



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		253762.79
(b) Cash on Hand at Beginning of Reporting Period.....	342724.31	
(c) Total Receipts (from Line 19) .....	30738.61	422646.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	373462.92	676409.38
7. Total Disbursements (from Line 31).....	36096.73	339043.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	337366.19	337366.19
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17566.60	294806.01
(ii) Unitemized .....	13056.66	120383.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30623.26	415189.27
(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) .....	30623.26	415189.27
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).....	115.35	7457.32
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30738.61	422646.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30738.61	422646.59

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	596.73	7543.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	596.73	7543.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	331500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36096.73	339043.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36096.73	339043.19

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30623.26	415189.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30623.26	415189.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	596.73	7543.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	115.35	7457.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	481.38	85.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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**

**A. Jeffrey D Bachtel MD**  
 Full Name (Last, First, Middle Initial)  
 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 Summa Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2011  
**Transaction ID : C1524876**  
 Amount of Each Receipt this Period  
 45.63

**B. Frederic Baker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Mark Cir  
 City Holden State MA Zip Code 01520-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMHC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2011  
**Transaction ID : C1533522**  
 Amount of Each Receipt this Period  
 50.00

**C. David Orrin Barbe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 W 16th St  
 City Mountain Grove State MO Zip Code 65711-1039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : C1522441**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<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. Joane Goforth Baumer MD</b>		Date of Receipt
Mailing Address 1500 S Main St		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Fort Worth	TX	76104-4917
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1524229</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Esther Rebecca Beal-Landis MD</b>		Date of Receipt
Mailing Address 36 Yorktown St Nw		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
Concord	NC	28025-4931
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1539905</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="700.00"/>
Name of Employer	Occupation	
U. S. Navy	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Salvador H Beris MD</b>		Date of Receipt
Mailing Address 17725 Hampshire Oak Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
Tampa	FL	33647-2545
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1578228</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Retired	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="282.50"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<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. Rebekah Ann Bernard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19481 Devonwood Cir  
 City Fort Myers State FL Zip Code 33967-4850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Collier Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : C1578229**  
 Amount of Each Receipt this Period  
 300.00

**B. Reid B Blackwelder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 Leedy Rd  
 City Kingsport State TN Zip Code 37664-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Tennessee State University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : C1576449**  
 Amount of Each Receipt this Period  
 100.00

**C. David Etcyl Blair MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 Old Lantern Dr SE  
 City Caledonia State MI Zip Code 49316-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advantage Health Physician Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : C1522703**  
 Amount of Each Receipt this Period  
 300.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<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"/>	<input type="checkbox"/> 17

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

**A. Erika Barni Bliss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10420 Ne 55Th St  
 City Kirkland State WA Zip Code 98033-7421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Qliance Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 24 / 2011**  
**Transaction ID : C1539983**  
 Amount of Each Receipt this Period **200.00**

**B. Edward Asher Blumen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Maple Ave Apt 2010  
 City Evanston State IL Zip Code 60201-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore University/University of C Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 13 / 2011**  
**Transaction ID : C1525529**  
 Amount of Each Receipt this Period **250.00**

**C. Robert C M Bourne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 E Cooley Dr  
 City Colton State CA Zip Code 92324-3905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaver Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **395.46**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : C1539941**  
 Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **300.42**  
**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 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kathryn Brandt DO**

Mailing Address 180 Ingraham Mtn Rd

City State Zip Code  
 Augusta ME 04330-8431

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

Name of Employer Occupation  
 Maine-Dartmouth Family Medicine Reside Residency Faculty Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : C1522445**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. June G Bredin MD**

Mailing Address 4924 153Rd PI Sw

City State Zip Code  
 Edmonds WA 98026-4435

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

Name of Employer Occupation  
 Sate of Washington DSHS Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : C1533195**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**c. Lydia Urgena Camanga MD**

Mailing Address 817 Clarion Dr

City State Zip Code  
 Torrance CA 90502-1920

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

Name of Employer Occupation  
 Retired Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : C1525523**

Amount of Each Receipt this Period  
 182.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 272.75

**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 OF 43  
(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)  
**A. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City Lumberton State NJ Zip Code 08048-2939

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

Name of Employer Virtua Medical Group, Marlton NJ 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 Y  
 12 / 21 / 2011

