

A. Form/Schedule : **F3XA**

Amended to reflect disbursement inadvertently left off original April 20, 2011 filing.

Transaction ID :

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		253887.79
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	193171.76									
(c) Total Receipts (from Line 19)	54584.42	127277.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	247756.18	381165.19								
7. Total Disbursements (from Line 31)	7438.20	140847.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240317.98	240317.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41946.67	92140.43
(ii) Unitemized	12230.84	32852.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54177.51	124992.85
(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)	54177.51	124992.85
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)	406.91	2284.55
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))	54584.42	127277.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54584.42	127277.40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	438.20	1847.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	438.20	1847.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	139000.00
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))..	7438.20	140847.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7438.20	140847.21

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)	54177.51	124992.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54177.51	124992.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	438.20	1847.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	406.91	2284.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.29	-437.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 45
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Wayne J Altman, MD

Mailing Address 10 Coyne Dr

City State Zip Code
Woburn MA 01801-1946

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

Name of Employer: Family Practice Group Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: C1267185
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Charles Albert Ball, MD

Mailing Address 854 W James Campbell Blvd
Medical Plaza Suite 101

City State Zip Code
Columbia TN 38401-4659

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

Name of Employer: Maury Regional Hospital Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: C1262038
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
John L Bender, MD

Mailing Address 4674 Snow Mesa Dr Ste 140

City State Zip Code
Fort Collins CO 80528-8614

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

Name of Employer: Miramont Family Medicine Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272701
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 45
(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)
Kenneth Robert Bertka, MD

Mailing Address 8533 Castle Oaks PI

City State Zip Code
Holland OH 43528-9231

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

Name of Employer Occupation
Mercy Health Partners Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1271987

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Vicki M Bertka, MD

Mailing Address 8533 Castle Oaks PI

City State Zip Code
Holland OH 43528-9231

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

Name of Employer Occupation
Hospice of Northwest Ohio Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1271988

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City State Zip Code
Kingsport TN 37664-2117

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

Name of Employer Occupation
East Tennessee State University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2011

Transaction ID: C1272014

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 45
(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) Tanja Britton, MD		Date of Receipt MM / DD / YYYY 04 / 26 / 2011
Mailing Address 227 Westcott Ave		Transaction ID: C1272724
City Colorado Springs	State CO	Zip Code 80906-4724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Andrea V Brown, MD		Date of Receipt MM / DD / YYYY 04 / 08 / 2011
Mailing Address 526 E Pleasant Run Rd Ste 164		Transaction ID: C1267368
City Desoto	State TX	Zip Code 75115-4002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD		Date of Receipt MM / DD / YYYY 04 / 17 / 2011
Mailing Address 830 Arbor Ln		Transaction ID: C1269369
City Glenview	State IL	Zip Code 60025-3234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	830.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 45
(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)
Judith Chamberlain, MD

Mailing Address 10 Sea Grass Farm Rd

City Brunswick State ME Zip Code 04011-7841

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

Name of Employer Aetna Occupation Medical Director, Medicaid Business Un

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272686
Amount of Each Receipt this Period: 3000.00

B.

Full Name (Last, First, Middle Initial)
Barton A Chase, III

Mailing Address PO BOX 99
3856 Hwy 57 West

City Ramer State TN Zip Code 38367-0099

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

Name of Employer Chase Clinic Occupation Owner/Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: C1262033
Amount of Each Receipt this Period: 2750.00

C.

Full Name (Last, First, Middle Initial)
Scot R Christiansen, MD

Mailing Address 34782 Littleport Rd

City Edgewood State IA Zip Code 52042-8120

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

Name of Employer Regional Medical Center of NE Iowa Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272706
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 45
(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)
Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer Occupation
University of Oklahoma Physician Faculty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.32

Date of Receipt
MM / DD / YYYY
04 / 16 / 2011

Transaction ID: C1288295

Amount of Each Receipt this Period
333.33

B.

