

A. Form/Schedule : **F3XA**

Amendment filed to reflect operating expenditures inadvertently left off the original report.

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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		263211.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	228111.16									
(c) Total Receipts (from Line 19)	37925.84	335904.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	266037.00	599115.77								
7. Total Disbursements (from Line 31)	30642.21	363720.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	235394.79	235394.79								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	23003.17	257448.84
(ii) Unitemized	14072.33	72495.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37075.50	329944.25
(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)	37075.50	329944.25
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)	850.34	5460.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
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))	37925.84	335904.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37925.84	335904.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1142.21	6770.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1142.21	6770.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	356500.00
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	450.00
(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	450.00
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))..	30642.21	363720.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30642.21	363720.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	37075.50	329944.25
34. Total Contribution Refunds (from Line 28(d))	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37075.50	329494.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1142.21	6770.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	850.34	5460.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	291.87	1310.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 62

(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)

Carla Renee Ainsworth, MD

Mailing Address 4933 51st Ave S

City State Zip Code
Seattle WA 98118-2051

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

Name of Employer Occupation
Swedish Medical Center Family Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: C1142410

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Kelly Alberda, MD

Mailing Address 1313 Red River St Ste 100

City State Zip Code
Austin TX 78701-1923

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

Name of Employer Occupation
Seton Family Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: C1137655

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Janet R Albers, MD

Mailing Address PO BOX 19670

City State Zip Code
Springfield IL 62794-9670

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

Name of Employer Occupation
SIU Family Medicine Ctr Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: C1142475

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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 8 / 62

(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)
Mohammed Ashraf, MD

Mailing Address 7200 Manchester Rd

City State Zip Code
Saint Louis MO 63143-2403

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

Name of Employer Occupation
People Health Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.75

Date of Receipt

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

Transaction ID: C1136687

Amount of Each Receipt this Period

91.25

B.

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

Mailing Address 182 East Ave

City State Zip Code
Tallmadge OH 44278-2311

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

Name of Employer Occupation
Bachtel & Associates Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.00

Date of Receipt

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

Transaction ID: C1142360

Amount of Each Receipt this Period

46.00

C.

Full Name (Last, First, Middle Initial)
Frederic Baker, MD

Mailing Address 32 Mark Cir

City State Zip Code
Holden MA 01520-1410

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

Name of Employer Occupation
UMMHC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 436.40

Date of Receipt

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

Transaction ID: C1128235

Amount of Each Receipt this Period

43.64

SUBTOTAL of Receipts This Page (optional)

180.89

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 9 / 62
(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)
Frederic Baker, MD

Mailing Address 32 Mark Cir

City State Zip Code
Holden MA 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 ▼ 436.40

Date of Receipt MM / DD / YYYY
11 / 17 / 2010

Transaction ID: C1143563

Amount of Each Receipt this Period 43.64

B. Full Name (Last, First, Middle Initial)
David Orrin Barbe, MD

Mailing Address 120 W 16Th St

City State Zip Code
Mountain Grove MO 65711-1039

FEC ID number of contributing federal political committee. C

Name of Employer St John's Clinic Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 01 / 2010

Transaction ID: C1136724

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hil TX 76180-7319

FEC ID number of contributing federal political committee. C

Name of Employer North Hills Family Medicine Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt MM / DD / YYYY
10 / 20 / 2010

Transaction ID: C1130701

Amount of Each Receipt this Period 31.00

SUBTOTAL of Receipts This Page (optional) 574.64

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 10 / 62
(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)
Joane Goforth Baumer, MD
Mailing Address 1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

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 ▼ 2290.00

Date of Receipt: 11 / 13 / 2010
Transaction ID: C1142476
Amount of Each Receipt this Period: 210.00

B. Full Name (Last, First, Middle Initial)
Mary F Beckett, MD
Mailing Address 1595 Uluhao Place

City State Zip Code
Kailua HI 96734

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: 11 / 12 / 2010
Transaction ID: C1142471
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Mark Harris Belfer, DO
Mailing Address 10330 N Meridian St Ste 300

City State Zip Code
Indianapolis IN 46290-1024

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

Name of Employer Akron General Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 292.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: C1136550
Amount of Each Receipt this Period: 36.50