**Transaction ID : C1532266**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Cory D Carroll MD**

Mailing Address 1040 E Elizabeth St Ste 2

City Fort Collins State CO Zip Code 80524-3952

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 ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2011

**Transaction ID : C1528271**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City Huntingdon State TN Zip Code 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 ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : C1535894**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<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. Charles E Christianson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3701 15th Ave S  
 City Grand Forks State ND Zip Code 58203-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Dakota Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2011**  
**Transaction ID : C1527531**  
 Amount of Each Receipt this Period **500.00**

**B. Mark E Collins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 N Maple Ave  
 City Wood Dale State IL Zip Code 60191-1539  
 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 **12 / 31 / 2011**  
**Transaction ID : C1578233**  
 Amount of Each Receipt this Period **365.00**

**C. Steven A Crawford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Ne 10Th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Physician Faculty  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3999.96**

Date of Receipt **12 / 16 / 2011**  
**Transaction ID : C1539980**  
 Amount of Each Receipt this Period **333.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1198.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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. John Howard Darnell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Sunset Dr  
 City Ashland State KY Zip Code 41101-2168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Center, PLLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 15 / 2011**  
**Transaction ID : C1527169**  
 Amount of Each Receipt this Period **300.00**

**B. Jose M David MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 Huntington Ct  
 City Albany State NY Zip Code 12203-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prime Care Physicians PLLC Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : C1522681**  
 Amount of Each Receipt this Period **625.00**

**C. L Allen Dobson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 Jackson St  
 City Mt Pleasant State NC Zip Code 28124-9738  
 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 **365.00**

Date of Receipt **12 / 05 / 2011**  
**Transaction ID : C1522438**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1020.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<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. Raymond Louis Ebarb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Main St  
 City West Sayville State NY Zip Code 11796-1800  
 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 **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : C1530980**  
 Amount of Each Receipt this Period  
**30.00**

**B. John Read Eplee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Deer Run  
 City Atchison State KS Zip Code 66002-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atchinson Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : C1539906**  
 Amount of Each Receipt this Period  
**365.00**

**C. Seth Yawki Flagg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9129 Bradford Rd  
 City Silver Spring State MD Zip Code 20901-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USN Occupation Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2011  
**Transaction ID : C1521074**  
 Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **430.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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. Michael O Fleming MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Dunmoreland Dr  
 City Shreveport State LA Zip Code 71106-6125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amedisys, Inc Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : C1520920**  
 Amount of Each Receipt this Period  
 250.00

**B. Corrine M Ganske MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 E University Ave  
 City Des Moines State IA Zip Code 50316-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health Des Moines Occupation Residency Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : C1520943**  
 Amount of Each Receipt this Period  
 250.00

**C. Christopher H Gaynor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6300 9Th Ave Ne Ste 300  
 City Seattle State WA Zip Code 98115-8516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : C1525789**  
 Amount of Each Receipt this Period  
 52.14

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	552.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<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. Janice R Gomersall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Physicians Bldg # 3  
 2835 FORT MISSOULA RD STE 102  
 City Missoula State MT Zip Code 59804-7424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Physician Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : C1527170**  
 Amount of Each Receipt this Period  
 35.00

**B. Gregory K Griggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address NC AFP - Exec Vice Pres  
 PO Box 10278  
 City Raleigh State NC Zip Code 27605-0278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NC AFP Occupation NC AFP - Exec Vice Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2011  
**Transaction ID : C1524895**  
 Amount of Each Receipt this Period  
 45.63

**C. Lori J Heim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Hollybrook Farm Ln  
 City Vass State NC Zip Code 28394-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scotland Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : C1535892**  
 Amount of Each Receipt this Period  
 416.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	497.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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. Daniel J Heinemann MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2011  
**Transaction ID : C1524894**  
 Amount of Each Receipt this Period  
 225.00

**B. David Standish Hoskins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2200  
 City State Zip Code  
 Minden NV 89423-2200  
 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 ▼  
 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2011  
**Transaction ID : C1524878**  
 Amount of Each Receipt this Period  
 45.63

**C. Joel B Huber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 W 7th St  
 City State Zip Code  
 Miller SD 57362-1036  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : C1527539**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.63  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<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. Elvin C Irvin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 E Cheves St  
 City Florence State SC Zip Code 29506-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Care Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 16 / 2011**  
**Transaction ID : C1527565**  
 Amount of Each Receipt this Period **50.00**