Full Name (Last, First, Middle Initial)
Frank B Dibble, MD

Mailing Address PO Box 519

City State Zip Code
Rye Beach NH 03871-0519

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

Name of Employer Occupation
Veterans Administration Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: C1278335

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dennis M Dimitri, MD

Mailing Address 295 Lincoln St Ste 204

City State Zip Code
Worcester MA 01605-3639

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

Name of Employer Occupation
UMass Memorial Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1269031

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1063.33**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45
(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)
Katerina Canieso Doronila, MD

Mailing Address 4525 Hilltop Dr
1221 E State St

City Loves Park State IL Zip Code 61111-8663

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

Name of Employer OSF Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 05 / 2011
Transaction ID: C1262580
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Barbara J Doty, MD

Mailing Address 2250 S Woodworth Loop Ste 101
Ste 100

City Palmer State AK Zip Code 99645-7457

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

Name of Employer Providence Matanuska Health care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2011
Transaction ID: C1272694
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Scott R Dunn, MD

Mailing Address 1507 Northshore Dr

City Sandpoint State ID Zip Code 83864-2714

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

Name of Employer Family Health Center Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 24 / 2011
Transaction ID: C1272033
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 45

(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) Gerald Eugene Eliaser, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1		
	Mailing Address 7483 Kennedy Rd		Transaction ID: C1278327		
	City Sebastopol	State CA	Zip Code 95472-5419	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sutter Medical Group Redwoods	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Wanda D Filer, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 1		
	Mailing Address 510 Aqua Ct		Transaction ID: C1268609		
	City York	State PA	Zip Code 17403-3623	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Strategic Health Institute	Occupation Physician	Aggregate Year-to-Date 1400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael O Fleming, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 1		
	Mailing Address 556 Dunmoreland Dr		Transaction ID: C1262171		
	City Shreveport	State LA	Zip Code 71106-6125	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amedisys, Inc	Occupation Chief Medical Officer	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(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)
Armand V Gallanosa, MD

Mailing Address 3113 Broadway St

City State Zip Code
Anderson IN 46012-1261

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

Name of Employer Preferred Medical Management
Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: C1271985

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Andrea M Gavin, MD

Mailing Address 2600 Kiley Way

City State Zip Code
Plymouth WI 53073-5020

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

Name of Employer Aurora Health Care
Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278047

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City State Zip Code
Waco TX 76707-2261

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

Name of Employer Family Practice Center
Occupation Physician

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: C1276616

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)

1281.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45
(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)
Joseph W Gravel, Jr

Mailing Address 34 Haverhill Street
195 Canal St

City Lawrence State MA Zip Code 01841

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

Name of Employer Cambridge Health Advance Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 15 / 2011
Transaction ID: C1269358
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Gina Greco-Tartaglia, MD

Mailing Address 1335 Sunny Ridge Rd

City Mohegan Lake State NY Zip Code 10547-1432

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 04 / 29 / 2011
Transaction ID: C1278193
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Hal Louis Grotke, Grotke

Mailing Address 2444 Lincoln Ave

City Samoa State CA Zip Code 95564-9521

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

Name of Employer Redwood Family Practice Occupation family doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 06 / 2011
Transaction ID: C1266269
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 980.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 45

(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)
Michael H Hartsell, MD

Mailing Address 1404 Tusculum Blvd
MOB # 3 Suite 2100

City State Zip Code
Greenville TN 37745-4329

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

Name of Employer Occupation
Summit Medical Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: C1262035

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

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

Name of Employer Occupation
Scotland Memorial Hospital Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1273663

Amount of Each Receipt this Period
416.67

C.

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

Mailing Address PO BOX 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: C1267494

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)

1641.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45
(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)
T Michael Helton, MD

Mailing Address 1020 Caitlin Trl

City State Zip Code
Smyrna TN 37167-8373

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
04 / 01 / 2011

Transaction ID: C1262039

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joseph Shelby Hensley, MD

Mailing Address 855 Summertown Hwy
PO Box 383

City State Zip Code
Hohenwald TN 38462-5707

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
04 / 01 / 2011

Transaction ID: C1262036

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Tracy S Hofeditz, MD

Mailing Address 7392 S Sourdough Dr

City State Zip Code
Morrison CO 80465-2806

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

Name of Employer Belmar Family Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: C1272728

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45
(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)
Jeffrey J Hoffmann, DO
Mailing Address PO BOX 370

City State Zip Code
Guttenberg IA 52052-0370

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

Name of Employer Occupation
Family Medicine Associates Physician

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

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: C1269264
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ernest J Jones, MD
Mailing Address PO BOX 155
Ste 200