SUBTOTAL of Receipts This Page (optional) ► 611.50

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 11 / 62
(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)
Janice L Benson, MD

Mailing Address 500 East 51st Street
7th floor, Dept of Fam and Comm Me

City Chicago State IL Zip Code 60615

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

Name of Employer Provident Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.34

Date of Receipt 11 / 12 / 2010
Transaction ID: C1142411
Amount of Each Receipt this Period 45.62

B. Full Name (Last, First, Middle Initial)
Herve Bezar, MD

Mailing Address 441 Intrepid Ct

City Boulder City State NV Zip Code 89005-1506

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 11 / 18 / 2010
Transaction ID: C1145114
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Larry W Blackburn, MD

Mailing Address 3107 W Camp Wisdom Rd Ste 115

City Dallas State TX Zip Code 75237-2600

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

Name of Employer Medical Edge Heathcare Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 21 / 2010
Transaction ID: C1132286
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **810.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 62
(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)
Reid B Blackwelder, MD

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 Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C1135217

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Stephen Don Blair, MD

Mailing Address 912 S. Capital of Tx Hwy Suite 100

City Austin State TX Zip Code 78746

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C1136704

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Robert C M Bourne, MD

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 ▼ 362.27

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

Transaction ID: C1134718

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional) ► **430.42**

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 13 / 62
(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)
June G Bredin, MD

Mailing Address 4924 153Rd PI Sw

City Edmonds State WA Zip Code 98026-4435

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

Name of Employer Wa DSHS/Rainier School Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 13 / 2010

Transaction ID: C1142474

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
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 Lumberton Family Physicians, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2010

Transaction ID: C1136690

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt 10 / 17 / 2010

Transaction ID: C1128236

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► **330.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62

(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)
Cory D Carroll, MD

Mailing Address 1040 E Elizabeth St Ste 2

City State Zip Code
Fort Collins CO 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 ▼
400.00

Date of Receipt

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

Transaction ID: C1143564

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 311 8Th St

City State Zip Code
Lincoln IL 62656-2671

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
1 0 / 1 5 / 2 0 1 0

Transaction ID: C1127869

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Lisa Rene Otto Cash, MD

Mailing Address PO BOX 232

City State Zip Code
West Point VA 23181-0232

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

Name of Employer Tidewater Physical Multi Spec Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
216.00

Date of Receipt

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

Transaction ID: C1128229

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional)

439.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 62
(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)
Lisa Rene Otto Cash, MD

Mailing Address PO BOX 232

City State Zip Code
West Point VA 23181-0232

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

Name of Employer Occupation
Tidewater Physical Multi Physician
Spec

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: C1143001

Amount of Each Receipt this Period
24.00

B.

Full Name (Last, First, Middle Initial)
Po-Shen Chang, MD

Mailing Address 139 Monticello Dr

City State Zip Code
Longview WA 98632-9522

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

Name of Employer Occupation
Northwest Permanente Physician

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

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: C1132294

Amount of Each Receipt this Period
500.00

C.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: C1139839

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► **754.00**

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 / 62

(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)
Manuel O Crespo, DO

Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 73034-8139

FEC ID number of contributing federal political committee. C

Name of Employer: Vital Inpatient Physician Services
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

Date of Receipt

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

Transaction ID: C1142362

Amount of Each Receipt this Period
46.00

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

Mailing Address 301 Governors Dr Sw

City State Zip Code
Huntsville AL 35801-5122

FEC ID number of contributing federal political committee. C

Name of Employer: Univ. of AL Sch of Med - Huntsville Re
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: C1133296

Amount of Each Receipt this Period
45.00

C. Full Name (Last, First, Middle Initial)
Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
Albany NY 12203-6015

FEC ID number of contributing federal political committee. C

Name of Employer: Prime Care Physicians
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

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

Transaction ID: C1129569

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 591.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 62

(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)
Dennon W Davis, MD

Mailing Address 11380 Country Club Road

City State Zip Code
W Frankfort IL 62896-1968

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

Name of Employer Occupation
Logan Primary Care Physician

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

Date of Receipt

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

Transaction ID: C1145122

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Tamarah L Duperval-Brownlee, MD

Mailing Address 2150 W Irving Park Rd Unit F

City State Zip Code
Chicago IL 60618-3941

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: C1127664

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Tamarah L Duperval-Brownlee, MD