**B. Jessica Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hall St  
 City Newington State CT Zip Code 06111-2553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **12 / 15 / 2011**  
**Transaction ID : C1527168**  
 Amount of Each Receipt this Period **35.00**

**C. Michael A Kalinosky DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 W South St  
 City Viroqua State WI Zip Code 54665-1946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gundenstan Lutheran Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 26 / 2011**  
**Transaction ID : C1533542**  
 Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **115.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<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. laura Rachel kaufman MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2919 Sunset Dr W  
 City State Zip Code  
 University Place WA 98466-2736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 group health permanente physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2011  
**Transaction ID : C1528643**  
 Amount of Each Receipt this Period  
 365.00

**B. Christina Marie Kelly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Addax Trl  
 City State Zip Code  
 Harker Heights TX 76548-2351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Multicare Health System Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : C1535890**  
 Amount of Each Receipt this Period  
 50.00

**c. Gregory King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Vail Rd  
 City State Zip Code  
 Bennington VT 05201-9597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2011  
**Transaction ID : C1524900**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<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	<input type="checkbox"/> 17

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

**A. Laura C Knobel MD**  
 Full Name (Last, First, Middle Initial)  
 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 **1650.00**

Date of Receipt **12 / 17 / 2011**  
**Transaction ID : C1528272**  
 Amount of Each Receipt this Period **150.00**

**B. Carl G Knopke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7950 Harbart Dr  
 City Riverside State CA Zip Code 92506-7559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 18 / 2011**  
**Transaction ID : C1528630**  
 Amount of Each Receipt this Period **20.00**

**C. Mary V Krueger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4950 Newstead Pl  
 City Colorado Springs State CO Zip Code 80906-5977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Army Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 05 / 2011**  
**Transaction ID : C1522442**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **535.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43
	<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. Robert B Laibstain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6072 River Cres  
 City Norfolk State VA Zip Code 23505-4707  
 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 Y  
 12 / 06 / 2011  
**Transaction ID : C1522710**  
 Amount of Each Receipt this Period  
 250.00

**B. W Hugh Leedy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 134  
 City Sandpoint State ID Zip Code 83864-0134  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : C1539911**  
 Amount of Each Receipt this Period  
 365.00

**C. Jonathan S Lindgren MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1807 NE 52nd Ave  
 City Portland State OR Zip Code 97213-2729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Health and Service Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : C1527797**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Andrew Lutzkanin**

Mailing Address 1835 Blacklatch Ln

City State Zip Code  
 Middletown PA 17057-2984

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

Name of Employer Occupation  
 N/a Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2011

**Transaction ID : C1524880**

Amount of Each Receipt this Period  
 41.88

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011

**Transaction ID : C1532264**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**c. John Malaty MD**

Mailing Address 6283 NW 83rd Dr

City State Zip Code  
 Gainesville FL 32653-6825

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

Name of Employer Occupation  
 University of Florida Physician- Family Medicine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : C1539299**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 391.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<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. Kevin B Martin MD</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : C1535893</b>
Mailing Address 2903 219th Ave E		Amount of Each Receipt this Period 100.00
City Lake Tapps	State WA	Zip Code 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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Marianne A McKennett MD</b>		Date of Receipt 12 / 05 / 2011 <b>Transaction ID : C1522443</b>
Mailing Address 5532 Ladybird Ln		Amount of Each Receipt this Period 250.00
City La Jolla	State CA	Zip Code 92037-7721
FEC ID number of contributing federal political committee. C	Name of Employer University of California San Diego	Occupation Family Medicine Residency 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>c. John S Meigs MD</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : C1522688</b>
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
City Brent	State AL	Zip Code 35034-0289
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 ▼ 1275.00	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<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. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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 ▼  
1275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2011

**Transaction ID : C1525528**

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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 ▼  
1275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : C1533194**

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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 ▼  
1275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : C1539937**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<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. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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 ▼  
1275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : C1539939**

Amount of Each Receipt this Period  
25.00

**B. Elisabeth Fowlie Mock MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Clark Hill Rd

City State Zip Code  
Holden ME 04429-7253

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

Name of Employer Occupation  
Eastern Maine Medical Center Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2011  
**Transaction ID : C1535798**