City State Zip Code
Carthage TN 37030-0155

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

Name of Employer Occupation
Carthage Family Healthcare Inc Physician

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

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262032
Amount of Each Receipt this Period
365.00

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2011

Transaction ID: C1279113
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 45

(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)

Larry W Kipe, MD

Mailing Address PO Box 1576

City State Zip Code
Craig CO 81626-1576

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) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278324

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Harry Clifton Knight, Jr

Mailing Address 1500 N Ritter Ave

City State Zip Code
Indianapolis IN 46219-3027

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

Name of Employer Occupation
CMO Community Health Network Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: C1261854

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Steven D Knight, MD

Mailing Address 117 E Clark St

City State Zip Code
Harrisburg IL 62946-2702

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

Name of Employer Occupation
Primary Care Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: C1267364

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 45
(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)
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City State Zip Code
Walpole MA 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 ▼ 450.00

Date of Receipt: 04 / 17 / 2011
Transaction ID: C1269368
Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
Mark H Krotowski, MD

Mailing Address 8923 Avenue A

City State Zip Code
Brooklyn NY 11236-1206

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

Name of Employer Mark Krotowski MD, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 23 / 2011
Transaction ID: C1272028
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Ted S Lancaster, MD

Mailing Address 3007 Sloan Cir

City State Zip Code
Jonesboro AR 72404-0926

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

Name of Employer Lawrence Co. Family Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: C1272569
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 765.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45
(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)
James Joseph Ledwith, Jr
Mailing Address 275 Nichols Rd
City Fitchburg State MA Zip Code 01420-1919
FEC ID number of contributing federal political committee. **C**
Name of Employer UMass Medical School Occupation Residency Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 12 / 2011
Transaction ID: C1267950
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Robert A Lee, MD
Mailing Address 5501 Nw 86Th St Ste 300
City Johnston State IA Zip Code 50131-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer Lee and Ruisch Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 08 / 2011
Transaction ID: C1267234
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
John John Lentini, DO
Mailing Address 382 Grove St
City Braintree State MA Zip Code 02184-7324
FEC ID number of contributing federal political committee. **C**
Name of Employer Braintree Fam Physicians Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 26 / 2011
Transaction ID: C1272722
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45
(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)
Timothy F Linder, 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2011
Transaction ID: C1279112

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City State Zip Code
Fergus Falls MN 56537-2756

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lake Region Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 16 / 2011
Transaction ID: C1288294

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Leah Raye R 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2011
Transaction ID: C1271915

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 45

(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) Richard F Madden, MD Mailing Address 609 S. Christopher Rd City State Zip Code Belen NM 87002-2615 FEC ID number of contributing federal political committee. C Name of Employer Presbyterian Healthcare Services Occupation Family Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 1 1 Transaction ID: C1267437 Amount of Each Receipt this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Marek Marcinkiewicz, MD Mailing Address 476 Farrish Cir Apt 1 City State Zip Code Charlottesville VA 22903-5414 FEC ID number of contributing federal political committee. C Name of Employer Centra Southside Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 1 1 Transaction ID: C1278040 Amount of Each Receipt this Period 365.00
C.	Full Name (Last, First, Middle Initial) Kevin B Martin, MD Mailing Address 2903 219th Ave E City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. C Name of Employer Sound Family Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 1 1 Transaction ID: C1273664 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

2965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 45

(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)
Michael Allen McAdoo, MD

Mailing Address 6041 Telecom Dr

City State Zip Code
Milan TN 38358-3448

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

Name of Employer Self-Employed (Milan Medical Center) Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: C1262034

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
John S Meigs, MD

Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1262586

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
John S Meigs, MD

Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: C1267948

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

415.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 45
(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 S Meigs, MD
Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 22 / 2011
Transaction ID: C1270131
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
John S Meigs, MD
Mailing Address PO BOX 289

City State Zip Code
Brent AL 35034-0289

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272719
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Lloyd Michener, MD
Mailing Address Box 2914 DUMC

City State Zip Code
Durham NC 27710-0001

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

Name of Employer Duke University Occupation Family Physician

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

Date of Receipt: 04 / 18 / 2011
Transaction ID: C1270128
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 45
(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)
Kathleen J Miller, MD