Mailing Address 2150 W Irving Park Rd Unit F

City State Zip Code
Chicago IL 60618-3941

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: C1142479

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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 18 / 62
(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)
Kenneth Max Eakin, MD

Mailing Address 3 Junction Dr W

City State Zip Code
Glen Carbon IL 62034-2916

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

Name of Employer Occupation
Family Physicians of Madi Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

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

Transaction ID: C1133276

Amount of Each Receipt this Period
91.25

B. Full Name (Last, First, Middle Initial)
Sheridan Scott Evans, MD

Mailing Address 417 Shumate Dr

City State Zip Code
Mckinney TX 75071-7851

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 ▼ 346.50

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

Transaction ID: C1128246

Amount of Each Receipt this Period
31.50

C. Full Name (Last, First, Middle Initial)
Sheridan Scott Evans, MD

Mailing Address 417 Shumate Dr

City State Zip Code
Mckinney TX 75071-7851

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 ▼ 346.50

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

Transaction ID: C1143631

Amount of Each Receipt this Period
31.50

SUBTOTAL of Receipts This Page (optional) ► **154.25**

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 / 62
(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)
Troy Treanor Fiesinger, 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
Memorial Hermann Health Care System Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

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

Transaction ID: C1127826

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City State Zip Code
Silver Spring MD 20901-4917

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

Name of Employer Occupation
USN Doctor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

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

Transaction ID: C1137656

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
Shreveport LA 71106-6125

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

Name of Employer Occupation
Amedisys, Inc. Chief Medical Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: C1135859

Amount of Each Receipt this Period
250.00

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: PAGE 20 / 62
(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 Emile Fluet, DO
Mailing Address 767 West St
City Leominster State MA Zip Code 01453-2060
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 11 / 02 / 2010
Transaction ID: C1136824
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Mitch MA Freeman, MD
Mailing Address 2120 W 24Th St Ste B
City Yuma State AZ Zip Code 85364-6187
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 11 / 12 / 2010
Transaction ID: C1142446
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dianna L Fury, MD
Mailing Address 13657 Road 21
City Cortez State CO Zip Code 81321-8919
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Memorial Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 19 / 2010
Transaction ID: C1145161
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 21 / 62
(check only one)

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

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

A.

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

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 Occupation
Family Practice Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4587.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: C1142409

Amount of Each Receipt this Period
417.00

B.

Full Name (Last, First, Middle Initial)
Gregory K Griggs

Mailing Address NC AFP - Exec Vice Pres
PO Box 10278

City State Zip Code
Raleigh NC 27605-0278

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

Name of Employer Occupation
NC AFP NC AFP - Exec Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.34

Date of Receipt
MM / DD / YYYY
10 / 14 / 2010

Transaction ID: C1127669

Amount of Each Receipt this Period
45.62

C.

Full Name (Last, First, Middle Initial)
Gregory K Griggs

Mailing Address NC AFP - Exec Vice Pres
PO Box 10278

City State Zip Code
Raleigh NC 27605-0278

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

Name of Employer Occupation
NC AFP NC AFP - Exec Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.34

Date of Receipt
MM / DD / YYYY
11 / 14 / 2010

Transaction ID: C1142481

Amount of Each Receipt this Period
45.62

SUBTOTAL of Receipts This Page (optional) ► **508.24**

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 22 / 62

(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)
Jeffrey D Grow, MD

Mailing Address 3915 Cold Spring Rd

City State Zip Code
Williamsburg VA 23188-2781

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

Name of Employer Occupation
Dept of Defense Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.03

Date of Receipt

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

Transaction ID: C1128239

Amount of Each Receipt this Period
26.67

B.

Full Name (Last, First, Middle Initial)
Jeffrey D Grow, MD

Mailing Address 3915 Cold Spring Rd

City State Zip Code
Williamsburg VA 23188-2781

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

Name of Employer Occupation
Dept of Defense Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.03

Date of Receipt

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

Transaction ID: C1146828

Amount of Each Receipt this Period
26.67

C.