Amount of Each Receipt this Period  
512.50

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

Mailing Address 182 Yulupa Cir

City State Zip Code  
Santa Rosa CA 95405-5136

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  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2011  
**Transaction ID : C1522440**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 902.50

**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 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mary F Myrick MD**

Mailing Address 5545 Portage Point 11.4 Ln

City Escanaba State MI Zip Code 49829-9625

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : C1522436**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 1118 Shelter Ln

City Lansing State MI Zip Code 48912-5026

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

Name of Employer MA AFP Occupation Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2011  
**Transaction ID : C1524896**

Amount of Each Receipt this Period  
**45.63**

Full Name (Last, First, Middle Initial)  
**C. Carrie E Nelson MD**

Mailing Address 520 W Indiana St

City Wheaton State IL Zip Code 60187-2325

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

Name of Employer McKesson Health Solutions Occupation Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : C1527167**

Amount of Each Receipt this Period  
**31.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **441.63**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<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. Maureen O Padden MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 E St Nw  
 Bureau Of Medicine And Surgery  
 City Washington State DC Zip Code 20372-0001  
 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 ▼ 490.00

Date of Receipt  
 12 / 02 / 2011  
**Transaction ID : C1539975**  
 Amount of Each Receipt this Period  
 35.00

**B. Brian Robert Pentti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Allston St Apt 6  
 City Brighton State MA Zip Code 02135-7629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 09 / 2011  
**Transaction ID : C1524225**  
 Amount of Each Receipt this Period  
 250.00

**C. Ellen S Reinheimer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Earlwoode Dr  
 City White Plains State NY Zip Code 10606-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Med Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : C1539916**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<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"/>	<input type="checkbox"/> 17

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

**A. Tom Riley CAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 271  
City Point Reyes Station State CA Zip Code 94956-0271  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cal Capitol Group Occupation CAE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : C1524219**  
Amount of Each Receipt this Period **365.00**

**B. Mark David Robinson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 812 Rothmoor Dr Ne  
City Concord State NC Zip Code 28025-2582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolinas Healthcare System Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2011**  
**Transaction ID : C1527528**  
Amount of Each Receipt this Period **500.00**

**C. Porfirio Rodriguez MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 832  
City Rio Grande City State TX Zip Code 78582-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Health Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2011**  
**Transaction ID : C1527524**  
Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1365.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43
	<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. Paul David Salzberg MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 898

City Callicoon	State NY	Zip Code 12723-0898
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 ▼ <b>540.00</b>	

Date of Receipt  
**12 / 29 / 2011**  
Transaction ID : **C1536018**

Amount of Each Receipt this Period  
**600.00**

**B. Sarah L Sams MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2994 Frazell Rd

City Hilliard	State OH	Zip Code 43026-9785
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Grant Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1200.00</b>	

Date of Receipt  
**12 / 28 / 2011**  
Transaction ID : **C1535891**

Amount of Each Receipt this Period  
**100.00**

**C. Brent Smith MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Normandy Cir

City Madison	State MS	Zip Code 39110-9057
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Mississippi Medical Cent	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Date of Receipt  
**12 / 10 / 2011**  
Transaction ID : **C1524875**

Amount of Each Receipt this Period  
**191.54**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>351.54</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43
	<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. Joseph Douglas Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5722 Gardner Ln  
 City State Zip Code  
 Bridgewater VA 22812-3614  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : C1527541**  
 Amount of Each Receipt this Period  
 365.00

**B. Albert M Sterns MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1021 Drexel Pkwy  
 City State Zip Code  
 Birmingham AL 35209-6001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N.W Ala Emerg Phys Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2011  
**Transaction ID : C1528631**  
 Amount of Each Receipt this Period  
 150.00

**C. Amy Lynn Strain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 548 Evergreen Trl  
 City State Zip Code  
 Portage WI 53901-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dean Health Systems Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2011  
**Transaction ID : C1519849**  
 Amount of Each Receipt this Period  
 240.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 43
	<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. Harry S Strothers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300-A Bldg 100  
 1513 E Cleveland Ave  
 City East Point State GA Zip Code 30344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morehouse School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2011  
**Transaction ID : C1524879**  
 Amount of Each Receipt this Period  
**45.63**