Mailing Address 9 Oak Ridge Dr

City State Zip Code
Decatur IL 62521-4661

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

Name of Employer Occupation
Wexford Health Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1272000

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer Occupation
Inland Empire Hospital Services Associ Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2011

Transaction ID: C1273662

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dale C Moquist, MD

Mailing Address 14023 Southwest Fwy

City State Zip Code
Sugar Land TX 77478-3550

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

Name of Employer Occupation
Physicians at Sugar Creek Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2011

Transaction ID: C1269370

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 45
(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 Franklin Mueller, MD
Mailing Address 69 Snipatuit Rd
City Rochester State MA Zip Code 02770-1504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 22 / 2011
Transaction ID: C1271984
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Javette C Orgain, MD
Mailing Address PO BOX 806527
City Chicago State IL Zip Code 60680-4126
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIVERSITY OF ILLINOIS COLLEGE OF MEDI Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 04 / 22 / 2011
Transaction ID: C1287468
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Maureen O Padden, MD, MPH
Mailing Address 6000 W Highway 98 COMMAND SUITE
City Pensacola State FL Zip Code 32512-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer US Navy Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 04 / 02 / 2011
Transaction ID: C1262172
Amount of Each Receipt this Period 35.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 45

(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)
Maureen O Padden, MD, MPH

Mailing Address 6000 W Highway 98
COMMAND SUITE

City State Zip Code
Pensacola FL 32512-0001

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

Name of Employer Occupation
US Navy Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: C1271916

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
Philip Ronald Palmer, MD

Mailing Address 12605 Lapis Ln

City State Zip Code
Oklahoma City OK 73170-5450

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

Name of Employer Occupation
Integrus Health Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: C1272568

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Bernard Richard, MD

Mailing Address 1926 Declaration Dr

City State Zip Code
Greenfield IN 46140-2762

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

Name of Employer Occupation
Community Physicians of Indiana Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: C1273657

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1400.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 45
(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)
Elisabeth (Lisa) L Righter, Righter

Mailing Address UW Health Fox Valley Family Medici
229 S Morrison St

City Appleton State WI Zip Code 54911

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

Name of Employer University of WI School of Med. & Pub. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: C1265970

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City Hilliard State OH Zip Code 43026-9785

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

Name of Employer Grant Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1273661

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Gregory Larson Sawin, MD

Mailing Address 195 Canal St

City Malden State MA Zip Code 02148-6701

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

Name of Employer Cambridge Health Alliance Occupation Physician, Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1273653

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 45
(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)
Alan I Schwartzstein, MD

Mailing Address 753 N Main St
Dean Oregon Clinic

City Oregon State WI Zip Code 53575-1003

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

Name of Employer Dean Clinic Occupation Family 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 4 / 2 9 / 2 0 1 1

Transaction ID: C1278455

Amount of Each Receipt this Period 500.00

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

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer Horizons Diagnostics Occupation family physicias

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1273666

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Paul D Spiro, MD

Mailing Address 388 Maple Ave

City Doylestown State PA Zip Code 18901-4467

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

Name of Employer Buckingham Family Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: C1272036

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45

(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) Gregory J Steinmetz, MD		Date of Receipt MM / DD / YYYY 04 / 22 / 2011		
	Mailing Address 150 Bluff Ave		Transaction ID: C1271992		
	City Cranston	State RI	Zip Code 02905-3727	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer APCM	Occupation Family Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Albert M Sterns, MD		Date of Receipt MM / DD / YYYY 04 / 18 / 2011		
	Mailing Address 1021 Drexel Pkwy		Transaction ID: C1269385		
	City Birmingham	State AL	Zip Code 35209-6001	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00		
	Name of Employer N.W Ala Emerg Phys	Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2011		
	Mailing Address 14408 E Sprague Ave		Transaction ID: C1273665		
	City Spokane Valley	State WA	Zip Code 99216-2167	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2000.00		
	Name of Employer Rockwood Clinic	Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 45

(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)
Hugh M Taylor, MD

Mailing Address 15 Railroad Ave

City State Zip Code
South Hamilton MA 01982-2218

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

Name of Employer Occupation
Family Medicine Associates Physician
LLC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: C1267194

Amount of Each Receipt this Period

2000.00

B.