Full Name (Last, First, Middle Initial)
Shelly Styons Harkins, MD

Mailing Address 813 Deer Creek Rd

City State Zip Code
O Fallon IL 62269-4207

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
1 1 / 1 2 / 2 0 1 0

Transaction ID: C1142444

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

418.34

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 / 62

(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)
Boyde Jerome Harrison, MD
Mailing Address 904 26th Street

City State Zip Code
Haleyville AL 35565-0655

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

Name of Employer Self Employed Occupation
Physician

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

Date of Receipt

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

Transaction ID: C1135216

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
James Earl Heder, MD
Mailing Address 1275 Wallace Rd Nw

City State Zip Code
Salem OR 97304-3007

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: C1129225

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lori J Heim, MD
Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

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

Name of Employer Scotland Memorial Hospital Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4583.37

Date of Receipt

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

Transaction ID: C1142053

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)

716.67

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 24 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD
Mailing Address 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 ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010
Transaction ID: C1132193
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Richard W Honke, MD
Mailing Address 401 W Glynn Dr

City State Zip Code
Parkston SD 57366-9605

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

Name of Employer Occupation
Avera St Benedict CRHC Physician

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

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010
Transaction ID: C1128761
Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
David Standish Hoskins, MD
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 Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.34

Date of Receipt
MM / DD / YYYY
10 / 30 / 2010
Transaction ID: C1136689
Amount of Each Receipt this Period
121.67

SUBTOTAL of Receipts This Page (optional) ► 986.67

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 25 / 62
(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)
Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City State Zip Code
Florence SC 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 ▼
450.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2010

Transaction ID: C1128230

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City State Zip Code
Florence SC 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 ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: C1143002

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jessica Johnson

Mailing Address 38 Hall St

City State Zip Code
Newington CT 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 ▼
210.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: C1127835

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 / 62

(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) Jessica Johnson		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 38 Hall St		Transaction ID: C1142487		
	City Newington	State CT	Zip Code 06111-2553	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation Student	Aggregate Year-to-Date 210.00		

B.	Full Name (Last, First, Middle Initial) Melody Ann Jordahl, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 2650 E. Show Low Lake Road Suite 1		Transaction ID: C1142361		
	City Show Low	State AZ	Zip Code 85901	Amount of Each Receipt this Period 46.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DHHS	Occupation Resident Physician	Aggregate Year-to-Date 322.00		

C.	Full Name (Last, First, Middle Initial) Byung Kang, DO		Date of Receipt MM / DD / YYYY 11 / 12 / 2010		
	Mailing Address 3834 Parsons Blvd Ste 1A		Transaction ID: C1142441		
	City Flushing	State NY	Zip Code 11354-5840	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 365.00		

SUBTOTAL of Receipts This Page (optional)

446.00

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 27 / 62
(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)
Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City State Zip Code
University Place WA 98467-4954

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 ▼ 500.00

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

Transaction ID: C1135860

Amount of Each Receipt this Period
50.00

B.

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

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 / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: C1128233

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Randy Mark Kiriluk, MD

Mailing Address 1502 Cottage Cove Circle

City State Zip Code
North Myrtle Beach SC 29582-5966

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

Name of Employer Occupation
Generations Family Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: C1127874

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **915.00**

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 / 62
(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 ▼
1375.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: C1128247

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 3 Freedom Way

City 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 ▼
1375.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: C1143632

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Carl G Knopke, MD

Mailing Address 7950 Harbart Dr

City State Zip Code
Riverside CA 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
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: C1128248

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **270.00**

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 29 / 62

(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)
Carl G Knopke, MD

Mailing Address 7950 Harbart Dr

City State Zip Code
Riverside CA 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

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

Transaction ID: C1143633

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 6729 Millbrook Dr

City State Zip Code
Rockford IL 61108-4310

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

Name of Employer OSF Healthcare Systems Occupation
Physician

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

Date of Receipt

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

Transaction ID: C1134713

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Marianne C LaBarbera, MD

Mailing Address 1776 Richmond Rd

City State Zip Code
Staten Island NY 10306-2581

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 ▼ 322.00

Date of Receipt

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

Transaction ID: C1142363

Amount of Each Receipt this Period
46.00

SUBTOTAL of Receipts This Page (optional) ▶

431.00

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 / 62

(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)
C Tim Lambert, MD

Mailing Address 1905 Chapel Cv
Ste 340

City State Zip Code
Rowlett TX 75088-1571

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

Name of Employer Occupation
Baylor Family Medicine Physician

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

Date of Receipt

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

Transaction ID: C1129275

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Esther Rebecca Landis, MD

Mailing Address 36 Yorktown St Nw

City State Zip Code
Concord NC 28025-4931

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

Name of Employer Occupation
U. S . Navy Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
700.00

