbursement Contribution			Category/ Type
Candidate Name Rep. Patrick J. Kennedy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 1			

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID: D7533</b> Date of Disbursement 10 / 05 / 2005	
Mailing Address 2021 E Dublin Granville Rd Ste 2000		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43229-3522
Purpose of Disbursement Contribution			Category/ Type
Candidate Name Rep. Patrick J. Tiberi			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 12			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ralph Regula for Congress</b>		Transaction ID: D5155 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2005
Mailing Address 8787 Erie Ave., SW		Amount of Each Disbursement this Period 1000.00
City Navarre State OH Zip Code 44484	Purpose of Disbursement Contribution Candidate Name Rep. Ralph Regula Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIM MURPHY FOR CONGRESS</b>		Transaction ID: D7485 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2005
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00
City Pttsburgh State PA Zip Code 15234	Purpose of Disbursement Contribution Candidate Name Rep. Timothy F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bill Thomas Campaign Committee</b>		Transaction ID: D7483 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2005
Mailing Address PO Box 395		Amount of Each Disbursement this Period 2000.00
City Bakersfield State CA Zip Code 93302	Purpose of Disbursement Contribution Candidate Name Rep. William M. Thomas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SEARCHLIGHT LEADERSHIP FUND</b>		<b>Transaction ID: D7539</b> Date of Disbursement																					
Mailing Address 422 C St NE Lower Level		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	2		2	0	0	5														
City Washington	State DC	Zip Code 20002-5818	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Sen. Harry Reid																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV	District:																						

Full Name (Last, First, Middle Initial) <b>B. VOLUNTEER PAC</b>		<b>Transaction ID: D7596</b> Date of Disbursement																					
Mailing Address PO Box 158552		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	0	5														
City Nashville	State TN	Zip Code 37215-8552	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	2000.00																				
Candidate Name Senator Bill Frist																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13000.00

Image# 26980166618

Form/Schedule: **F3XA**  
Transaction ID:

2005 Year End Report amended to reflect change in purpose of payments to credit card companies and bank. Purpose of payments changed to 'credit card processing fees' from 'credit card expenses' as per FEC request.

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