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

Mailing Address 1919 W Taylor St # 663

City State Zip Code
Chicago IL 60612-7246

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

Name of Employer Occupation
UIC Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: C1269315

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Tracie Dalene Updike, MD

Mailing Address 2933 Park Plaza Ln

City State Zip Code
Port Arthur TX 77642-5516

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

Name of Employer Occupation
Self Doctor

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: C1272814

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert P Vogt, MD

Mailing Address 7685 Calloway Ct

City State Zip Code
Colorado Springs CO 80919-3928

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

Name of Employer Occupation
The Family Practice Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2011

Transaction ID: C1269371

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
B Alan 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
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262037

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Ty Townsend Webb, MD

Mailing Address 500 Brewington Rd

City State Zip Code
Sparta TN 38583-2734

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

Name of Employer Occupation
Cumberland Family Care, PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262041

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 45
(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) Mary Jo Jo Welker, MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address OSU-Rardin Family Practice Center 2231 N High St		Transaction ID: C1278426
City Columbus	State OH	Zip Code 43201-1101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ohio State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 59 Tipton Dr		Transaction ID: C1279110
City Dahlonega	State GA	Zip Code 30533-1603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Chestatee Regional Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Steven M Williams, MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2011
Mailing Address 3255 Bridgeford Rd		Transaction ID: C1267184
City Omaha	State NE	Zip Code 68124-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physicians Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 45
(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)
Thomas Joseph Witt, MD

Mailing Address 500 W Grant St

City State Zip Code
Lake City MN 55041-1143

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: C1272708

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 5305 Ne Rainbow Cir

City State Zip Code
Lees Summit MO 64064-2450

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

Name of Employer Research Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2011

Transaction ID: C1267440

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
W Michael Michael Woods, MD

Mailing Address PO BOX 420

City State Zip Code
Ramona OK 74061-0420

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

Name of Employer University of Oklahoma Occupation Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2011

Transaction ID: C1267439

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 45
(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)
J Mack Worthington, MD

Mailing Address 1100 E 3Rd St

City State Zip Code
Chattanooga TN 37403-2241

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

Name of Employer Occupation
University of Tennessee Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2011

Transaction ID: C1265977

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kevin Keith Wycoff, MD

Mailing Address 1021 W 14Th St # 968

City State Zip Code
Hastings NE 68901-3046

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

Name of Employer Occupation
Family Medical Center of Hastings Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: C1272001

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

TOTAL This Period (last page this line number only) ► 41946.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 45
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 4 / 1 2 / 2 0 1 1
City	State	Zip Code
Leawood	KS	66211-2672
FEC ID number of contributing federal political committee.		Transaction ID: C1267920
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 37.28
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 2284.55	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 4 / 2 6 / 2 0 1 1
City	State	Zip Code
Leawood	KS	66211-2672
FEC ID number of contributing federal political committee.		Transaction ID: C1272717
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 369.63
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 2284.55	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 406.91
TOTAL This Period (last page this line number only)	<input type="text"/> 406.91

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116697 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 26.54
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116698 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 65.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116699 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 3.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

94.79

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116700 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>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	1	1												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>8</td><td>1</td><td>3</td></tr></table>	8	1	3																
8	1	3																			
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116701 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>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	1	1												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>1</td><td>1</td><td>4</td></tr></table>	1	1	4																
1	1	4																			
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116702 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>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank card processing fee	<table border="1"><tr><td>8</td><td>1</td><td>2</td><td>5</td></tr></table>	8	1	2	5															
8	1	2	5																		
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9</td><td>0</td><td>5</td><td>2</td></tr></table>	9	0	5	2
9	0	5	2		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116703</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 12.36</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116704</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 0.98</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116705</p> <p>Date of Disbursement 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 1.01</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116706 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 12.46
	<input type="text"/>
	Category/ Type
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116707 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 16.25
	<input type="text"/>
	Category/ Type
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116708 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3.25
	<input type="text"/>
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

31.96

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116709 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116710 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="15.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D116711 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 45

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card collection fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D116712

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D116713

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

179.37

SUBTOTAL of Disbursements This Page (optional) ►

184.32

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

438.20

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 45

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS

Transaction ID: D116209

Date of Disbursement

Mailing Address 5429 Madison Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

City State Zip Code
Sacramento CA 95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

--

Category/
Type

Candidate Name
Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7000.00