Date of Receipt

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

Transaction ID: C1136794

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)
Paul Alan Lazar, MD

Mailing Address G3230 Beecher Rd Ste 1

City State Zip Code
Flint MI 48532-3604

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

Name of Employer Occupation
McLaren Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
319.34

Date of Receipt

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

Transaction ID: C1127667

Amount of Each Receipt this Period

45.62

SUBTOTAL of Receipts This Page (optional)

1110.62

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 / 62

(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)

Paul Alan Lazar, MD

Mailing Address G3230 Beecher Rd Ste 1

City State Zip Code
Flint MI 48532-3604

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

Name of Employer Occupation
McLaren Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 319.34

Date of Receipt

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

Transaction ID: C1142483

Amount of Each Receipt this Period
45.62

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

Date of Receipt

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

Transaction ID: C1140372

Amount of Each Receipt this Period
250.00

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C1133218

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ▶

415.62

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 / 62

(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)

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C1145424

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Michele C Marler, MD

Mailing Address 122 10Th Ave S

City State Zip Code
Shelby MT 59474-2224

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) ▼ 730.00

Date of Receipt

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

Transaction ID: C1134717

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Howard C McMahan, MD

Mailing Address PO BOX 779

City State Zip Code
Ocilla GA 31774-0779

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) ▼ 437.50

Date of Receipt

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

Transaction ID: C1127666

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

547.50

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 33 / 62

(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)

Howard C McMahan, MD

Mailing Address PO BOX 779

City State Zip Code
Ocilla GA 31774-0779

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 437.50

Date of Receipt

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

Transaction ID: C1142482

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Janet S Meckley, MD

Mailing Address 2612 Test Rd

City State Zip Code
Richmond IN 47374-4955

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

Name of Employer Self Employed 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
1	1	/	1	9	/	2	0	1	0

Transaction ID: C1145383

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code
Matthews NC 28105-6614

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

Name of Employer Occupation
Carolinas Physician Network Family Physician

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

Date of Receipt

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

Transaction ID: C1135219

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

527.50

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 34 / 62
(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)
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
Inland Empire Hospital Services Associ

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

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

Transaction ID: C1140379

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mary Helen Morrow, MD

Mailing Address 11886 Timber Ln

City State Zip Code
North Zulch TX 77872-6733

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

Name of Employer
St Joseph Physician Associates

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID: C1140369

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 927 Mather Drive

City State Zip Code
Bear DE 19701

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

Name of Employer
Horizons Family Practice PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt

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

Transaction ID: C1142477

Amount of Each Receipt this Period

334.00

SUBTOTAL of Receipts This Page (optional)

459.00

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 / 62
(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)
Joseph Neller

Mailing Address 1118 Shelter Ln

City State Zip Code
Lansing MI 48912-5026

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

Name of Employer Occupation
MA AFP Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: C1139841

Amount of Each Receipt this Period
46.00

B.

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

Mailing Address 520 W Indiana St

City State Zip Code
Wheaton IL 60187-2325

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

Name of Employer Occupation
McKesson Health Solutions Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: C1127834

Amount of Each Receipt this Period
31.00

C.

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

Mailing Address 520 W Indiana St

City State Zip Code
Wheaton IL 60187-2325

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

Name of Employer Occupation
McKesson Health Solutions Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: C1128241

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional) ► **108.00**

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 / 62
(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)
Carrie E Nelson, MD
Mailing Address 520 W Indiana St
City State Zip Code
Wheaton IL 60187-2325
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
McKesson Health Solutions Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 248.00
Date of Receipt 11 / 15 / 2010
Transaction ID: C1154772
Amount of Each Receipt this Period 31.00

B. Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD
Mailing Address 7442 Weather Worn Way
City State Zip Code
Columbia MD 21046-1480
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Potomac Physicians, PA Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00
Date of Receipt 10 / 14 / 2010
Transaction ID: C1127665
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
Yvette Oquendo, MD
Mailing Address 7442 Weather Worn Way
City State Zip Code
Columbia MD 21046-1480
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Potomac Physicians, PA Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00
Date of Receipt 11 / 14 / 2010
Transaction ID: C1142480
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 101.00
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 37 / 62