**B. Stacy J Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 173 E Cotton Hill Rd  
 City New Hartford State CT Zip Code 06057-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProHealth Physicians LLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2011  
**Transaction ID : C1524877**  
 Amount of Each Receipt this Period  
**45.63**

**C. Andrew J Ting MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Railroad Ave  
 City S Hamilton State MA Zip Code 01982-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2011  
**Transaction ID : C1522853**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **141.26**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43
	<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. Thao Minh Truong Truong</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2011 <b>Transaction ID : C1522437</b>
Mailing Address 212 Cloverdale St		Amount of Each Receipt this Period 365.00
City Hillsboro	State TX	Zip Code 76645-2960
FEC ID number of contributing federal political committee. C		
Name of Employer Kimble Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Lloyd P Van Winkle MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : C1539981</b>
Mailing Address PO BOX 960		Amount of Each Receipt this Period 45.63
City Castroville	State TX	Zip Code 78009-0960
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	

Full Name (Last, First, Middle Initial) <b>C. Thomas J Weida MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011 <b>Transaction ID : C1532265</b>
Mailing Address 845 Fishburn Rd		Amount of Each Receipt this Period 125.00
City Hershey	State PA	Zip Code 17033-2015
FEC ID number of contributing federal political committee. C		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. randell K wexler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Haybury Dr  
 City New Albany State OH Zip Code 43054-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ohio state university Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C1538467**  
 Amount of Each Receipt this Period  
 500.00

**B. Grace Shin Huey Yeh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10502 Cassia Dr  
 City Austin State TX Zip Code 78759-6415  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : C1539946**  
 Amount of Each Receipt this Period  
 365.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17566.60

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

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

FOR LINE NUMBER: PAGE 34 OF 43  
(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)  
**American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 7457.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2011

**Transaction ID : C1525522**

Amount of Each Receipt this Period  
 115.35

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.35
<b>TOTAL</b> This Period (last page this line number only).....▶	115.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

**Transaction ID : D122116**

Amount of Each Disbursement this Period

18.42

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2011

**Transaction ID : D122117**

Amount of Each Disbursement this Period

1.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : D122118**

Amount of Each Disbursement this Period

13.00

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

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

33.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D122119

Amount of Each Disbursement this Period

1.14
------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

Transaction ID : D122120

Amount of Each Disbursement this Period

3.25
------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2011

Transaction ID : D122121

Amount of Each Disbursement this Period

21.61
-------

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

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

26.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2011

Transaction ID : D122122

Amount of Each Disbursement this Period

2.97

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

Transaction ID : D122123

Amount of Each Disbursement this Period

2.97

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2011

Transaction ID : D122558

Amount of Each Disbursement this Period

5.95

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

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

11.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : D122559**

Amount of Each Disbursement this Period

12.46

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2011

**Transaction ID : D122560**

Amount of Each Disbursement this Period

4.23

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2011

**Transaction ID : D122562**

Amount of Each Disbursement this Period

1.63

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

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

18.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2011

Transaction ID : D122563

Amount of Each Disbursement this Period

1.30

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2011

Transaction ID : D122564

Amount of Each Disbursement this Period

0.65

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card collection fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2011

Transaction ID : D122565

Amount of Each Disbursement this Period

4.95

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

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

6.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : D122115**

Amount of Each Disbursement this Period

500.25
--------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.25
--------

596.73
--------

**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)

**A. Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Dr. Ami Bera**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : D122004**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. HAWKEYE PAC**

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : D121999**

Amount of Each Disbursement this Period

2,000.00
----------

Full Name (Last, First, Middle Initial)

**C. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE**

Mailing Address 607 14th St NW  
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : D122000**

Amount of Each Disbursement this Period

5,000.00
----------

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

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

12,000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Andy Harris**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : D122002**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**

Mailing Address 1736 Franklin Street #550

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Barbara Lee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : D121960**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Dave Loebsack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : D122001**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Berkley For Senate**

Mailing Address 3077 E Warm Springs Rd  
Ste 300

City Las Vegas State NV Zip Code 89120-3752

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Shelley Berkley**

Office Sought:  House  
 Senate  
 President  
State: NV District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : D121961**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**B. Republican National Committee**

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003-1885

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : D122394**

Amount of Each Disbursement this Period

15,000.00
-----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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

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

17,500.00
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35,500.00
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