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

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

Transaction ID: C1127668

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City State Zip Code
Chicago IL 60680-4126

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

Name of Employer Occupation
University of Illinois Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

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

Transaction ID: C1142484

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ricardo J Ortega, MD

Mailing Address 5545 Gold Rush Dr Nw

City State Zip Code
Albuquerque NM 87120-5262

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 / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: C1140384

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 62

(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)
Brian Robert Penti, MD

Mailing Address 309 Allston St Apt 6

City State Zip Code
Brighton MA 02135-7629

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

Name of Employer Occupation
Boston Medical Center Physician

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

Date of Receipt

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

Transaction ID: C1108319

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 334.00

Date of Receipt

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

Transaction ID: C1135215

Amount of Each Receipt this Period

334.00

C.

Full Name (Last, First, Middle Initial)
Tom Riley, CAE

Mailing Address Box 271

City State Zip Code
Point Reyes Statio CA 94956-0271

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

Name of Employer Occupation
Cal Capitol Group CAE

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

Date of Receipt

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

Transaction ID: C1143000

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

949.00

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 39 / 62
(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 M Ripp, MD
Mailing Address 1402 Slate St
City State Zip Code
Cloquet MN 55720-3033
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Raiter Clinic Physician
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0
Transaction ID: C1136688
Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Mary Ellen Ritchie, MD
Mailing Address 8329 Exodus Dr
City State Zip Code
Gaithersburg MD 20882-1117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Montgomery Internal Medicine Physician
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0
Transaction ID: C1127887
Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Kevin Jay Roscoe, MD
Mailing Address 1151 E Mason Lake Dr E
City State Zip Code
Grapeview WA 98546-9778
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Physician
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0
Transaction ID: C1145340
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00
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 40 / 62

(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)
Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City State Zip Code
Northfield MA 01360-9684

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

Name of Employer Occupation
Gardner Family Medicine Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.00

Date of Receipt

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

Transaction ID: C1139840

Amount of Each Receipt this Period
46.00

B.

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

Mailing Address 2994 Frazell Rd

City State Zip Code
Hilliard OH 43026-9785

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

Name of Employer Occupation
Grant Medical Center Physician

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

Date of Receipt

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

Transaction ID: C1135861

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
J Christopher Chris Sartore, MD

Mailing Address 1137 W Mill Rd

City State Zip Code
Evansville IN 47710-3807

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

Name of Employer Occupation
Welborn Clinic Physician

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

Date of Receipt

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

Transaction ID: C1139137

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

396.00

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 41 / 62
(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 A Severa, MD		Date of Receipt MM / DD / YYYY 10 / 22 / 2010	
	Mailing Address 61 Calendula Ct		Transaction ID: C1133217	
	City	State	Zip Code	Amount of Each Receipt this Period
	Billings	MT	59105-2379	36.50
	FEC ID number of contributing federal political committee. C			
Name of Employer Billings Clinic		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) Larry A Severa, MD		Date of Receipt MM / DD / YYYY 11 / 22 / 2010	
	Mailing Address 61 Calendula Ct		Transaction ID: C1145423	
	City	State	Zip Code	Amount of Each Receipt this Period
	Billings	MT	59105-2379	36.50
	FEC ID number of contributing federal political committee. C			
Name of Employer Billings Clinic		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) Linda Peck Shields, MD		Date of Receipt MM / DD / YYYY 11 / 01 / 2010	
	Mailing Address PO BOX 217		Transaction ID: C1136787	
	City	State	Zip Code	Amount of Each Receipt this Period
	Riverside	WA	98849-0217	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Wenatchee Valley 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)	323.00
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 42 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jon M Shrader, DO

Mailing Address 2301 N Mik Blvd

City Clovis State NM Zip Code 88101-9401

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: C1133246
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Domingo C Singson, MD

Mailing Address 1021 Gilpin Ave Ste 104

City Wilmington State DE Zip Code 19806-3271

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

Name of Employer Singson Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: C1127698
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City Fort Worth State TX Zip Code 76109-5436

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

Name of Employer University of North Texas Health Scien Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: C1129568
Amount of Each Receipt this Period: 36.50

SUBTOTAL of Receipts This Page (optional) ► 1401.50

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 43 / 62
(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)
Andrew Clifford Smith, MD

Mailing Address PO BOX 370
207 Lorenz Lane

City State Zip Code
Guttenberg IA 52052-0370

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

Name of Employer Occupation
Family Medicine Associate Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: C1133251

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Brent Smith, MD

Mailing Address 285 Normandy Cir

City State Zip Code
Madison MS 39110-9057

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

Name of Employer Occupation
University of Mississippi Medical Cent House Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.50

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: C1157239

Amount of Each Receipt this Period
30.50

C. Full Name (Last, First, Middle Initial)
Joseph Douglas Smith, MD

Mailing Address 1751 Erickson Ave

City State Zip Code
Harrisonburg VA 22801-8555

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

Name of Employer Occupation
Rockingham Family Physi- ans Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: C1142395

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **760.50**

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 44 / 62
(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)
Patricia A Smith, MD
Mailing Address 2873 Satterwhite Point Rd
City Henderson State NC Zip Code 27537-6278
FEC ID number of contributing federal political committee. **C**
Name of Employer Urgent Care Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 01 / 2010
Transaction ID: C1136789
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Don A Solberg, MD
Mailing Address 716 E Manitoba Ave
City Ellensburg State WA Zip Code 98926-3842
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 14 / 2010
Transaction ID: C1127663
Amount of Each Receipt this Period 36.50

C. Full Name (Last, First, Middle Initial)
Douglas Alan Spotts, MD
Mailing Address 45 Forestwood Dr
City Lewisburg State PA Zip Code 17837-6213
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 ▼ 273.72
Date of Receipt 10 / 19 / 2010
Transaction ID: C1129567
Amount of Each Receipt this Period 45.62

SUBTOTAL of Receipts This Page (optional) ▶ 447.12
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 45 / 62

(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)
Windel A Stracener, MD

Mailing Address 1050 Reid Pkwy Ste 210

City State Zip Code
Richmond IN 47374-1160

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

Name of Employer Occupation
Inpatient Management Inc Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
877.56

Date of Receipt

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

Transaction ID: C1139842

Amount of Each Receipt this Period
122.45

B.

Full Name (Last, First, Middle Initial)
Stacy J Taylor, MD

Mailing Address 173 E Cotton Hill Rd

City State Zip Code
New Hartford CT 06057-3524

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

Name of Employer Occupation
ProHealth Physicians LLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
322.00

Date of Receipt

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

Transaction ID: C1139843

Amount of Each Receipt this Period
46.00

C.

Full Name (Last, First, Middle Initial)
John Louis Tychonievich, MD

Mailing Address 23 Brilliant Ave Apt 302

City State Zip Code
Pittsburgh PA 15215-3139

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

Name of Employer Occupation
N/A Resident

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
292.00

Date of Receipt

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

Transaction ID: C1140370

Amount of Each Receipt this Period
73.00

SUBTOTAL of Receipts This Page (optional)

241.45

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 46 / 62
(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)
Paul E Van Gorp, MD
 Mailing Address 18550 State 287
 City State Zip Code
 Long Prairie MN 56347-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CentraCare Health System Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt: 11 / 19 / 2010
Transaction ID: C1145384
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Lloyd P Van Winkle, MD
 Mailing Address PO BOX 960
 City State Zip Code
 Castroville TX 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00
 Date of Receipt: 10 / 27 / 2010
Transaction ID: C1135218
 Amount of Each Receipt this Period 36.50

C. Full Name (Last, First, Middle Initial)
David Benjamin Ware, MD
 Mailing Address 3521 Highway 190 Ste P Ste P
 City State Zip Code
 Eunice LA 70535-5135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eunice Family Practice Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt: 10 / 22 / 2010
Transaction ID: C1133263
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► **736.50**
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 47 / 62
(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 J Weber, MD

Mailing Address 1066 S Green Valley Rd

City State Zip Code
Watsonville CA 95076-4163

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: C1142466

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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

Name of Employer Hershey Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: C1132194

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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

Name of Employer Hershey Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2010

Transaction ID: C1145403

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **465.00**

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 48 / 62
(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)
Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

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

Name of Employer Occupation
Ohio State University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: C1128011

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lee Carl Whitaker, MD

Mailing Address 1300 Reserve Way
Apartment 207

City State Zip Code
Chattanooga TN 37421

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 ▼ 273.72

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: C1129566

Amount of Each Receipt this Period
45.62

C.

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
11 / 02 / 2010

Transaction ID: C1136827

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **645.62**

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 49 / 62
(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)
David P Wright, MD

Mailing Address 1313 Red River St Ste 100

City Austin State TX Zip Code 78701-1923

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

Name of Employer Seton Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 26 / 2010
Transaction ID: C1134707
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David K Zetterman, MD

Mailing Address PO BOX 1817

City Seward State AK Zip Code 99664-1817

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

Name of Employer Chugachmint Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 29 / 2010
Transaction ID: C1136551
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

TOTAL This Period (last page this line number only) ► 23003.17

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

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

FOR LINE NUMBER: PAGE 50 / 62
(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 State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5460.34

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

Transaction ID: C1136726

Amount of Each Receipt this Period
725.08

B.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5460.34

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

Transaction ID: C1140376

Amount of Each Receipt this Period
125.26

SUBTOTAL of Receipts This Page (optional)	850.34
TOTAL This Period (last page this line number only)	850.34

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: D108097 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="16.79"/>
	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: D108099 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="11.38"/>
	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: D108900 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="18.04"/>
	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="46.21"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D108901 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="14.10"/>
	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: D108902 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="19.53"/>
	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: D108903 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="2.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="36.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<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: D108904 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 20.69</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: D108905 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1.01</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: D108906 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 49.40</p>

SUBTOTAL of Disbursements This Page (optional)	71.10
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

<p>A.</p> <p>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: D109064</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 11.38</p>
<p>B.</p> <p>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: D109065</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 6.50</p>
<p>C.</p> <p>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: D109066</p> <p>Date of Disbursement 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 6.92</p>

SUBTOTAL of Disbursements This Page (optional)	24.80
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: D109067 Date of Disbursement 11 / 05 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 37.38
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D109068 Date of Disbursement 11 / 08 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 11.86
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D109069 Date of Disbursement 11 / 08 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 1.14
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Bank card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	50.38
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 62

<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: D109070 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	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="8.97"/>
	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: D109071 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="18.29"/>
	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: D109072 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="1.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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: D109703 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="0.98"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D109704 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	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="7.80"/>
	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: D109705 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	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="11.23"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="20.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>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: D109706</p> <p>Date of Disbursement 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2.63</p> <p>Category/Type</p>
<p>B.</p> <p>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: D109707</p> <p>Date of Disbursement 11 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 7.37</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America Merchant Services</p> <p>Mailing Address WA2-505-01-40 PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</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: D109062</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 810.52</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

820.52

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 62

<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)

Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D109063

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

44.18

SUBTOTAL of Disbursements This Page (optional)

44.18

TOTAL This Period (last page this line number only)

1142.21

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS Mailing Address PO Box 235 City Olympia State WA Zip Code 98507-0235 Purpose of Disbursement Campaign contribution Candidate Name Mr. Dennis Heck Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108112 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) John Carney for Congress Mailing Address PO Box 2162 City Wilmington State DE Zip Code 19899-2162 Purpose of Disbursement Campaign contribution Candidate Name Mr. John Charles Carney, Jr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108744 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) YODER FOR CONGRESS Mailing Address PO Box 26742 City Overland Park State KS Zip Code 66225-6742 Purpose of Disbursement Campaign contribution Candidate Name Mr. Kevin W Yoder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108109 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Steve Fincher for Congress Mailing Address PO Box 11153 City Jackson State TN Zip Code 38308-0119 Purpose of Disbursement Campaign contribution Candidate Name Mr. Steve Fincher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108107 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Diane Black for Cogress Mailing Address 819 Plantation Blvd City Gallatin State TN Zip Code 37066-4497 Purpose of Disbursement Campaign contribution Candidate Name Diane Lynn Black Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108105 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 391 City HOPKINSVILLE State KY Zip Code 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108102 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 2500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO Box 5843 City Austin State TX Zip Code 78763 Purpose of Disbursement Campaign contribution Candidate Name Rep. Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108184 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Campaign contribution Candidate Name Rep. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108137 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

29500.00